Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Commissioner's Office
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

May 3, 2021

Stacey Mattison Jenkins
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Division of Program and Partnership Services
1825 Century Center Blvd., Mailstop V18-1
Atlanta, GA 30345

Dear Ms. Mattison Jenkins,

RE: Organization Capacity; page 16 of the NOFO, CDC-RFA-OT21-2103

The Maine Department of Health and Human Services (DHHS) is committed to promoting health equity and providing culturally and linguistically appropriate services to its clients. Maine DHHS employs qualified health policy and public health professionals with experience in implementing evidence-based interventions in disease prevention and control, developing public health education, managing quality control and improvement programs, and evaluating those programs and their results. Details of staff's credentials and expertise can be found in the attached resumes/CVs. Maine DHHS's In-kind personnel structure demonstrates the investment and commitment that Maine DHHS has in this project to achieve successful outcomes.

Maine DHHS is steadfast in its commitment to advancing health equity and data-driven approaches to policy and practice, especially related to the disparities highlighted by the COVID-19 pandemic. This is underscored by the structure put in place to ensure leadership influence across the Department's offices and hospitals committed to health equity.

The Department began to advance these goals by hiring a Senior Advisor for Delivery System Change in April 2019, bringing an experienced physician with well-established links to providers to help guide clinical programs and link our work with practicing clinicians across the state. In December 2019, the Commissioner's Office created and filled a position for a Director of Diversity, Equity and Inclusion, reporting directly to the Commissioner, to inform the strategy and drive the development, implementation and evaluation of diversity, equity and inclusion initiatives, with a strong emphasis on the social determinants of health, and the adherence to National CLAS standards across all of the Department's programs, policies and practices. This role serves as a consultant for senior leadership to ensure that health equity is a central part of the decision-making process throughout the Department. Further, the Department approved the development of the Office of Population Health Equity, that will be built within Maine Center for Disease Control and Prevention. The Department is in the midst of hiring the Director that would lead that Office in partnership with DHHS offices at large.

In March 2020, the Commissioner created and filled a role for the Director of Research and Evaluation, who conducts and reviews research as the Department's primary researcher and senior data analyst and who coordinates evidence-based analysis to support policy and operational decisions around Departmental initiatives. In June of 2020, the Department created a COVID-19 social services program

that provides wrap around supports to ensure that individuals who test positive for COVID-19 or who are close contacts can easily and safely isolate or quarantine regardless of socioeconomic status. These services are delivered by community-based and ethnic community-based organizations to ensure that services are culturally and linguistically appropriate. This program is directed by a public health practitioner and epidemiologist with international experience with epidemics. The program coordinates work to provide appropriate social supports, such as access to safe shelter and culturally appropriate food, psychosocial support, links to medical care, transportation, and community-based testing. It also facilitates applications for unemployment and rent relief programs as needed.

There is a total of 31 contracted agencies for community care and support, 19 of which are part of the Health Equity Improvement Initiative and provide culturally appropriate support to COVID-19 cases and close contacts, as well as COVID-19 education and prevention activities. Additionally, about 20 agencies have received funding to assure health equity in Maine's vaccination programs. About 30% of the over 7,500 Mainers who have received support for isolation or quarantine through these social support programs have a primary language other than English, demonstrating DHHS's commitment to serve a wide array of diverse communities throughout our state. This community care system, trusted by the communities that have helped establish it, helps detect outbreaks early and contributes to more robust contact tracing, helping to serve as an entry point to connect with Maine CDC and DHHS. These positions, taken together, demonstrate a commitment to health equity informed by experience in clinical practice, policy research, and program evaluation.

Maine's DHHS is comprised of nine agencies, all with vested interest in eliminating COVID-19 health disparities and a long-term commitment to health equity across DHHS services; Maine Center for Disease Control (Maine CDC) is one of the agencies. Maine CDC, the State's public health agency, led by an Agency Director, is further segmented into seven divisions. The Division of Public Health Systems houses the State's Office of Rural Health, and the Primary Care Program works within and outside of state government to maximize resources in order to increase health services for rural and medically underserved areas of the state. In keeping with grant objectives, staff of the Office of Rural Health engaged in discussions and outreach to identify the strategies and underlying activities focused on rural populations that are proposed for funding in this application.

The CDC also houses the Division of Vital Records and Statistics, Public Health Emergency Preparedness, and District Public Health, which include the Public Health District Liaisons. The Division of Disease Prevention houses the Chronic Disease Prevention Programs, WIC, Maternal and Child Health programs, and Tobacco and Substance Use Prevention programs. The Division of Disease Surveillance leads our state's surveillance, data collection and interpretation, and case investigations for COVID-19 and other infectious diseases. Many of these aforementioned programs are supported with other U.S. CDC grants, and currently have a number of health disparity initiatives being implemented across the state, addressing their respective disease specificity. This capacity demonstrates the number of existing partners and stakeholders that can support the growth and development of the activities outlined in Maine's proposed workplan.

Maine's public health infrastructure was established in statute in 2008 to better ensure equity in the delivery of the essential public health services across the state. Nine public health districts, based on geography and tribal jurisdiction, were constructed for greater consistency and equity in statewide delivery of all essential public health services. This infrastructure provides a basis for regional planning and coordination across government, private, and nonprofit sectors to improve the delivery of public health and healthcare services and address health disparities at a local level.

Maine CDC, in conjunction with the DHHS Commissioner's Office, will serve as the lead office for this grant. It remains committed to coordination with all DHHS offices to ensure health equity extends to all of its work. The offices involved in this grant include:

- Office of MaineCare Services, the State's Medicaid office.
- Office of Behavioral Health, responsible for supporting individuals with mental health, substance use, and co-occurring disorders.
- Office of Aging and Disability Services, overseeing services provided to Maine's older and disabled residents such as adult protective, brain injury, intellectual and developmental disability, and long-term care services.
- Office for Family Independence, charged with connecting Maine families to critical benefits and services including Medicaid, SNAP, TANF, general assistance, child support, disability determination and health care assistance.
- Office of Child and Family Services, responsible for supporting Maine's children and their families through the provision of children's behavioral health, child welfare, early intervention, and prevention services.
- Division of Licensing and Certification, which provides regulatory oversight of medical and long-term care facilities in Maine.
- And the State's two psychiatric centers – Dorothea Dix Psychiatric Center and Riverview Psychiatric Center – both of which provide treatment and education for individuals with severe, persistent mental illness and co-occurring disorders.

Maine DHHS has demonstrated its commitment to address health disparities in Maine throughout its offices. Many of the initiatives described in our grant proposal will cut across these previously listed offices. Senior leadership and data analysts from each office have helped to design these proposed activities in close consultation with our local partners and community organizations. The Department has created a comprehensive COVID-19 profile that enables the state to make data-driven decisions. This profile will drive the Department's activities and strategies while supporting its ability to sustain the work of this grant. The Department already has a number of programs and activities addressing health disparities, ranging from increasing DHHS employees' knowledge and understanding of health disparities to the delivery of culturally and linguistically appropriate mental health and COVID-19 social support services to ensure cases and close contacts can isolate and quarantine safely. Funding from this award will enhance its ability to address the health disparities among populations at high risk and who are underserved, including but not limited to racial and ethnic minority populations and rural communities across Maine.

Please utilize the contact information below with any questions.

Regards,

Bethany L. Hamm

Bethany L. Hamm, Deputy Commissioner
Bethany.L.Hamm@maine.gov
Authorizing Official
Maine Department of Health and Human Services

EMILY MOORES

(b)(6)

PROFESSIONAL SUMMARY

Exceeds 15 years in leadership and management roles, meeting organizational mission, vision, and values, including fiscal responsibilities managing complex budgets. Principal investigator for a number of U.S. CDC's grants and one Office of Minority Health grant. Grant and contract management proficiency, meeting deliverables and deadlines for funding compliance. Stakeholder development and coordination of public service delivery. Greater than ten years of direct care experience treating clients with various health conditions, in order to improve their quality of life through therapeutic intervention. Board member in a variety of settings, understands concepts from a systems level. Finds working on professional teams rewarding, also works well independently. Adjunct instructor, experienced group facilitator, ensuring each individual, gains necessary skills and information within allotted timeframe. Strong computer, organizational and communication skills. Dependable and dedicated to mission success.

EXPERIENCE

Senior Health Program Manager-Chronic Disease Prevention and Control October 2019-Current
State of Maine: Center for Disease Control and Prevention | Augusta, ME

- Principal Investigator. Provides leadership for the implementation of U.S. CDC Grants and one Office of Minority Health Grant.
- Research and support program staff making data driven decision for the implementation of public health efforts related to Cardiovascular Disease, Diabetes, Obesity, Comprehensive Cancer, Breast and Cervical Cancer, Colorectal Cancer, Healthy Aging, Alzheimer's Disease and Related Dementias, Asthma and health disparities.
- Ensures coordination of activities and interventions within the Program as well as with external partners
- Budget oversight, organization and planning
- Grant writing, while also providing strategic direction and oversight for the various cooperative agreement awards and opportunities.
- Support staff with contract oversight/management
- Program Evaluation
- Staff performance management/evaluation

Health Program Manager-Tobacco Control Program August 2017 – Oct. 2019
State of Maine: Center for Disease Control and Prevention | Augusta, ME

- Provides leadership for the implementation of the US CDC National Tobacco Control Programs (evidence base) through Maine's public health infrastructure.
- Program development and implementation
- Grant writing and implementation
- Contract development, request for proposal process, and contract management

- Management of budgets with various account lines, federal and state.
- Leads multiple workgroups to address Maine specific public health trends
- Strategic Planning
- Program Evaluation

Adjunct Instructor September 2007 – Dec. 2019
Kennebec Valley Community College (KVCC) | Fairfield, Maine

- Teach OTS216- Occupational Therapy for Adults with Intellectual and Developmental Disabilities and Elders.
- Teach Occupational Therapy Assistant (OTA) student's entry level practitioner skills (OTS101 Lab) including but not limited to: universal precautions and personal protection, body mechanics, vital signs, functional transfers for patients with varying conditions, adaptive/compensatory strategy Activity of Daily Living (ADL) skill training for people with various conditions to optimize their independence.
- Work directly with the Program Director to ensure the student's learning environment is effective through quality improvement efforts and meeting accreditation standards.
- KVCC OTA Advisory Board member

Occupational Therapy Practitioner October 2014 - August 2017
Genesis Health Care Company | Augusta, Maine

- Teach adaptive and compensatory strategies to individuals (and caregivers) who require rehabilitation to regain independence (including but not limited to) from: cardiovascular disease, CVA, cardiac procedures, chronic obstructive pulmonary disease, various joint replacements, diabetes and associated complications, amputations or general weakness.
- Follow and contribute to the patient's plan of care
- Advocate for client's needs to maximize their rehabilitation successes and quality of life.
- Certified in Physical Agent Modalities: Electrical Stimulation, Shortwave Diathermy, Ultrasound
- Mentor new employees
- Accepted students so they could fulfill their field work performance training.

Department Supervisor October 2008 - April 2014
Pittsfield Rehab & Nursing | Pittsfield, ME

Quality Assurance: October 2013 to April 2014

- Ensured the various departments of the Long-Term Care facility achieved compliance with state regulations and optimized care delivery for patients/residents of the facility.

Rehabilitation Director and Quality Assurance: October 2008 to October 2013

- Ensured the rehab service delivery was within the expectations established by the evaluating therapist, insurance company, facility expectations, and patient needs.
- Provided OT treatments to patients and directed the rehab department including management of personnel (Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant and Speech Therapist.)
- Ensured accuracy of therapy practitioner's documentation and billing for successful reimbursement and insurance compliance

Activities Department Supervisor: October 2007 to April 2014

- This department oversight was in concert with the rehab management position.
- Ensured the activities established by the Activities Director met state requirements.
- Ensured a balance of cognitive, sensory, spiritual, and general meaningful activities were provided for the resident's life enrichment
- Established an elder care activity program to optimize quality of life
- Established a Snoezelen (multisensory environment) room for elders with memory loss or other needs for sensory stimulation or decreasing stimulus.

Occupational Therapy Practitioner August 2006 - April 2007
RehabCare | Central, Maine

- Coverage at various Skilled Nursing Facilities-Central Maine.
- Increased and improved entry level skills as a new graduate, gaining exposure to various facilities, clients, cultures, and interdisciplinary teams.
- The various coverage was required of my position to provide adequate therapy treatment time to patients, as caseloads fluctuated and demands increased.

EDUCATION

Master of Health Administration May 2020
Saint Joseph's College, Standish, Maine

Summa Cum Laude-GPA: 4.0
Credentials: MHA
Relevant courses: Healthcare Ethical and Legal Perspectives, Healthcare Policy, Strategic Human Resources, U.S. Health Care Systems, Leadership in Health Administration, Quality Management/Performance Improvement, Health Services Administration, Health Care Financial Management, Research Methods, Health Informatics, Strategic Planning, Gerontology, and Healthcare Marketing.

Bachelor of Science in Health and Wellness November 2016
Kaplan University, Maine

Summa Cum Laude-GPA: 4.0
Relevant Courses: Project design and management for health care, statistics, accounting, research methods for health sciences, health & wellness programming-design & administration, contemporary diet and nutrition, current trends in exercise and fitness-aging well across the lifespan, stress-critical issues in management & prevention.
Capstone: http://emoores.weebly.com

Associates in Applied Science in Occupational Therapy Assistant May 2006
Kennebec Valley Community College, Fairfield, Maine

CURRENT AFFILIATIONS
VOLUNTEER ORGANIZATIONS

Professional

- Occupational Therapy Board of Practice Member- State of Maine. June 2016-Current
- Occupational Therapy Assistant Advisory Board Member at KVCC September 2007-Current
- Maine Public Health Association Member. May 2019-Current

Community

- Main Street Skowhegan: Outdoor Sports Institute Initiative-Community Coach and Volunteer
- Main Street Skowhegan Board of Directors-Member
- Main Street Skowhegan-Community Volunteer for various economic development efforts

PROFESSIONAL ACCOMPLISHMENTS

- Principal Investigator for 6 US CDC Federal Grants and 1 Office of Minority Health Grants

Katherine M. Fritzsche

(b)(6)

(b)(6)

Research & Policy Experience

Maine Department of Health and Human Services, *Director of Research and Evaluation*
March 2020 – Present

- Conduct and review research on health care and related topics as the Department's primary researcher and senior data analyst. Conduct and coordinate evidence-based analysis to support key policy and operational decisions around major Departmental initiatives.
- Recent projects include: modeling the potential spread of COVID-19 in Maine and corresponding demands on hospital systems; analyzing data to assess safe tourism, testing, and schooling policies for COVID-19; creating and editing multiple surveys related to DHHS services; and developing dashboards for public data presentation.
- Lead longer-term evaluations of DHHS work, including through partnerships with external researchers. Projects include an evaluation of the outreach efforts under Maine's expansion of Medicaid and ongoing work to evaluate changes in private health insurance policies.

Congressional Budget Office, *Principal Analyst* June 2014 – February 2020
Low-Income Health Programs and Prescription Drugs Cost Estimates Unit

- Co-authored ten reports on insurance coverage and subsidies, including on proposals to repeal and replace the Affordable Care Act, create a single-payer health care system, repeal the individual mandate, and change the funding for cost-sharing subsidies
- Built and maintained models of proposed legislation in SAS and Excel; wrote cost estimates for proposals to change private health insurance and the marketplaces created by the Affordable Care Act, including for the American Health Care Act and Better Care Reconciliation Act in 2017
- Led a team of three analysts working on projections of health insurance and federal spending, mentoring and training the other analysts and coordinating work on a wide range of projects; supervised a summer intern, who completed three valuable projects in ten weeks
- Co-recipient of Director's Award for Excellence for work on the American Health Care Act in 2017 and for work building a new health insurance simulation model in 2019
- Promoted from Associate Analyst to Principal Analyst in June 2016

Robert Wood Johnson Foundation, *Contractor* February – April 2014

- Cleaned dataset of premiums and cost-sharing features of all silver plans offered on insurance marketplaces for public release; wrote Stata code that is still in use for annual data updates

Implementation of the Affordable Care Act Policy Workshop, *Graduate Consultant* Fall 2013

The White House Domestic Policy Council, *Graduate Intern* May – August 2013

- Provided policy and research support for Domestic Policy Council senior staff on legislative and regulatory priorities related to labor and workforce policy and immigration

Federal Reserve Bank of Boston, *Senior Research Assistant* August 2010 – August 2012

Education

Princeton University, School of Public and International Affairs
Master in Public Affairs (M.P.A.), Domestic Policy, with a Certificate in Health & Health Policy 2014

- Somers Prize for Excellence in Domestic Policy (given annually to one student at graduation)
- Herbert M. "Red" Somers Memorial Fellowship in Public Affairs, 2013 – 2014
- Albert C. Wall Fellowship in Public Affairs, 2012 – 2013

Brown University, Sc.B., Applied Math-Economics, Advanced Economics Track 2010

- Omicron Delta Epsilon International Economics Honor Society

Leana E. Amáez

SUMMARY OF QUALIFICATIONS

Dedicated professional with more than 13 years of experience in legal analysis, diversity, equity and inclusion. Particular strengths in advocacy, public speaking, training, strategic planning, supervision, and coalition building.

EXPERIENCE

Pine Tree Legal Assistance, Portland, ME September 2018 – present
Director of Pro Bono Services

- Increase Pine Tree's capacity to meet client needs by utilizing volunteer attorneys from the private bar into provide civil legal aid to low income Maine residents.
- Coordinate with legal professionals across multiple legal practice areas in all six Pine Tree locations throughout the state.
- Create and improve internal systems to track volunteer contributions, and facilitate timely referrals and accurate reporting.
- Developed the first ever Pro Bono Practice Manual for staff to better understand funder regulations and reporting requirements related to private attorney involvement.
- Cultivate relationships with private attorneys, firms and other professional legal organizations to aid in volunteer recruitment and retention.
- Develop training for new attorney volunteers on substantive and procedural legal issues, and best practices for working with people in poverty and people from diverse backgrounds.
- Manage fast paced legal clinics in which several volunteer attorneys and paralegals donate time to provide legal assistance to multiple clients at a given time and location.
- Collaborate with the development team on events and campaigns to recognize volunteers.
- Write grants for new projects that further program priorities through pro bono services.
- Coordinate the internship program, including all recruitment, training and logistics for law school and undergraduate students.
- Participate in management team.
- Convene a group of pro bono professionals from all local legal services organizations to coordinate efforts and promote a collaborative, positive pro bono culture.

Bowdoin College, Brunswick, ME, August 2010 – August 2018
Associate Dean of Students for Diversity and Inclusion, 2010 – August 2018
Co-director of the Sexuality, Women, and Gender Center, 2017 – August 2018

Advocacy and Assessment

- Supported historically underrepresented students.
- Convened and facilitated focus groups to assess campus culture.
- Participated on campus-wide committees focused on institutional diversity, equity and inclusion, including the committee responsible for the creation of the College's first Senior Vice President for Diversity and Inclusion.
- Collected and analyzed data to evaluate student retention and other indicators of equity.
- Advised undocumented students and students with DACA status.
- Coordinated educational programs to explore issues of race, class, gender and sexuality.

- Served as a confidential resource for students who have been the victims of sexual assault or gender-based violence.

Administration, Management, Training, Supervision
- Developed strategic diversity plans for departments within the Division of Student Affairs.
- Created Bowdoin's first Student Center for Multicultural Life.
- Designed two, new full-time staff positions for work on diversity and inclusion.
- Lead a working group to establish best practices for hiring and retaining a diverse staff and used findings to develop a manual for hiring managers.
- Trained all search committees in the division of Student Affairs on unconscious bias and other best practices for hiring and retention.
- Coordinated professional development to increase the intercultural competency of staff.
- Trained student and staff facilitators in Intergroup Dialogue techniques.
- Oversaw bias incident response for the division of Student Affairs.
- Served as the staff liaison for the Special Committee on Multicultural Affairs for the Board of Trustees.
- Maintained and administered multiple campus buildings and budgets totaling over $130,000.
- Supervised a team of four direct reports, five indirect reports and over a dozen student employees.

The Bronx Defenders, Bronx, NY
Staff Attorney, Criminal Defense Practice, September 2005 – July 2010
- Served up to 120 indigent clients charged with misdemeanor and felony crimes.
- Advocated for clients in court proceedings ranging from criminal court arraignment, evidentiary hearings, plea, trial and sentencing.
- Conducted legal research on various constitutional issues and prepared related motions.
- Interviewed clients and witnesses, and prepared witness testimony.
- Collaborated with social workers, investigators, civil attorneys, immigration attorneys, and family defense attorneys to provide holistic representation.
- Served on the Diversity Committee and participated in recruitment of underrepresented minorities for intern and staff positions.
- Assisted with hiring legal interns and supervised one intern each summer.

EDUCATION

Benjamin N. Cardozo School of Law, New York, NY
Juris Doctor, May 2005

Honors:	Cardozo Dean's Scholar, Cardozo Trial Team
Clinics:	Cardozo Criminal Defense Clinic (3L), The Innocence Project (2L)
Activities:	Latin American Law Students Association (President, Treasurer), Black/Asian/Latino Law Students Association (Co-Chair), Student Bar Association (3L Senator), Public Interest Law Students Association, Cardozo Advocates for Battered Women, New York Civil Rights Coalition "Unlearning Stereotypes" (co-teacher), Intensive Trial Advocacy Program

Wesleyan University, Middletown, CT
Bachelor of Arts, Latin American Studies; Government concentration, May 2002

BAR ADMISSION

New York
Temporarily admitted to practice in Maine under Rule 89(c)

LISA M. LETOURNEAU M.D., M.P.H., F.A.C.P.

(b)(6) (b)(6)

PROFESSIONAL EXPERIENCE:

Maine Department Health & Human Services – Senior Advisor Delivery System Change *(2019 – present)*

- Provide clinical leadership and support for delivery system improvement initiatives across DHHS offices, with focus on supporting efforts related to Medicaid expansion, substance use disorder/opioid use disorder, and rural health improvement

Clinician – Key 3 West Substance Use Disorder Treatment Clinic *(2018 – present)*

- Provide medical assessment and treatment services including Medications for Addiction Treatment

Independent Contractor – Health Care Transformation *(2017- present)*

- Clinical Advisor, Patient Centered Primary Care Collaborative (PCPCC)
- Physician Advisor, American Board of Internal Medicine Foundation – *Choosing Wisely* initiative
- Provide leadership, technical assistance, and project support for health care delivery system redesign, clinical quality improvement, and population health improvement efforts.

Maine Quality Counts – Executive Director *(2008 – 2016);* **Senior Medical Director** *(2017 – 2019)*

- Provided executive and strategic leadership for Maine Quality Counts (QC), a regional health improvement collaborative, in support of QCs mission to transform health and health care in Maine.
- Directed organizational strategy and activities; developed and supported QC staff team and organizational operations, leading growth from 10 to 40 employees; developed strong links to community partners; managed Board and stakeholder relationships; and led fiscal and fund development efforts, growing annual budget from $1M to $6M.
- Led clinical quality improvement strategy and initiatives, including statewide primary care transformation and chronic disease improvement initiatives, multiple improvement learning collaboratives, and CMMI-contracted Transforming Clinical Practice Initiative (TCPi).
- Established "Caring for ME", a statewide collaborative effort to engage clinicians in addressing the opioid epidemic by improving the safety of opioid prescribing & increasing addiction treatment.

Program Director – Maine Patient Centered Medical Home Pilot *(2008-2016)*

- Led development and implementation of the Maine Patient Centered Medical Home Pilot, a statewide multi-payer effort to transform primary care practice and payment.
- Directed multi-disciplinary team providing practice transformation support to 200 primary care practices statewide, including alignment with Maine Medicaid's Health Homes initiative.
- Provided oversight for all Pilot deliverables, data management, reporting, and timelines; ensured communication with providers and other key stakeholders; managed project budget and funding; coordinated efforts with related federal and state initiatives.

MaineHealth – Senior Director, Clinical Integration *(2000-2008)*

- Developed and implemented clinical improvement programs across the MaineHealth (MH) system, including program development, implementation and evaluation.
- Conducted outreach to over 600 physicians, clinical leaders, and administrative staff of MH members and affiliate organizations.
- Developed and managed department budget and staff; and assisting physician practices with implementation a range of clinical and community health improvement initiatives.
- Implemented large-scale clinical improvement learning collaboratives with clinical practice teams to improve chronic illness care.

- Led development of web-based Chronic Illness Registry as population-based, CMS-recognized registry used by over 70 primary care practices to track and improve care for more than 30,000 individuals with chronic conditions.

Maine Center for Public Health – Physician Advisor *(2004 - 2009)*

- Provided support for development and implementation of Maine Youth Overweight Collaborative.
- Led development and oversee operations of "PHMed" (Public Health and Medicine), an electronic listserv designed to foster communication between physicians and public health community.

MaineNET – Medical Director *(2000-2004)*

- Provided leadership consulting medical director services to MaineNET, a MaineCare demonstration project, working with several physician practice sites across state to improve medical management of elderly and disabled Medicaid beneficiaries.
- Developed medical management program, including data reporting to support clinical improvement and pharmacy management programs.

Tufts Health Plan - Regional Medical Director *(1997- 2000)*

- Developed statewide physician and hospital network, and led delivery of clinical services for 70,000 health plan members in Maine.
- Responsibilities included medical management, pharmacy management, quality improvement, credentialing, technology assessment, and disease management programming.
- Developed and implemented turnkey cardiovascular disease management program for large employer.

Healthsource Maine - Associate Medical Director *(1994-1997)*

- Directed utilization management program including in-patient concurrent review, case management, precertification of elective procedures, and benefit determination; developed and implemented plan-wide quality improvement initiatives within framework of chronic disease management programs and peer review program.

Mercy Hospital, Portland ME: Emergency Physician *(1993-96)*

- Full-time emergency physician in 100-bed community hospital.
- Supported multiple administrative and quality improvement activities including clinical pathway development; led development and implementation of Urgent Care Center.

Emergency Medical Associates *(1989-93)*

- Full-time emergency physician in community hospitals in southern, central, and mid-coast Maine

EDUCATION AND POSTGRADUATE TRAINING:

1978-1982	Brown University, Providence, RI - Sc.B. Biology, magna cum laude
1982-1986	Dartmouth-Brown Joint Program in Medicine - M.D.
1986-1989	Internship and residency - Internal Medicine, Maine Medical Center, Portland
2000-2002	Harvard School Public Health – Masters in Public Health (Health Policy & Management)
2006-2008	Hanley Center for Health Leadership – Leadership Development Fellow
2011-2013	Hanley Center for Health Leadership – MacAfee Fellow, Physician Exec Leadership Institute

RESEARCH / GRANTS

American Board of Internal Medicine Foundation, *Advancing Choosing Wisely in Maine* (April 2013 – March 2015); *Spreading Choosing Wisely in Maine* (May 2015 – Dec 2016)

- Objective: Build public and provider awareness of Choosing Wisely messaging and tools to promote more informed decision making about health care services
- Role: Project Director

//

NANCY ANN BEARDSLEY

(b)(6)

(b)(6)

(b)(6)

EXPERIENCE:

Maine Center for Disease Control and Prevention

Deputy Director
June 2019- present

Support the director in carrying out the objectives and goals of the agency. As requested, represent the agency before the Commissioner's Office, Legislature, and internal and external partners. Provide guidance to the director on major strategic and policy decisions. Work as part of senior executive team to chart new strategic course to rebuild and staff the agency. Help make key hiring decisions for senior-level staff. Advise and support five Associate Directors. Support the agency's COVID-19 emergency response since January 2020.

Acting Director
February – June 2019

Responsible for leading agency to meet Governor Mills' goals and objectives. Led staff through robust legislative session which yielded several important laws including the removal of philosophical and religious exemptions for vaccinations and prohibition of tobacco products on school property. Formed strong senior team to rebuild trust among staff and with partners. Welcomed external partners motivated after long absence to reestablish relationships with the agency. Vetted candidates for permanent director's position.

Associate Director, Division of Environmental Health and Community Health
December 2007- February 2019

Member of senior executive team. Led the financial, legislative, policy and operations of the Division including five environmental public health programs, Drinking Water, Health Inspection, Subsurface Wastewater, Radiation Control, and Children's Licensing and Investigation Services. Oversaw a professional and administrative staff of about 105. Served simultaneously as interim Associate Director of the Disease Prevention Division for nearly 6 months in 2017 and 2018.

Director, Maine Drinking Water Program
May 2000 - December 2007

Working with a highly motivated team, rebuilt a crumbling and weakened program with essential responsibility for providing public drinking water to Maine people. Directed and oversaw all program activities. Supervised 33 professional staff in four regional offices. Maintained Safe Drinking Water Act primacy enforcement authority with the USEPA. Regulated and provided technical assistance to 2,200 public water systems to ensure the provision of safe drinking water. Oversaw an operatioual budget of $4 million aud a $10 million revolving loan program. Restored relationship and credibility with USEPA and eliminated threat of removing primacy authority.

EDUCATION:

M.A. Public Administration, University of Maine, Orono, Maine

B.A. Geology, Boston University, Boston, Massachusetts

PUBLIC HEALTH LEADERSHIP TRAINING:

Institute for Civic Leadership, Daniel Hanley Center for Health Leadership, Health Leadership Development Course, 2008-2009

Northeast Regional Public Health Leadership Institute, 2001-2002

PREVIOUS POSITIONS:

Maine Department of Environmental Protection

Licensing Manager, Land and Water Quality Bureau, June 1996-May 2000

Project Manager, Remediation and Waste Management Bureau, June 1992-June 1996

Project Manager, Land and Water Quality Bureau, May 1990-June 1992

PROFESSIONAL AFFILIATIONS:

U.S. Consumer Products Safety Commission, Representative for the State of Maine, 2015-present

New England Interstate Water and Wastewater Pollution Control Commission, Commissioner, 2007-2020

Association of State and Territorial Health Officials, Member, 2007-present

Association of State Drinking Water Administrators, President, 2006

Association of State Drinking Water Administrators, Board Member Region 1, 2003-2006

National Drinking Water Advisory Council, Appointed Member, 2004-2010

Maine Public Health Association, Member, 2010-present

OTHER:

MPHA, Unsung Heroes Award, June 2019, Accepted on behalf of Agency

Licensed Class IV Water Treatment System Operator, issued November 15, 2006-present

U.S. Environmental Protection Agency New England Region Environmental Merit Award, Recipient, May 2005. Restored stability, fiscal responsibility, and credibility to the State's beleaguered Drinking Water Program, receiving this award for the turnaround.

ATTACHMENT 3 : BIOGRAPHICAL SKETCHES OF KEY PERSONNEL

Nicole M. Breton, RDH, MHS

(b)(6) (b)(6) cell; (b)(6) work
e-mail (b)(6)

Education:

- Salem State College, Salem, MA
  B.S. in Health Sciences
- University of New England – Westbrook College Campus, Portland, ME
  Associate Degree in Dental Hygiene
- St. Francis University, Loretto, PA
  Master's in Health Sciences

Project Director - Federal Grant Awards

- State Office of Rural Health, Award # H95RH00112
- Primary Care Office, Award # U68HP11500
- State Loan Repayment Program, Award # H56CR27383
- Rural Hospital Flexibility Program, Award # H54RH00018 and U2WRH33288
- Small Rural Hospital Improvement Program, Award # H3HRH00027 and H3JRH37439

Professional Profile:

Rural Health and Primary Care Program, Program Manager April 2015 to August 2017 and then Director, August 2017 to Present

- Preparation of the Rural Hospital Flexibility Program, Small Hospital Improvement Program, The State Office of Rural Health, State Loan Repayment, State Primary Care Office and The Rural Veterans Grant Access Health Program as required by the published grant guidance by the Health Resources and Service Administration to support the Maine Rural Health Program.
- Implement the grant objectives and manage activities as outlined in grant applications including the evaluation of the outcomes and timely submission of all required grant reports.
- Oversee the fiscal management and adherence to the grant budget as awarded by the Federal Office of Rural Health Policy within the Health Resources and Services Administration and assisting in the preparation and ensuring timely submission of all required fiscal reports for the Rural Health Unit.
- Work with all 16 Maine Critical Access Hospitals (CEO/Administrators, Quality Improvement Directors, Nursing Directors, and Chief Financial Officers).
- Represent the Rural Health & Primary Care Program by attending meetings, and present to a variety of stakeholders & partners (such as New England Rural Health RoundTable, Finance Authority of Maine).
- Assist the Department on research, policies for rule-making and legislative activities
- Oversee all federal reporting requirements that are submitted in a timely manner.
- Develop, research and write requests for RFP proposals for grant associated projects.
- Project management of all contracted work through the Rural Health & Primary Care Program.

- Work closely with Federal Office of Rural Health Policy, other State Offices of Rural Health issues such as but not limited to rural health challenges, delivery of care models, and recruitment and retention of healthcare providers
- Work within the Department agencies on shared resources, and workplan activities.
- Assist with local, state, regional, and national activities in rural health system(s) development, advocacy, and policy development to enhance rural health care. Serve as a conduit of information for rural health care facilities and providers on the availability of funding opportunities and other resources.
- Maintain working relationships with partner organizations to ensure involvement in the statewide rural health system development and policy implementation.
- Assist the Division Director with compliance on Maine Center for Disease Control / Department of Health and Human Services strategic planning and activities.
- Supervise and mentor staff to assist them with all operations of the program and professional growth opportunities.

Program Coordinator & Public Health Educator, Maine Oral Health Program, Maine Center for Disease Control & Prevention, Augusta, ME, March 2008 to April 2015

- Plan, develop, organize and evaluate oral health promotion and dental disease prevention interventions to improve oral health in Maine.
- Manage statewide oral health programs and initiatives, such as but not limited to the state funded School Oral Health Program which involves over 128 schools.
- Provide technical assistance and consultative services to health care providers on local, state, and national levels.
- Develop and coordinate coordination of care policies for dental providers in the rural areas of the state.
- Develop and implement data collection system for oral health programs.
- Manage grants such as cost effectiveness on rural care.
- Develop, coordinate and present educational and in-service training programs for dental and other health care providers.

Awards & Acknowledgements:

- Maine Flex Program – Outstanding State Quality Performance #1 -2018
- DHHS Commissioner's Award of Excellence -2018
- Maine Flex Program – Outstanding State Quality Performance – 2017
- Maine Flex Program – Excellence in Quality Reporting – 2016
- Maine Flex Program – Excellence with Medicare Beneficiary Quality Reporting Program – 2016

Erica Dyer

(b)(6)

Highly enthusiastic customer service professional with 10 years of experience.
Talented Customer Service Associate skilled at balancing customer needs and company demands.
Effectively builds loyalty and long-term relationships with customers.

Education

Secondary Education
University of Maine - Orono, ME
September 2012 to May 2016

Work Experience

Office Associate II
Maine Center for Disease Control – Office of Rural Health and Primary Care – Augusta, ME
November 2020 – present
Provide professional, administrative, and clerical support.
Staff support to the Rural Health Director, the Rural Health Program Manager, and the Planning and Research Associate II.
Generate needed correspondence and documents.
Organize and maintain all electronic and paper filing systems.
Run any reports needed.
Distribute Mail.
Assist with contract documentation.
Organize all meeting reservations and logistics.
Perform such duties necessary to assist in the operations and responsibilities of the office.
Answer telephone calls.

Patient Services Representative
Maine General Medical Center (Family Medicine Institute) – Augusta, ME
November 2018 to November 2020

Assist patients by checking them in and out of their appointments.
Assist in scheduling new appointments either at the check-out counter or on the telephones.
Utilized as a trainer for new incoming employees.

Skills

Customer Service, CSR, Microsoft Office, Quick Learner, Computer Proficient

Merica A. Tripp - Planning & Research Associate II

Education:

- **Master of Science, Simmons College,** January 1995
- **Bachelor of Arts, University of Southern Maine,** May 1993

Employment History:

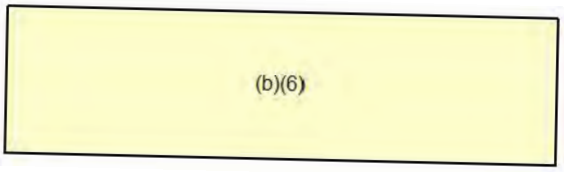
- Rural Health and Primary Care Program, Augusta, Maine
  Planning & Research Associate II, November 2017 – present
- Public Utilities Commission, Hallowell, Maine
  Senior/Consumer Assistance Specialist, November 2015 – November 2017
- Office of Professional and Occupational Regulation, Gardiner, Maine
  Planning & Research Assoc/Prof Licensing Supervisor, 2007 – October 2015
- Department of Public Safety, Vassalboro, Maine
  Media Resource Director, 2001 – 2007
- Central Maine Power, CNEX & CEI (CMP consulting subsidiaries), Augusta, Maine
  Associate Research Analyst/Knowledge & Information Specialist, 1995 – 2001

Experience and Qualification Highlights:

- Collected and analyzed data to submit applications for HPSA designations.
- Promoted and administered healthcare workforce programs.
- Drafted grants, progress reports, contracts and requests for proposal.
- Developed handbooks, online tutorials, forms, displays, brochures and other materials.
- Established, explained and enforced policies and procedures.
- Assisted with rulemaking for regulatory boards and healthcare programs
- Drafted testimony to be given before legislative committees.
- Attended and provided technical assistance to regulatory boards during meetings
- Re-designed applications in response to changes in statutes and rules.
- Drafted informational letters for distribution.
- Created lesson plans and delivered training to others.
- Recruited participants, designed print and electronic surveys and conducted telephone and in-person interviews to evaluate services and programs; analyzed the data using statistical software and presented the results.
- Researched and wrote articles for newsletter.
- Designed, developed, implemented and updated an Intranet and Internet sites providing remote access to library collections and services.

Recognition:

- Named "Employee of the year", 1995.
- Earned "On the Spot" award, 1999.
- Voted best in "The Customer" class, 2000.



Nathan Morse, CHES, TTS-C

Education

UNIVERSITY OF MAINE, Farmington, ME

- Bachelor of Science, Community Heath Education - May 2003
- Certified Health Education Specialist (CHES) – October 2007 - Present
- Certified Tobacco Treatment Specialist (TTS-C) – March 2008 - Present
- National Certificate in Tobacco Treatment Practices (NCTTP) – February 2018 - Present

Professional Experience

MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES, MAINE CDC, DIVISION OF PUBLIC HEALTH SYSTEMS, RURAL HEALTH AND PRIMARY CARE PROGRAM, Augusta, ME
August 2018 - Present

Rural Health Program Manager – Health Program Manager

- Plan, implement, and evaluate activities pertaining to rural health integration strategies, goals, and activities for the Rural Health settings in the State.
- Administer all programs, services, and financials for the HRSA sourced Rural Hospital Flexibility Program (FLEX), and Small Hospital Improvement Program (SHIP) grants.

MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES, MAINE CDC, DIVISION OF DISEASE PREVENTION, CHRONIC DISEASE PREVENTION AND CONTROL PROGRAM, Augusta, ME
December 2010 - August 2018

Diabetes Unit Supervisor - Comprehensive Health Planner II

- Coordinates the Chronic Disease Prevention and Control Program- Diabetes Unit for the Maine CDC. Works as part of a team to execute U.S. CDC work plan activities in the areas of pre-diabetes/diabetes prevention and control.
- Supervises the Diabetes Unit's Comp Health Planner 1; Coordinates with stakeholders, contractors, advisory boards, and other Maine CDC programs to develop and implement a comprehensive approach to diabetes prevention and control in Maine.
- Provides program representation, leadership and expertise on the following committees and projects:
  - National Diabetes Prevention Program (NDPP)- State Infrastructure building
  - Maine Association of Diabetes Educators (MeADE)
  - State of Maine, State Innovation Model (SIM) grant Core Team and Steering Committe
- Serves as a primary contact for internal and external stakeholders and customers.
- Responsible for entry of annual work plan, and progress reports in federal grant (PAC 1305) reporting tool within established timelines.
- Oversees licensure and certification programs for Diabetes Self-Management Education and Support (DSMES) sites in Maine.
- Support and provide technical assistance to existing and new sites providing the National Diabetes Prevention Program (NDPP) services.

Kathy Veilleux
Special Assistant to Commissioner

Jeanne M. Lambrew
Commissioner
Department of Health and Human Services

Commissioner's Office Staff:
Molly Bogart, Director of Government Relations
Jackie Farwell, Director of Communications
Lisa Letourneau, MD, Senior Advisor for Delivery System Change
Amy Belisle, MD, Chief Child Health Officer
Megan Garratt-Reed, Senior Advisor for Coverage and Affordability
Kate Fritzsche, Director of Research and Evaluation
Leana Amaez, Diversity, Equity, and Inclusion Manager

Benjamin Mann
Deputy Commissioner of Finance

Kelly Roman
Administrative Assistant

Jeff Wiley
Budget Director

Herbert Downs
Director, Division of Audit

Jim Lopatosky
Director, Contract Management

David Simsarian
Director, Business Technology Solutions

Martha Kluzak
Director, Facilities Management

Beth Hamm
Deputy Commissioner

Sabrina Beane
Administrative Assistant

Desirea Chase
Director Workforce Development

Joy Gould
Manager of HealthcareWorkforce

Sara Gagné-Holmes
Deputy Commissioner

Norma Tunks
Administrative Assistant

Kevin Wells
General Council

Scott Perkins
Constituent Services Coordinator

Jane Daniels
Office Manager

Denise Richardson
Office Associate II

Joannie Connor
Office Associate II

Todd Landry
Director, Office of Child & Family Svs.

John Feeney
Chief Operating Officer, OCFS

Robin Johnston
Assoc. Director, Child Welfare

Brittanie Gubernick
Community Liaison & Compliance Manager

Erica Wentz
Assist. Director, Child Developmental and Behavioral Health

Adrienne Carmack, MD
Medical Director, OCFS (contracted)

Christine Theriault
Family First Prevention Services Act Manager

Paul Saucier
Director, Office of Aging & Disability Svs.

Mark Lotte
Chief Operating Officer, OADS

Duncan McDaniel
Assoc. Director Central Operations

Karen Mason
Assoc. Director, Aging and Long-Term Services & Supports

Elizabeth Hopkins
Assist. Director, Developmental Disabilities and Brain Injury

Erin Salva
Assoc. Director, Adult Protective Services

Jessica Pollard
Director, Office of Behavioral Health

Rebecca Taylor
Assoc. Director, Research

Morgan Connolly
Assoc. Director, Strategic Planning

Amy Webb
Policy Advisor

Katherine Coutu
Substance Use Disorder Program Manager

Kathryn Temple
Mental Health Program Manager

Sarah Miller
State Forensics Services Director

Dawn Gerbe
Contracts and Finance Operations Manager

Nirav Shah
Director, Maine Center for Disease Control & Prevention

Nancy Beaudoin
Deputy Director

Veronica Rutherford
Chief Operating Officer

Sam Bennett, MD
State Epidemiologist

James Markiewicz
Assoc. Director, Div. of Public Health Systems

Ann Farrow
Assoc. Director, Division of Disease Surveillance

Jamie Cohen
Assoc. Director, Division of Disease Prevention

Kate Downing
Assoc. Director, Division of Public Health Nursing

State Office of Rural Health
Nicole Breton

Chronic Disease
Emily Moores

Anthony Pelotte
Director, Office for Family Independence

Dan Cohen
Chief Operating Officer, OFI

Amy Jay
Assoc. Director, Support Enforcement & Recovery

Scott Mack
Assoc. Director, Disability Determination

Ed Fay
Assoc. Director, Policies & Programs

Jeffrey Farnsworth
Assoc. Director, Regional Operations

Jamie Pratt
Assoc. Director, Business Technology

Tom Roth
Assoc. Director, Fraud Investigations & Recovery

Michelle Probert
Director, Office of MaineCare Services

Molly Slattery
Chief Operating Officer, OMS

Fran Johnson, MD
MaineCare Medical Director

Sarah Grant
Assoc. Director, Community Options & Program Management

Bill Logan
Assoc. Director, Compliance

David Jorgenson
Assoc. Director, Rate Setting & Business Analytics

Olivia Alford
Assoc. Director, Value-Based Purchasing

Jill Kingsbury
Assoc. Director, OMS Pharmacy Services

Jenny Patterson
Assoc. Director, Policy

William Montejo
Director, Division of Licensing & Certification

Lynn Mahoney
Assoc. Director, Medical Facilities

Heather Hall
Assoc. Director, Healthcare Programs

Rodney Bouffard
Superintendent, Riverview Psychiatric Center

Stephanie Bourque-Roy
Deputy Superintendent

Matthew Davis, MD
Medical Director

Renee Pinger
Director of Nursing

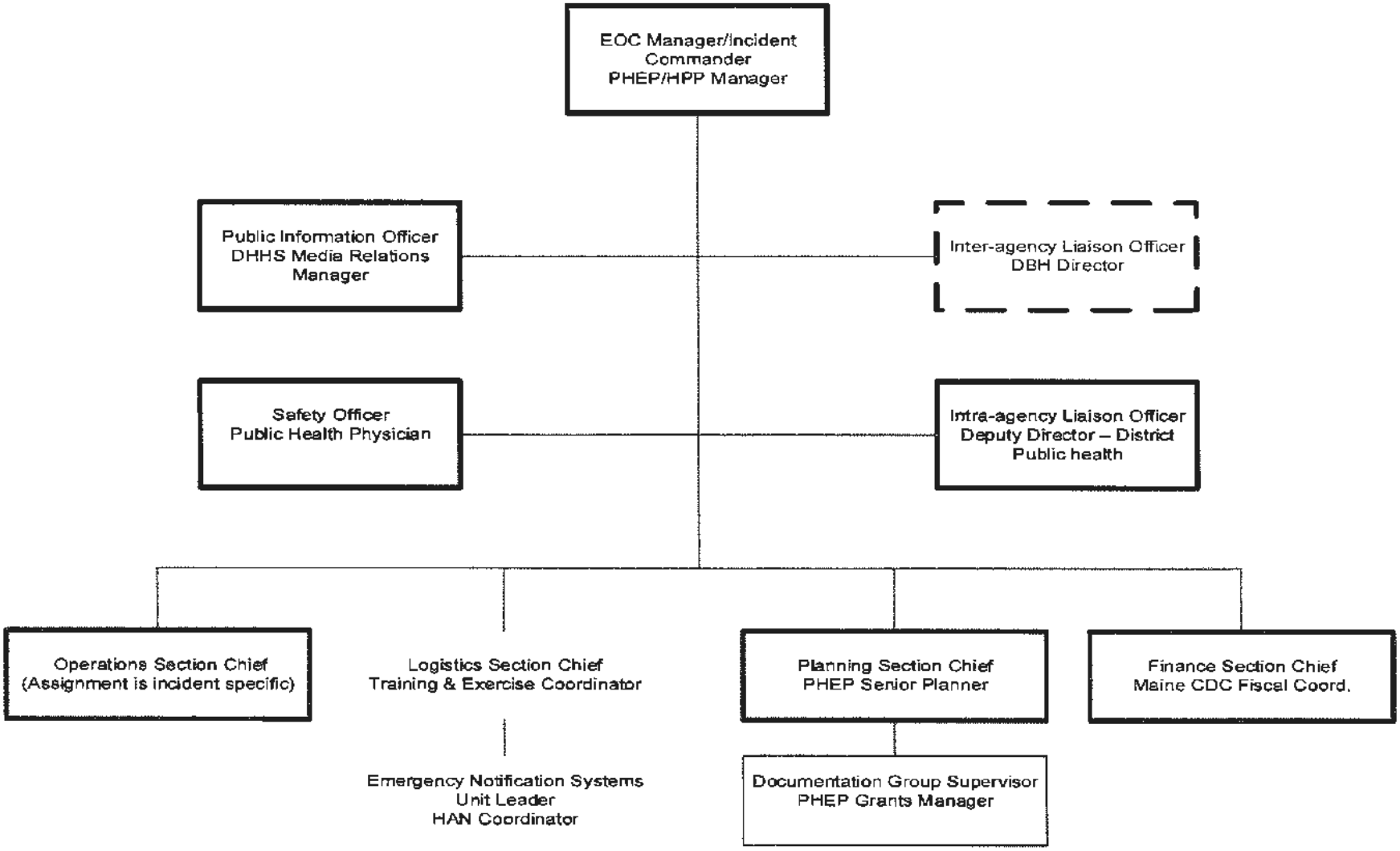
Sarah Taylor
Superintendent, Dorothea Dix Psychiatric Center

Nicholas Michaelski
Deputy Superintendent

Dan Peterson, MD
Medical Director

Carolyn Daniel
Director of Nursing

Maine Center for Disease Control and Prevention
ICS Organization Chart
Incident Command & Section Chief Positions



Applicant Name:	State of Maine	Award Number:	CDC-RFA-OT21-2103		

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary

Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1. National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	93.391			$32,140,247	$0	$32,140,247
2.						$0
3.						$0
4.						$0
5. Totals			$0	$32,140,247	$0	$32,140,247

Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
a. Personnel			(b)(4)		(b)(4)
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)				$0	
j. Indirect Charges					
k. **Totals** (sum of 6i-6j)	$0	$0	$32,140,247	$0	$32,140,247
7. Program Income	$0	$0	$0	$0	$0

Section C - Non-Federal Resources

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) **Totals**
8.			$0		$0
9.					$0
10.					$0
11.					$0
12. **Total** (sum of lines 8 - 11)		$0	$0	$0	$0

Section D - Forecasted Cash Needs

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	$32,140,247	$8,035,062	$8,035,062	$8,035,062	$8,035,062
14. Non-Federal					
15. **Total** (sum of lines 13 and 14)	$32,140,247	$8,035,062	$8,035,062	$8,035,062	$8,035,062

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

	Future Funding Periods (Years)			
(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth
16.	$0	$0	$0	$0
17.				
18.				
19.				
20. **Total** (sum of lines 16-19)	$0	$0	$0	$0

Section F - Other Budget Information

21. Direct Charges		22. Indirect Charges	
	$30,153,301		$1,986,946
23. Remarks			

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
FAX: (212) 264-5478
EMAIL: CAS-NY@psc.hhs.gov

March 8, 2018

Mr. Jeffrey Wiley
Acting Deputy Commissioner for Finance
Maine Department of Health and Human Services
221 State Street
11 State House Station
Augusta, Maine 04333-0011

Dear Mr. Wiley:

This is to advise you of the approval of the amendment to the Maine Department of Health and Human Services Cost Allocation Plan (CAP) Narrative that was submitted to our office under letter dated June 22, 2016. The amendment, which was submitted in compliance with 45 CFR Part 95, Subpart E, is effective July 1, 2016.

This approval shall remain in effect until such time as the bases and methods used for allocating costs in the plan become outdated due to organizational changes, changes in Federal law or regulations, or there is a significant change in program composition that would affect the validity of approved cost allocation procedures.

The plan is approved and costs claimed in accordance with the plan are subject to the following conditions:

1. The approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate.

2. The costs claimed for Federal Financial Participation must be allowable under the law, the cost principles contained in Title 2 of the Code of Federal Regulations Part 200 (2 CFR 200) and program regulations.

3. ACF has requested that we remind the State that our approval is of a methodology only and that all expenditures claimed under the Cost Allocation Plan are subject to audit by the DHHS Office of the Inspector General.

Nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The implementation of the cost allocation plan approved by this document may from time to time be reviewed by authorized Federal staff. The disclosure of inequities during such reviews may necessitate changes to tbe plan.

If you have any questions, please contact this office at (212) 264-2069.

Sincerely,

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, 0.9.2342.19200300.100.1.1=20001316699, cn=Darryl W. Mayes -S
Date: 2018.03.08 08:20:17 -05'00'

Darryl W. Mayes
Deputy Director
Cost Allocation Services

cc: Barnwell, G., ACF
Gilbert, F., SSA-DPB
Lubing, L., USDA/FNS
Parris, R., CMS
Simmons, J., ACF/ORR

6389 (0585)/16-4

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C.

§470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT
The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Bethany L. Hamm

Title

Deputy Commissioner

Organization

Maine Department of Health and Human Services

Signature: Bethany L. Ha Date: 5/3/2021

FY 2021 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
    a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
    b. Collecting a certification statement similar to paragraph (a)
    c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
    1. The dangers of drug abuse in the workplace;
    2. The grantee&apso;s policy of maintaining a drug-free workplace;
    3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
    1. Abide by the terms of the statement; and
    2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
    1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR ?75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering

into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C ? 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name

Bethany L. Hamm

Title

Deputy Commissioner

Organization

Maine Department of Health and Human Services

Signature: Bethany L. Hamm Date: 5/3/2021

FY 2021 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2021
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of Maine agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
    - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
    - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
    - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
    - Referring the eligible homeless individual for such other services as may be appropriate; and
    - Providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
    - Minor renovation, expansion, and repair of housing;
    - Planning of housing;
    - Technical assistance in applying for housing assistance;
    - Improving the coordination of housing services;
    - Security deposits;
    - The costs associated with matching eligible homeless individuals with appropriate housing situations;
    - One-time rental payments to prevent eviction; and
- Other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

Section 522(f). Not more than four (4) percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(h). The State agrees that not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and the payments will not be expended for the following:

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than $1 for each $3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes a plan for providing services and housing to eligible homeless individuals, which:
    - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
    - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance use, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2022, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2018 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:
The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Governor/Designee Name	Bethany L. Hamm
Title	Deputy Commissioner
Organization	Department of Health and Human Services

Signature: Bethany L. Hamm Date: 5/3/2021

FY 2021 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed? Yes ○ No ◉

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

Standard Form LLL (click here)

Name: Bethany L. Hamm

Title: Deputy Commissioner

Organization: Department of Health and Human Services

Signature: Bethany L. Hamm Date Signed: 5/3/2021

mm/dd/yyyy

FY 2021 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

Form Approved
OMB Control Number 0920-1132
Expiration Date: 08/31/2019

Attachment G
PERFORMANCE PROGRESS and MONITORING REPORT
CDC Risk Questionnaire

Risk Questionnaire			
Instructions:	Prior to making an award, the Centers for Disease Control (CDC) evaluates the degree of risk posed by an applicant. In filling out the Risk Questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to [Name of Contact].		
General Information			
Legal Name of Organization		Department of Health and Human Services - Center for Disease Control & Prevention	
In which country (or countries) does your organization propose to operate for this Notice of Funding Opportunity? Please list all separated by commas.		United States	
In which country is the headquarters or general office of your organization located?		United States	
Please identify what type of organization you are (non-profit, for-profit, educational institution, other)?		Government agency	
Is your organization incorporated or legally registered?		No	If not, please explain: Government Agency
Operational Risk			
Personnel	Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer?	Yes	If not, please explain:
	Does your organization have written human resource (HR) policies and procedures?	Yes, enclosed	If not, please explain:
	List the number of employees within your organization	Full Time Employees: 2,903 Part-time Employees: 31 Volunteers: 0	
Programmatic Performance	Has your organization managed U.S. Government grants or cooperative agreements within the last 36 months?	Received CDC grant within the last 3 years	
Financial Risk			
Accounting System	Does your organization have written accounting policies and procedures? Please attach.	Yes, enclosed	Explanation:
	Can your accounting records separate the receipts and payments of a federal grant from the receipts and payments of your organization's other activities?	Yes	
	Can your accounting records summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies and equipment?	Yes	
Internal Controls	Does your organization have systems, policies, and procedures for tracking and approving hours worked by employees, contractors, and volunteers? Please attach.	Yes	
	Does your organization have internal controls and anti-corruption ethics codes that are emphasized by leadership?	Yes	
	Does your organization have written project management policies, procedures, and systems? Please attach.	Yes	If no, please provide an explanation:
	Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (Title 2, U.S. Code of Federal Regulations, Part 200, Subpart E)?	Yes	
Cash Management	Does your organization have a bank account registered in its name and that is capable of segregating grant funds from other funds?	Yes	If not, please explain how you plan to manage funds from a potential award?
Going Concern	What percent of your organization's capital is from federal funding? (percentage = total federal funding in previous FY/ organization's annual gross revenue in previous FY)	38%	
	What is the dollar amount of your total current assets? (i.e. cash and other assets that are expected to be converted to cash within the next twelve months) (USD only)	(b)(4)	
	What is the dollar amount of your total current liabilities? (i.e. amounts due to be paid to creditors within the next twelve months) (USD only)		
	What is the dollar amount of your total debt? (USD only)		
	What is the dollar amount of your total assets? (e.g. cash, fixed assets, accounts receivable, etc.) (USD only)		
Compliance Risk			
Audit	Does your organization have regular independent audits that you contract and pay for?	Yes	
	If yes, what organization performed your audit?	State of Maine Office of the State Auditor	
	What was the date of the most recent audit and what was the result?	Date: 12/06/2018	Results: Unqualified/Unmodified

Full Project Budget Narrative

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

CDC-RFA-OT21-2103

Summary	Maine DHHS Program Activity					Total	Narrative Detail
Object Class Categories					2021-2023		Page
A. Personnel					(b)(4)		1
B. Fringe Benefits							2
C. Travel							2
D. Equipment							2
E. Supplies							2
F. Contractual							3
G. Construction							3
H. Other							3
I. Total Direct Charges (sum of a-h)							3
J. Indirect Charges							3
K. Totals (sum of i-j)					$32,140,247	$32,140,247	3
						Revised	5/27/2021

A. Personnel

The following personnel lines are located in Maine State Government.

Position title and Description	Name/Position #	Proposed 2021-23	TOTAL
CDC Senior Health Program Manager-Chronic Disease Programs-Maine CDC, Department of Health and Human Services. Responsible for strategic direction and oversight of all chronic disease prevention and control efforts for the Maine CDC. Oversees grants and grant management teams for asthma, cardiovascular disease, breast and cervical health, comprehensive cancer, colorectal cancer, Alzheimer's Disease Prevention, and diabetes prevention and is the PI for the aforementioned grants. Facilitates the integration of chronic disease prevention and control within the health agency. Liaison for internal and external partners as well as responsible for stakeholder development and engagement, synergizing initiatives where applicable.	Emily Moores, MHA	In-Kind	In-Kind
CDC Deputy Director-oversees and manages programmatic work at the agency, and works closely with the Director and Chief Operations Officer in planning, directing and implementing MCDC programs, services and budget. The Deputy acts on behalf of the Director as delegated, and provides direction and support to the agency's five associate directors.	Nancy Beardsley, MPA	In-Kind	In-Kind
CDC Director of the Office of Health Equity (OHE) - responsible for leading data driven interventions to advance health equity for all populations disproportionately affected by various health conditions/diseases. This position in partnership with In-Kind staff will lead the efforts for this award.	Vacant - TBD	(b)(4)	
Director of Diversity, Equity and Inclusion: Office of the Commissioner, Department of Health and Human Services. Provides expertise on the development and alignment of plans, policies, and guidelines that address social determinants of health and advance diversity, equity and inclusion.	Leana Amaez, J.D.	In-Kind	In-Kind
Senior Advisor to the Commissioner for Delivery System Change: Provides support to the Department of Health and Human Services leadership and staff on the development and implementation of strategy to improve health and health care in Maine with a focus on advancing health care delivery system change.	Dr. Lisa Letourneau	In-Kind	In-Kind
Director of Research and Evaluation, Commissioner's Office, Department of Health and Human Services: Conduct and review research on health care and related topics as the Department's primary researcher and senior data analyst. Conduct and coordinate evidence-based analysis to support key policy and operational decisions around major Departmental initiatives.	Katherine Fritzsche, MPA	In-Kind	In-Kind
CDC Grant Program Manager: Placed within the OPHE. Oversees the development of the grant, including organizing activities to meet the grant objectives; works with others to direct the grant workplans and inform the budget; monitors grant projects and ensures goals are met; meets with stakeholders to develop and implement grant objectives.	Limited Period 24 months (Vacant)	(b)(4)	
CDC Fiscal Manager: Provides financial expertise, technical assistance, and fiscal oversight to the program. Assists in contract creation and management, including the RFP process, contract negotiations, budgeting, and invoice approval.	Limited Period 24 months (Vacant)	(b)(4)	
CDC Epidemiologist - Performs data analysis and studies outbreaks of diseases; utilizes relative information to aid in the prevention of COVID-19; monitors and analyzing public health data including but not limited to modifiable risk factors and chronic diseases; prepares reports; distributes data in a standardized manner; responds to data requests; assist with data streams and data visualizations.	Limited Period 24 months (Vacant)	(b)(4)	
CDC Epidemiologist - Performs data analysis and studies outbreaks of Infectious Diseases, the causes, locations, and how various communities are affected; utilizing relative information to aid in the prevention of COVID-19; monitors and analyzing public health data; prepares reports.	Limited Period 24 months (Vacant)	(b)(4)	
CDC Research Analyst - Support OPHE. Conducts complex and technical planning and research; performs complex assignments in the collection, analysis, and presentation of data; assists in the development and administration of grant projects and planning programs to meet the grants goals and objectives; coordinates planning activities locally, regionally, and statewide in order to ensure required work is accomplished in accordance with grant specifications.	Limited Period 24 months (Vacant)	(b)(4)	
CDC Public Health Educator III - Develops, organizes, conducts, and evaluates health promotion interventions to improve public health, develops and disseminates health education information, provides technical advice and assistance to statewide and community agencies, researches and studies health issues to improve public health status, develops program phases, recommends budgetary needs for administrative planning, and writes grant proposals in order to develop work programs.	Limited Period 24 months (Vacant)	(b)(4)	
CDC Public Services Manager II (RHPCP): Director - The RHPCP Director will provide leadership and strategic planning support for all SORH Grants. She will provide and/or find content experts and evidence-based resources to support the Maine Rural Health Network Projects. The Director will provide her time to the each of the SORH program cooperative agreement activities as needed in-kind.	Nicole Breton	In-kind	In-kind
CDC Rural Health - Health Program Manager (RHPCP): Health Program Manager - State FLEX Coordinator; is responsible for designing, implementing, providing specialized technical assistance, and evaluation of activities relating to rural health and primary care services. This position also assists in integrating the activities of local community/public health to rural community based systems of care. 100% of salary is charged to HRSA U2W33288 grant. The Health Program Manager will devote thirty (30) hours per week of his time to the FLEX program grant activities. The Health Program Manager will provide his time to the each of the SORH program cooperative agreement activities as needed in-kind.	Nathan Morse	In-kind	In-kind

CDC Planning & Research Associate II (RHPCP): The Planning & Research Associate II in addition to her State Primary Care Office duties of assessing primary, dental and mental health professional needs throughout the State and directing incentives to those qualified professionals willing to care for medically underserved people in areas determined to have a provider shortage, the Planning & Research Associate II will provide data analysis, website updates, and technical assistance on an as needed basis and at an estimated two (2) hours per week in-kind.	Merica Tripp	In-kind	In-kind
CDC Rural Health - Office Associate II: Provides administrative support for the grant. Provides general office management skills and support: arranges meetings; takes and prepares meeting minutes; prepares & sends mailings; responds to customer inquiries; data entry; assists with the preparation, tracking and filing of grant-related and other program paperwork; expense sheet and invoice processing; word processing and proofreading written materials; orders supplies; arranges for travel; and answering phones. 50% of salary is charged to HRSA U2W33288 grant. The Office Associate II will provide her time to the each of the SORH program cooperative agreement activities as needed in-kind.	Erica Dyer	In-kind	In-kind
CDC Rural Health - Grant Program Manager: Limited period position(s) staffing for 24 months within RHPCP to support OT21-2103 grant administration contact management, reporting, and evaluation.	Limited Period 24 months (Vacant)		
CDC Rural Health Workforce Development Program Manager: Limited period position(s) staffing for 24 months within RHPCP to support Program with existing workforce and retention activities and services including all new OT21-2103 grant Strategy 3 Activity 3.	Limited Period 24 months (Vacant)		
CDC Rural Oral Health Coordinator (CHPII): Limited period position(s) staffing for 24 months within RHPCP to support Program with existing oral health services including all new OT21-2103 grant including Strategy 1 Activity 1, Strategy 3 Activity 1, and Strategy 4 Activity 1.	Limited Period 24 months (Vacant)		
CDC Rural Health Fiscal Manager: Provides support, technical assistance, and fiscal oversight to the program. Assists in contract creation and management, including the RFP process, contract negotiation, budgeting, and invoice approval. This role will constitute 1 FTE funded through Maine OT21-2103 grant for all Rural budgeting and contracting support needs.	Limited Period 24 months (Vacant)		
Office of MaineCare-Public Service Coordinator II-support the enhancement of MaineCare member communication and interface with data activities within strategy 2.	Limited Period 24 months (Vacant)		
Office of Behavioral Health-Disparity Data & Research Supervisor-support the enhancement of OBH disparity data activities within strategy 2.	Limited Period 24 months (Vacant)		
Office of Family Independence - Data Analyst-support the enhancement of data platforms and to gather and interpret health disparity data.	Limited Period 24 months (Vacant)		
Commissioner's Office-Comprehensive Health Planner II-Project Manager for ME DHHS Master Person Index. Contract oversight including invoice and deliverable tracking. Collaborate with all department offices. This position will support data gathering and interpretation.	Limited Period 24 months (Vacant)		
Office on Aging and Disability Services-Management Analyst II. Support the enhancement of data platforms to gather and interpret health disparity data within their "Evergreen" data system.	Limited Period 24 months (Vacant)		
Office on Aging and Disability Services-Social Support Program Specialist II- Program management for initiatives supporting this grant relating to aging and disability population and services.	Limited Period 24 months (Vacant)		
TOTAL SALARY			

(b)(4)

The below totals reflect the following FTEs for each period:

Position	Proposed 2021-23
CDC Public Service Coordinator II	1.00
CDC Grant Program Manager	1.00
CDC Fiscal Manager	1.00
CDC Epidemiologist	2.00
CDC Research Analyst	1.00
CDC Public Health Educator III	1.00
CDC Rural Health - Grant Program Manager	1.00
CDC Rural Health - Workforce Development Program Manager	1.00
CDC Rural Health - Oral Health Program Coordinator	1.00
CDC Rural Health - Fiscal Manager	1.00
OMS Public Service Coordinator II	1.00
OBH Supervisor of Data and Research	1.00
OFI Supervisor of Data and Research	1.00
CO Comprehensive Health Planner II	1.00
OADS Management Analyst II	1.00
OADS Social Support Program Specialist II	1.00
Total	17.00

B. Fringe Benefits

Maine state employee fringe benefits include retirement, employee health, dental and life insurance, Workers Compensation ($1,289 per FTE), state retirement health insurance. Each position has a different rate based upon Health Insurance needs. Basic costs include Normal Retirement 4.44%, Unfunded Retirement 17.54%, Retiree Health Insurance 10.03%, FICA 1.45%.

Position	Proposed 2021-23	TOTAL
CDC Public Service Coordinator II		(b)(4)
CDC Grant Program Manager		
CDC Fiscal Manager		
CDC Epidemiologist		
CDC Epidemiologist		
CDC Research Analyst		
CDC Public Health Educator III		
CDC Rural Health - Grant Program Manager		
CDC Rural Health - Workforce Development Program Manager		
CDC Rural Health - Oral Health Program Coordinator		
CDC Rural Health - Fiscal Manager		
OMS Public Service Coordinator II		
OBH Supervisor of Data and Research		
OFI Supervisor of Data and Research		
CO Comprehensive Health Planner II		
OADS Management Analyst II		
OADS Social Support Program Specialist II		
TOTAL		

C. Travel

In--state travel is covered for employees supported under this grant. Travel is for routine meetings with contractors; some travel is for site visits with community grantees throughout the state. Out-of-state travel based on GAO per diem rates and economy rate airline tickets.

Location and purpose of Out of State Travel: Annual CDC Meeting in Atlanta, GA

Category			Rate	Miles	Proposed 2021-23	TOTAL
In-state Travel: miles yr. x $0.45/mi					(b)(4)	
In-state Travel: Expenses/Lodging Per Diem Rate for up-to four (4) FTE.						
Out of State Travel - Annual CDC Meeting in Atlanta, GA (1 per grant year)	# of trips	**Staff/ Staff Days**				
# staff x # trips per year $ r/t airfare	2	2				
# staff x # trips x $/day x # days/ trip meals	2	6				
# staff x # trips per year $ night lodging x # nights/ trip	2	6				
# staff x # trips per year Miscellaneous charges (Luggage etc.)	2	2				
# staff x # trips x # miles @ $0.45 per mile/ground transp'n/ trip	2					
# staff x #trips x $ ground transp'n/ trip	2	2				
TOTAL (all travel)						

D. Equipment

Not applicable to this project.

E. Supplies

Office supplies will be used by staff members to carry out daily activities of the program. Office supplies include things such as pens, paper, printer cartridges, binders, etc. The estimate is based on previous ordering on an annual basis. These costs support all objectives that staff are responsible for, as they are used for daily operational support.

Item			Rate	FTE	Proposed 2021-23	TOTAL
Office Supplies - Monthly Average of (b)(4) x 24 months X FTE					(b)(4)	
TOTAL						

F. Contractual

The following represents a summary of the subcontracts for each period.

VENDOR	Service to be provided	Proposed 2021-23	TOTAL
Project Evaluator - TBD	Evaluation- support the development and implementation of the Evaluation and Performance Measurement Plan in partnership with Maine DHHS.		
Morehouse School of Medicine-Satcher Health Leadership Institute	Development of culturally and linguistically appropriate training, and education for partners in this grant. MSM will advise and educate ME DHHS staff and their partners to grow health equity efforts state-wide.		
Heath Informatics/Data gathering/Platform interoperability-TBD	Development of a culturally relevant member engagement tool, including population analysis, content generation, texting and mini surveys. Development of a Master Person Index within Maine DHHS to efficiently connect existing DHHS data bases; ensuring data interoperability. Enable messaging from single integrated portal for beneficiaries (MaineCare and OFI) for due date reminders and information notices to help maintain access to care and services.		
Community Health Worker Organizations/Community Based Organizations - TBD	Selected through Willing and Qualified process with approximately 30 organizations being awarded grant funds. COVID-19 community testing for close contact for populations disproportionately affected by COVID-19. Community developed and community led needs assessments. Health disparity training and education to personnel and people they serve. S1A1, S3A4, S2A4		
Black, Indigenous, and People of Color Evaluator - TBD	To develop and evaluation process to obtain input/feedback from Black, Indigenous, and People of Color providers and organizations servicing BIPOC populations to be used to improve state systems/processes.		
Media/Material development-TBD	Development of culturally, population specific and linguistically appropriate materials and media campaigns. S4A4, S4A5		
Telehealth Vendor- TBD	Develop telehealth access points to increase access to care and specialty care in communities. S4A6		
Consultant/Facilitator-TBD	Facilitate community based regional health planning process. Develop a plan that identifies services needed in certain localities/regions in ME. S4A7		(b)(4)
Community Health Worker Organizations/Community Based Organizations - TBD	Selected through Willing and Qualified process with approximately 30 organizations being awarded grant funds. Provide funding to organizations that reflect the populations served in this grant to attend meeting and support public health quality improvement efforts to support the decrease in health disparities.		
Medical Care Development	Conduct Equity Audit on Maine DHHS and Community Care testing and provisions for a Vaccine Access Manager.		
New England Rural Health Association (NERHA) Contract # CD0-21-2251B	Contracted Staff Person for OT21-2103 Rural Health Networks Coordination for all Rural grant activities; Amend CD0-21-2251B contract to add $300,000.00		
Vendors TBD through RFP: Rural Workforce Development Services	Selected through DHHS Division of Contract Management (DCM) Request for Proposal (RFP) criteria; Rural Workforce Development Services Vendors will apply to be selected for OT21-2103 grant services for Strategy 3 Activity 5.		
Vendors TBD through Willing and Qualified Rural Hospitals, FQHCs, RHCs; Up-to 56 organizations are estimated to be eligible.	Selected through DHHS Division of Contract Management (DCM) Willing and Qualified criteria; Rural/Critical Access Hospitals, FQHCs, RHCs will apply to be selected for OT21-2103 grant services for Strategy 3 Activity 6.		
Vendors TBD through Willing and Qualified Rural Community-based organizations service providers. Up-to 25 organizations are estimated to be eligible.	Selected through DHHS Division of Contract Management (DCM) Willing and Qualified criteria; Rural Community-based organizations service providers - 25 Community-based organizations will have the ability to apply for up-to $80,000 each to complete OT21-2103 grant services for Strategy 3 Activity 7		
Vendors TBD through RFP: District and Local Public Health Service Providers. Up-to 10 organizations are estimated to be eligible.	Maine CDC, Division of Public Health Systems to facilitate Public Health Infrastructure Coordination under Strategy 4 Activity 3. Up-to 10 District Public Health/Local Public Health, and Municipal Council organizations could apply for up-to $200,000.00 each to manage within their defined finical agent; Funds would disburse by/for the groups function and sustainability.		
TOTAL			

G. Construction

Not Applicable.

H. Other

The following are Office of Information Technology costs calculated on a per FTE basis for state personnel including those whose salaries are In-kind.

Item	Number of Months	Estimated Cost per Month	Number of Staff (FTE)	Proposed 2021-23	TOTAL
State of Maine OIT Charges				(b)(4)	
Rent (Have to pay for Vacant position's space)					
Photocopying/Printing/Program Materials					
Training					

Fund Transfer to Maine EMS for OT21-2103 Strategy 3 Activity 8 Services: Statewide Expansion of Community Paramedicine Capacity. Sub-Grant Funding to EMS agencies to begin project (50 entities). Memorandum of Understand (MOU) w/ Maine DHHS.						(b)(4)
Fund Transfer to Maine EMS for OT21-2103 Strategy 3 Activity 9 Services: Systems of Care Coordination within Maine EMS. Memorandum of Understanding (MOU) w/ Maine DHHS.						
TOTAL						

I. TOTAL DIRECT COSTS

Category					Proposed 2021-23	TOTAL
A. Personnel						(b)(4)
B. Fringe Benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Contractual						
G. Construction						
H. Other						
I. Total Direct Charges (sum of a-h)						

J. INDIRECT EXPENSE

Category					Proposed 2021-23	TOTAL
Di-Cap is based on a combination of charges per FTE as indicated. See attached tab labeled Summary for details.						(b)(4)
Sta-Cap is calculated at 2.301% of the entire program expenditures that are not direct service. See attached tab labeled Summary for details.						
Indirect Allocation						

K. TOTAL BUDGET

Category					Proposed 2021-23	TOTAL
I. Total Direct Charges						(b)(4)
J. Total Indirect						
TOTAL BUDGET						

Strategy Description	4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved		
NOFO Outcome(s) Addressed (Select all that apply)	Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities		
Other Outcome(s) (as identified by applicant)	.		
Data Source(s) Used to Identify Population(s) of Focus	National Electronic Disease Surveillance System Base System (NBS), Maine's Immunization Information System (IIS), ImmPact, social vulnerability index		
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	(b)(4)	**Amount of Strategy Funding Allocated for Rural Activities (% and $ Amount) (if applicable)**	(b)(4)
Technical Assistance Needs	Yes	**If Yes, please describe:**	Will seek out advisory direction from Federal Project officer once assigned.

Activity 1 Title	Expanding community capacity to reach disproportionately affected populations with culturally and linguistically tailored programs and practices		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)	.		
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Other - please specify		
Other Setting (if applicable)	Community based organizations, state government, local government, worksite, shelters, LTC facilities		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Develop culturally and linguistically tailored programs to advance health equity within the state and local health departments as well as among contracted partners.	IT	Non-governmental organization		HBCU/MSI	Developed programs that are culturally and linguistically tailored, focusing on health equity.	6/1/2021	6/1/2023
	HBCU/MSI	Academic institutions					

Activity 2 Title	Trainings for Long-term Services and Supports Providers		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Adults aged 65 and over	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Senior residence or long term care facilities		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Develop cultural sensitivity trainings for long-term services and support providers (specifically nursing home and assisted living facilities) by partnering with the Maine Long-Term Care Ombudsman Program (MLTCOP) and utilizing a cultural brokerage model. The increasing diversity of the aging population and the workforce supporting them creates new challenges for LTSS providers. These facilities need resources and training to provide high quality services to Maine people, and their employees. Grant resources will support professional development, workforce training, and technical assistance to better serve direct care workers, particularly people of color and New Mainers. We would also utilize a cultural broker to create a bridge between State agencies and direct care workers and collect data that could be used to identify and address disparities in recruitment, hiring, retention, and other workforce outcomes.	Maine Long-Term Care Ombudsman (MLTCOP)	Governmental organizations focused on non-health services		HBCU/MSI consulting with AAAs, OADS partners	Tranings developed for those who focus on this population.	6/1/2021	6/1/2023
	Office on Aging and Disability Services	Governmental organizations focused on non-health services					
	Maine DHHS offices	Governmental organizations focused on non-health services					

Activity 3 Title	Maine Public Health District Liaisons and Coordinating Councils		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus residing state-wide		
Geographic Area (Select one)	Both		

Setting (Select one)	Other - please specify
Other Setting (if applicable)	State health department, Local health Department, Community based organizations, Health agencies

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Utilize existing State, Local, and District Public Health personnel to organize and coordinate the District Coordinating Councils (DCC) so they include critical emergency response personnel to organize work groups to address COVID-19 disparities and infrastructure improvement and sustainability opportunities in Rural communities. Convene partners such as Public Health Emergency Preparedness, Emergency Management Agencies, Area Agencies on Aging, Rural Hospitals/Healthcare Providers (RHC/FQHC), Oral Health Providers, Assisted Living Facilities, School Districts/Systems, and other CBOs to address and resolve identified disparities. Develop policies and protocols for emergency response, define roles and responsibilities and resources to be provided in the event of any public health emergency response.	Maine DHHS Offices	Governmental organizations focused on non-health services	New England Rural Health Association (NERHA)	no contracts. stakeholder development and engagement required to address activity.	Policies and protocols for emergency response, developed. Workgroups developed and functioning with goals and objectives.	6/1/2021	6/1/2023
	EMS Providers	Healthcare providers					
	Hospitals and RHC/FQHC	Healthcare providers					
	AAA & CAP Providers	Community-based and civic organizations					
	Assisted Living - Housing	Healthcare providers					
	Transportation Providers	Business, corporation, or industry					
	Tribal Communities	Tribes, tribal organizations					
	Church/Faith/Congregations	Faith-based organizations					
	School Districts/Systems	Schools/school districts					
	Oral Health Providers	Healthcare providers	Medical Care Development (MCD)				

Activity 4 Title	Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications and other communications to improve access to and understanding of healthcare services		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant communities
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Senior residence or long term care facilities		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
This comprehensive activity will support tailored information and outreach strategies related to COVID-19, long-term services and supports, and other critical public health functions. Through this work, DHHS will assess language concentrations across the state, including the primary and secondary languages. With this information, DHHS will ensure translation into languages and targeted distribution strategies to account for predominant languages in communities. This work will also involve enhancement of member communications to MaineCare (Medicaid enrollees) and aging Maine populations, informed by the language assessment.	Maine DHHS offices and their funded partners	Governmental organizations focused on non-health services		evaluator, HBCU/MSI, translator, material development	Evaluator to assess language concentrations across state. Information to be translated for predominant languages in communities.	6/1/2021	6/1/2023

				Increase OMS			

Activity 5 Title	Outreach campaign focused on diverse/rural audiences		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons Non-U.S. born persons People experiencing homelessness	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	Sixty-percent of Maine's population lives in rural communities, so estimated reach of effort is 780,000 people		
Geographic Area (Select one)	Rural		
Setting (Select one)	Other - please specify		
Other Setting (if applicable)	media campaign		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Partner with Maine Area Agencies on Aging (AAAs) and Aging & Disability Resource Centers (ADRCs) to develop tailored and specific outreach campaigns regarding COVID-19 that better reach diverse and rural audiences. The Maine State Plan on Aging 2020-2024 reflects a need to prioritize outreach to older Native Americans, older New Mainers, LGBT older adults, older adults experiencing homelessness, remote island-dwelling populations. This initiative would include developing outreach materials, preparing for and deploying public service campaigns, enhancing and creating new community partnerships to improve messaging, and developing and implementing new systems to carry this work forward.	AAAs	Community-based and civic organizations		Communications/outreach campaign specialist	Developed campaign.	6/1/2021	6/1/2023
	ADRCs	Community-based and civic organizations					
	Disability Rights Maine	Community-based and civic organizations					
	AARP Maine	Community-based and civic organizations					
	SAGE Maine	Community-based and civic organizations					

Activity 6 Title	Expanding telehealth and e-consult access in rural communities		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			

Estimated Reach of Population(s) of Focus	Sixty-percent of Maine's population lives in rural communities, so estimated reach of effort is 780,000 people
Geographic Area (Select one)	Rural
Setting (Select one)	Other - please specify
Other Setting (if applicable)	local health agencies

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Improve access to services through community-based telehealth access points and e-consult infrastructure to facilitate connections to specialty care. Specifically, work will involve partnering with community organizations (e.g. schools, libraries, community centers, public housing, places of worship) to create HIPAA-compliant "telehealth kiosks" with necessary equipment and workflows to enable individuals to connect with a health care provider from a private, secure location. Effort will alsocultivate a statewide eConsult system to provide timely access to specialty care services for at-risk individuals in rural communities. eConsults have been demonstrated to increase clinical capacity of specialty provider resources, reduce response time for high-acuity patient needs, and decrease unnecessary referrals, among other benefits.	MCD	Community-based and civic organizations		Telehealth vendor	developed telehealth platform.	6/1/2021	6/1/2023
	NETRC	Business, corporation, or industry					

Activity 7 Title	Rural health services planning		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	Sixty-percent of Maine's population lives in rural communities, so estimated reach of effort is 780,000 people		
Geographic Area (Select one)	Rural		
Setting (Select one)	Community-based organization		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Use data gathered from community driven needs assessments desribed in strategy 2 to drive comprehensive, community-based Regional Health Services Planning process with 5-7 rural communities, with goal of creating specific plans to identify core services that should be delivered locally (i.e. either in-person or via telehealth services), vs services that could be best delivered in partnership with secondary and/or tertiary care partners or through effective management of referral to specialty services. Of note, this activity will not encompass emergency services given activities elsewhere in this proposal..	MCD	Business, corporation, or industry		Consultant vendor to coodinate activity and demonstrate outcomes.	implemented activity with outcome documentation presented to state lead.	6/1/2021	6/1/2023
	NETRC	Non-governmental organization					

Activity 8 Title

Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (If applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 9 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 10 Title	
Activity Focus (Select all that apply)	
Other Activity Focus (if applicable)	
Racial and Ethnic Population(s) of Focus (Select all that apply)	
Other Population(s) of Focus (Select all that apply)	
Other Population (if applicable)	
Estimated Reach of Population(s) of Focus	
Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Describe the Racial and Ethnic Population(s) (if applicable)	
Describe the Rural Community Served (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 11 Title	
Activity Focus (Select all that apply)	
Other Activity Focus (if applicable)	
Racial and Ethnic Population(s) of Focus (Select all that apply)	
Other Population(s) of Focus (Select all that apply)	
Other Population (if applicable)	
Estimated Reach of Population(s) of Focus	
Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Describe the Racial and Ethnic Population(s) (if applicable)	
Describe the Rural Community Served (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 12 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 13 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 14 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 15 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 16 Title	

Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 17 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 18 Title	

Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 19 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 20 Title	

Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Strategy Description	3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved		
NOFO Outcome(s) Addressed (Select all that apply)	Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities Reduced COVID-19-related health disparities		
Other Outcome(s) (as identified by applicant)			
Data Source(s) Used to Identify Population(s) of Focus	National Electronic Disease Surveillance System Base System (NBS), Maine's Immunization Information System (IIS), ImmPact, social vulnerability index		
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	(b)(4)	**Amount of Strategy Funding Allocated for Rural Activities (% and $ Amount) (if applicable)**	(b)(4)
Technical Assistance Needs	Yes	**If Yes, please describe:**	Will seek out advisory direction from Federal Project officer once assigned.

Activity 1 Title	Develop/Establish health equity advisory groups		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Other - please specify		
Other Setting (if applicable)	state and local health agencies; community based organizations		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Development of state and local health equity groups responsible for community stakeholder development/engagement to obtain input/community knowledge. Overseen by Office of Health Equity to support greater public health activities with a focus on health equity, including COVID-19 impacts.	state health agencies	Governmental organizations focused on non-health services		No Contracts. The additional personnel (Limited period positions) and applicable existing positions are intended to support this activity.	Establishment of state and local health equity bodies.	6/1/2021	6/1/2023
	local health agencies	Health-related organizations (e.g., pharmacies, testing centers, community health workers)					

community based organizations	Community-based and civic organizations		
health care providers	Healthcare providers		
social service providers	Social services providers		

Activity 2 Title	Black, Indigenous, and People of Color (BIPOC) provider engagement and procurement improvements		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	Populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Community-based organization		
Other Setting (if applicable)	state health department, local health agencies		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Develop an evaluation process to obtain input/feedback from Black, Indigenous, and People of Color (BIPOC) providers and organizations serving BIPOC populations to be used to improve state systems.	BIPOC providers	Other - please specify	health and social service providers	BIPOC agency to be identified through competitve/willing and qualified process. Research design consultant identified through competitive bid	Contracted deliverables from the BIPOC agency met. These evaluation findings shared with state for process improvement.	6/1/2021	6/1/2023
	StrengthenME partners	Local governmental agencies and community leaders					
	the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal populations		legislatively created entity				

Activity 3 Title	Enhance health equity awareness, resources, and activities within the Maine Department of Health and Human Services
Activity Focus (Select all that apply)	Other - please specify
Other Activity Focus (if applicable)	See activity title; this work is intended to position the ME DHHS to be best positioned to address and prevent disparities including but not limited to COVID-19

Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify- LGBTQ	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	State health department		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
This activity encompasses three main components: (1) conducting an equity audit of the Maine Department of Health and Human Services including an examination of recruitment, workplace culture, communication, procurement, and more.; (2) developing DHHS training series on anti-racism and LGBTQIA with detailed information on the history of experience in Maine; and (3) creating workplace wellness supports and training designed specifically for DHHS staff who identify as Black, Indigenous, People of Color (BIPOC) and those who identify as LGBTQIA.	Maine DHHS offices	Governmental organizations focused on non-health services		HBCU/MSI, Equity audit specialist contractor to conduct the audit, webplatform support (Healthy US Score Card or WellStar for example)	Developed culturally and liguistically effective traninig series for DHHS personnel. Develop workplace wellness training and education for DHHS staff. Execcute ME DHHS equity audit.	6/1/2021	6/1/2023
	Maine Office of Information Technology	Governmental organizations focused on non-health services					
	HBCU/MSI	Academic institutions					
	LGBTQIA community organizations	Community-based and civic organizations					

Activity 4 Title	Build and expand public health workforce		
Activity Focus (Select all that apply)	Other - please specify Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Community-based organization		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Provide/develop resources and training to community-based organizations on healthcare disparities, epidemiology concepts, and other aspects of healthcare systems and design. This activity aims to encompass: (1) field epidemiology training modules to potentially upgrade the epidemiological and epidemic response capacity of regional partners and agencies and (2) provide public health education opportunities for community-based collaborators reaching individuals disproportionately impacted by COVID-19.	Maine DHHS offices	Governmental organizations focused on non-health services		HBCU/MSI, CBOs, Community Health Workers (CHWs)	Developed culturally and liguistically effective traninig series for contracted partners.	6/1/2021	6/1/2023
	The Greater Portland Immigrant Welcome Center	Community-based and civic organizations					
	US CDC	Governmental organizations focused on non-health services	utilized developed training and education tools				
	Public Health Colleges/Universities	Academic institutions					

Activity 5 Title	Rural workforce development		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	Sixty-percent of Maine's population lives in rural communities, so estimated reach of effort is 780,000 people		
Geographic Area (Select one)	Rural		
Setting (Select one)	Worksite		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Address Workforce disparities in medically underserved areas of Rural Maine engage in workforce recruitment and retention strategies, provide educational trainings, and support pipeline (early identification of workforce identification and ongoing support - think AHEC) programs; within communities have an health care employment track within schools to offer employment, training/certifications, and employment advancement opportunities for new health care workforce. Provide support for public health infrastructure to enhance testing, contact tracing, and vaccinations activities in rural communities with new or advancing workforce personnel in Rural communities.	Rural Health and Primary Care Program	Governmental organizations focused on non-health services		3RNet	New employees that complete training, certification, and/or employment advancements in health care workforce.	6/1/2021	6/1/2023
	Technical Colleges	Academic institutions					
	Health System/Hospital based training programs	Rural health clinics and critical access hospitals					
	EMS Providers	Healthcare providers					
	Community Paramedicine	Healthcare providers					

Activity 6 Title	Rural Health Care Provider Organization Public Health Coordination
Activity Focus (Select all that apply)	Other - please specify
Other Activity Focus (if applicable)	Expand the infrastructure to improve testing and contact tracing

Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in Rural Areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	state-wide		
Geographic Area (Select one)	Rural		
Setting (Select one)	Other - please specify		
Other Setting (if applicable)	state-wide for settings willing and qualified to support the activity		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Rural Health Care providers will sustain essential public services for the region of Maine they serve. These Rural providers will coordinate with State level public health and licensing services providers to facilitate emergency response services for Rural communities. Rural Providers will sustain through and after funding ends at least one Community Health Advocate that will be primary liaison for the Rural Health Care provider organizations. Business sustainability plan will be developed and implemented by Rural Health Care provider organizations with intent to sustain Community Health Advocate position. All will participate in all needs assessment processes, District Coordinating Councils, and work groups.	Maine CDC - Division of Public Health Systems	Governmental organizations focused on non-health services	New England Rural Health Association (NERHA)	Rural/Critical Access Hospitals, FQHCs & RHCs	From each awardee Sustainability Plan for essential public services, emergency response services, and Community Health Advocate.	6/1/2021	6/1/2023
	Rural/Critical Access Hospitals	Healthcare providers					
	FQHCs & RHCs	Healthcare providers					
	Maine Hospital Association	Non-governmental organization					
	Maine Primary Care Association	Non-governmental organization					

Activity 7 Title	Rural Community-based organizations service providers		
Activity Focus (Select all that apply)	Other - please specify		
Other Activity Focus (if applicable)	Build and expand an inclusive public health workforce		
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in Rural Areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Rural		
Setting (Select one)	Community-based organization		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Rural Community-based organizations will provide and sustain culturally appropriate essential public services for the rural region of Maine they serve. They will coordinate with State level public health and licensing services providers to facilitate emergency response services for rural communities. They will provide and sustain through and after funding ends at least one Community Health Advocate that will be primary liaison for their Community-based organization services provider organizations.	Rural Community-based Organizations	Community-based and civic organizations		Rural Community-based Organizations;	From each awardee Sustainability Plan for culturally	6/1/2021	6/2/2023
	Maine CDC - Division of Public Health Systems	Governmental organizations focused on non-health services	New England Rural Health Association (NERHA)				

	Rural/Critical Access Hospitals	Healthcare providers			appropriate essential public services, and Community Health Advocate.		
	FQHCs & RHCs	Healthcare providers					
	Maine Hospital Association	Non-governmental organization					
	Maine Primary Care Association	Non-governmental organization					

Activity 8 Title	Statewide Expansion of Community Paramedicine Capacity		
Activity Focus (Select all that apply)	Other - please specify		
Other Activity Focus (if applicable)	Build and expand an inclusive public health workforce		
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in Rural Areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Rural		
Setting (Select one)	Home		
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
(Rural): Provide sub-grant funding opportunity for EMS agencies throughout the State of Maine that are interested in expanding capacity to rural communities and minority populations throughout the state. These services will be able to offer vaccination services and potentially testing to rural residents, persons who are homeless, persons living in congregate settings, and those who are homebound with or without disabilities. This funding would be used for services to pay for training, education, and equipment necessary to implement a robust community paramedicine program through Maine Rural communities.	Licensed EMS Agencies	Healthcare providers		Contract with Cutler Institute and Muskie School for Public Service for evaluation services	Sustainability workplan from EMS agencies that includes inputs from local and regional hospitals, primary care offices, specialty care offices, and	6/1/2021	6/1/2023
	University of Maine	Academic institutions					
	All Hospitals	Healthcare providers					
	Primary Care Clinicians	Healthcare providers					
	FQHCs	Healthcare providers					
	Home Health Agencies	Healthcare providers					
	Specialty Care Providers	Healthcare providers					

Activity 9 Title	Systems of Care Coordination within Maine EMS		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Rural		
Setting (Select one)	Other - please specify		

Other Setting (if applicable)	any organization who coordinates care with EMS

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
(Rural): Maine EMS will implement Systems of Care Coordination for COVID-19, stroke, STEMI, trauma, sepsis, and other time sensitive conditions. Working collaboratively with healthcare systems, primary care physicians, EMS clinicians, rehabilitation specialists, and other stakeholders to identify methods by which the entire emergency response system can provide higher quality care to persons suffering from time-sensitive conditions. Due to the rural nature of Maine and many of the hospitals, they will focus on providing standardization and support to these facilities to ensure consistency of care until such time that they can reach a tertiary care facility.	ImageTrend	Business, corporation, or industry		Software Vendor for statewide electronic charting system to standardize data collection; Contract with CARES (Emory University) to provide cardiac arrest registry support to the State of Maine	Long-term sustainability plan of systems of care coordination; Monitoring and evaluation program for clinical performance surrounding time-sensitive conditions;	6/1/2021	6/1/2023
	Cardiac Arrest Registry to Enhance Survival Program, Emory University	Academic institutions					
	Level I/II Trauma Facilities	Healthcare providers					
	Rural Hospitals	Healthcare providers					
	Rehabilitation Centers	Healthcare providers					

Activity 10 Title	Develop Culturally Competent Member Engagement tool/platform		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Home		
Other Setting (if applicable)	Government Agency		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Develop a culturally competent member engagement tool inclusive of population analysis, content generation, mini surveys, and text. Refine Maine DHHS' beneficiary portal to remind beneficiaries and applicatant of important dates and deadlines to maintain access to care and other health services.	Maine DHHS offices	Governmental organizations focused on non-health services		Health Information Technology vendor	completed member engagement tool. completed member portal.	6/1/2021	6/1/2023

Activity 11 Title	Grant Administration
Activity Focus (Select all that apply)	Other - please specify
Other Activity Focus (if applicable)	Address OT21-2103 grant capacity needs for the State of Maine, DHHS, Maine CDC, Rural Health and Primary Care Program (RHPCP)

Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	All partners that opt-into the OT21-2103 grant activities and services.		
Geographic Area (Select one)	Both		
Setting (Select one)	Other - please specify		
Other Setting (if applicable)	All settings supported by OT21-2303		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Maine DHHS will address grant capacity needs for these OT21-2103 grant activities by adding in new, limited period positions, to ensure timely grant administration, activities coordination and support. Cost allocated financial support will be provided by Division of Contract Management (DCM) to ensure financial and contract deliverables are clearly outlined for the program and the contracted providers while ensuring timely grant administration.	Maine DHHS	Governmental organizations focused on non-health services		No Contracts. See new "vacant" positions itemized in the proposed Budget Narrative.	Hired staff to support the grant administration.	6/1/2021	6/1/2023
	Maine Division of Contract Mgnt.	Governmental organizations focused on non-health services					

Activity 12 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 13 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 14 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 15 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 16 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 17 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 18 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (If applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 19 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 20 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Strategy Description	2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic		
NOFO Outcome(s) Addressed (Select all that apply)	Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities Reduced COVID-19-related health disparities Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities		
Other Outcome(s) (as identified by applicant)	.		
Data Source(s) Used to Identify Population(s) of Focus	National Electronic Disease Surveillance System Base System (NBS), Maine's Immunization Information System (IIS), ImmPact, Social Vulnerability Index		
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	(b)(4)	**Amount of Strategy Funding Allocated for Rural Activities (% and $ Amount) (if applicable)**	(b)(4)
Technical Assistance Needs	Yes	**If Yes, please describe:**	Will seek out advisory direction from Federal Project officer once assigned.

Activity 1 Title	Development of a master person index (MPI) to better understand the population's health needs holistically and help complete data gaps		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)	.		
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian, Asian, Black or African American Hispanic, Latino or Latinx	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Worksite		
Other Setting (if applicable)	government agencies		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Develop a Master Person Index (MPI) within Maine Department of Health and Human Services (DHHS). This unique identifier will be used to connect existing DHHS databases housed at Maine Center for Disease Control on COVID-19 cases and vaccinations to other sources of data such as MaineCare (Medicaid) enrollment and claims data and databases on enrollment in other benefit programs, such as SNAP, TANF, and WIC. This effort will help fill gaps in missing data, especially around demographics (including race, ethnicity, and address/geography) related to COVID-19 exposures and vaccination rates. This work will be done in consultation with (including but not limited to) HealthInfoNet, Maine's Health Information Exchange, and Maine Health Data Organization, Maine's All-Payer Claims Database.	Health InfoNet (HIN)	Non-governmental organization		Health Informatics Specialist to be identified through competitive bid.	Contract developed and deliverables met. Improved data system gaps and data platform interoperability.	6/1/2021	6/1/2023
	Maine Health Data Organization (MHDO)	Governmental organizations focused on non-health services					
	Maine Office of Information Technology	Governmental organizations focused on non-health services					

Activity 2 Title	Report Department improvements/outcomes related to disparities		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	Asian American Indian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	Populations of focus, residing State-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Worksite		
Other Setting (if applicable)	government agencies		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
ME DHHS offices, in collaboration with stakeholders, will aim to report disparities, increasing public awareness, especially those related to race/ethnicity and aging, as approved by Administration to optimize disease prevention. May encompass work with partners to develop and implement training for staff and providers on best practices for data collection and reporting (especially around demographic questions) and the creation of an equity dashboard with community-developed metrics across different offices.	The Permanent Commission on the Status of Racial, Indigenous and Maine Tribal populations	Other - please specify	Legslatively created commission	MSI/HBCU, Health Informatics Specialist to be identified through competitive bid	Contract developed and deliverables met. Improved data system gaps and data platform interoperability across Maine DHHS offices.	6/1/2021	6/1/2023
	Healthcare providers	Healthcare providers					
	Maine Health Access Foundation	Non-governmental organization	grant-making institution				
	Maine's Office of Information Technology	Governmental organizations focused on non-health services					
	Maine DHHS offices	Governmental organizations focused on non-health services					

Activity 3 Title	Maine Department of Health and Human Services data-related community engagement		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)	.		

Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide
Geographic Area (Select one)	Both
Setting (Select one)	Worksite
Other Setting (if applicable)	local health department, state health department, community based organizations

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Support community engagement that will explore how to collect data on ethnicity, sexual orientation, gender identity, and other indicators of demographics that we have not historically collected, determining desired approches to gather, interpret, and share the data. Maine district liaison (DL) staff members and local/regional health boards would be encouraged to participate in health equity activities and to use data collected to inform data systems improvement and to inform data interpretation, so that public health messaging can be enhanced and improved.	The Permanent Commission on the Status of Racial, Indigenous and Maine Tribal populations	Other - please specify	Legislatively created entity	Research design contractor identifed through competive bid.	Data collection process identified. DL's engaged in project. External evaluator may support project.	6/1/2021	6/1/2023
	Local health agencies	Health-related organizations (e.g., pharmacies, testing centers, community health workers)	may also include local government agencies				

Activity 4 Title	Community-driven needs assessments		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons		
Estimated Reach of Population(s) of Focus	state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Community-based organization		
Other Setting (if applicable)	state health department		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Will provide funding opportunity for community-led and developed needs assessments among targeted communities, with some COVID-19 specific and DHHS-directed questions to be included, to inform future equity projects in the Department. Cmmunity-based organizations (CBOs) would be able to develop and propose their own design for assessments, with technical assistance provided by an organization with existing experience in community-led needs assessments. Assessments may cover COVID-19 impact, public health outreach, social service accessibility, and social determinants of health linked to the pandemic for underserved communities, including but not limited to minority communities, LGTBQIA communities, immigrant communities, rural	Wabanaki public health	Tribes, tribal organizations		various willing and qualified community partners, research design contractor identified through competitive bid	completed needs assessments, completed process evaluation.	6/1/2021	6/1/2023
	Maine Health Access Foundation	Non-governmental organization	grant making institution				
	Community based organizations	Community-based and civic organizations					

communities, single mothers/women, and individuals with serious and persistent mental illnesses and substance use disorders. Assessments will also evaluate service capacity to serve underserved populations.	Local health agencies	Health-related organizations (e.g., pharmacies, testing centers, community health workers)					
	Maine DHHS offices	Governmental organizations focused on non-health services					

Activity 5 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 6 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 7 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 8 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 9 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 10 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 11 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 12 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 13 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 14 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 15 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 16 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 17 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 18 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 19 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 20 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Strategy Description	2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic		
NOFO Outcome(s) Addressed (Select all that apply)	Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities Reduced COVID-19-related health disparities Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities		
Other Outcome(s) (as identified by applicant)	.		
Data Source(s) Used to Identify Population(s) of Focus	National Electronic Disease Surveillance System Base System (NBS), Maine's Immunization Information System (IIS), ImmPact, Social Vulnerability Index		
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	(b)(4)	**Amount of Strategy Funding Allocated for Rural Activities (% and $ Amount) (if applicable)**	(b)(4)
Technical Assistance Needs	Yes	**If Yes, please describe:**	Will seek out advisory direction from Federal Project officer once assigned.

Activity 1 Title	Development of a master person index (MPI) to better understand the population's health needs holistically and help complete data gaps		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)	.		
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian, Asian, Black or African American Hispanic, Latino or Latinx	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Worksite		
Other Setting (if applicable)	government agencies		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Develop a Master Person Index (MPI) within Maine Department of Health and Human Services (DHHS). This unique identifier will be used to connect existing DHHS databases housed at Maine Center for Disease Control on COVID-19 cases and vaccinations to other sources of data such as MaineCare (Medicaid) enrollment and claims data and databases on enrollment in other benefit programs, such as SNAP, TANF, and WIC. This effort will help fill gaps in missing data, especially around demographics (including race, ethnicity, and address/geography) related to COVID-19 exposures and vaccination rates. This work will be done in consultation with (including but not limited to) HealthInfoNet, Maine's Health Information Exchange, and Maine Health Data Organization, Maine's All-Payer Claims Database.	Health InfoNet (HIN)	Non-governmental organization		Health Informatics Specialist to be identified through competitive bid.	Contract developed and deliverables met. Improved data system gaps and data platform interoperability.	6/1/2021	6/1/2023
	Maine Health Data Organization (MHDO)	Governmental organizations focused on non-health services					
	Maine Office of Information Technology	Governmental organizations focused on non-health services					

Activity 2 Title	Report Department improvements/outcomes related to disparities		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	Asian American Indian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus	Populations of focus, residing State-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Worksite		
Other Setting (if applicable)	government agencies		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
ME DHHS offices, in collaboration with stakeholders, will aim to report disparities, increasing public awareness, especially those related to race/ethnicity and aging, as approved by Administration to optimize disease prevention. May encompass work with partners to develop and implement training for staff and providers on best practices for data collection and reporting (especially around demographic questions) and the creation of an equity dashboard with community-developed metrics across different offices.	The Permanent Commission on the Status of Racial, Indigenous and Maine Tribal populations	Other - please specify	Legslatively created commission	MSI/HBCU, Health Informatics Specialist to be identified through competitive bid	Contract developed and deliverables met. Improved data system gaps and data platform interoperability across Maine DHHS offices.	6/1/2021	6/1/2023
	Healthcare providers	Healthcare providers					
	Maine Health Access Foundation	Non-governmental organization	grant-making institution				
	Maine's Office of Information Technology	Governmental organizations focused on non-health services					
	Maine DHHS offices	Governmental organizations focused on non-health services					

Activity 3 Title	Maine Department of Health and Human Services data-related community engagement		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders Other - please specify	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People with substance use disorders People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)	.		

Estimated Reach of Population(s) of Focus	populations of focus, residing state-wide
Geographic Area (Select one)	Both
Setting (Select one)	Worksite
Other Setting (if applicable)	local health department, state health department, community based organizations

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Support community engagement that will explore how to collect data on ethnicity, sexual orientation, gender identity, and other indicators of demographics that we have not historically collected, determining desired approches to gather, interpret, and share the data. Maine district liaison (DL) staff members and local/regional health boards would be encouraged to participate in health equity activities and to use data collected to inform data systems improvement and to inform data interpretation, so that public health messaging can be enhanced and improved.	The Permanent Commission on the Status of Racial, Indigenous and Maine Tribal populations	Other - please specify	Legislatively created entity	Research design contractor identifed through competive bid.	Data collection process identified. DL's engaged in project. External evaluator may support project.	6/1/2021	6/1/2023
	Local health agencies	Health-related organizations (e.g., pharmacies, testing centers, community health workers)	may also include local government agencies				

Activity 4 Title	Community-driven needs assessments		
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19		
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Asian Black or African American Hispanic, Latino or Latinx Native Hawaiian and Pacific Islanders	**Describe the Racial and Ethnic Population(s) (if applicable)**	Also includes middle eastern and immigrant populations
Other Population(s) of Focus (Select all that apply)	People living in rural areas	**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)	Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons		
Estimated Reach of Population(s) of Focus	state-wide		
Geographic Area (Select one)	Both		
Setting (Select one)	Community-based organization		
Other Setting (if applicable)	state health department		

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Will provide funding opportunity for community-led and developed needs assessments among targeted communities, with some COVID-19 specific and DHHS-directed questions to be included, to inform future equity projects in the Department. Cmmunity-based organizations (CBOs) would be able to develop and propose their own design for assessments, with technical assistance provided by an organization with existing experience in community-led needs assessments. Assessments may cover COVID-19 impact, public health outreach, social service accessibility, and social determinants of health linked to the pandemic for underserved communities, including but not limited to minority communities, LGTBQIA communities, immigrant communities, rural	Wabanaki public health	Tribes, tribal organizations		various willing and qualified community partners, research design contractor identified through competitive bid	completed needs assessments, completed process evaluation.	6/1/2021	6/1/2023
	Maine Health Access Foundation	Non-governmental organization	grant making institution				
	Community based organizations	Community-based and civic organizations					

communities, single mothers/women, and individuals with serious and persistent mental illnesses and substance use disorders. Assessments will also evaluate service capacity to serve underserved populations.	Local health agencies	Health-related organizations (e.g., pharmacies, testing centers, community health workers)					
	Maine DHHS offices	Governmental organizations focused on non-health services					

Activity 5 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 6 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 7 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 8 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 9 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 10 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 11 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 12 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 13 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 14 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 15 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 16 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 17 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 18 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 19 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			
Geographic Area (Select one)			
Setting (Select one)			
Other Setting (if applicable)			

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Activity 20 Title			
Activity Focus (Select all that apply)			
Other Activity Focus (if applicable)			
Racial and Ethnic Population(s) of Focus (Select all that apply)		**Describe the Racial and Ethnic Population(s) (if applicable)**	
Other Population(s) of Focus (Select all that apply)		**Describe the Rural Community Served (if applicable)**	
Other Population (if applicable)			
Estimated Reach of Population(s) of Focus			

Geographic Area (Select one)	
Setting (Select one)	
Other Setting (if applicable)	

Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date

Instructions to Complete "National Initiative to Address COVID-19 Public Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities" Work Plan

This workbook contains macros. Please enable the macros by clicking on "Enable Content" to ensure the workbook functions properly.

Overall Instructions

This file consists of seven worksheets (i.e., tabs across the bottom) you will use to complete your workplan: an instructions tab, cover sheet tab and strategy tabs. Each possible strategy from the NOFO has its own worksheet.

Worksheet Instructions

Cover sheet: Enter applicant name and the date this file is submitted.

Worksheets Numbered 1-5: Complete the sections for strategies you propose implementing with the grant funds. If you are not proposing to implement a particular strategy, you can leave that worksheet blank. Strategies and activities should be based on local needs and priorities. See below for instructions on what to enter for each section.

Strategy Description	*Corresponding strategy description from NOFO (provided for you)*		
NOFO Outcome(s) Addressed	*Select which outcome(s) this strategy will work to achieve (Select all that apply)*		
Other Outcomes	*Enter other outcomes that the strategy addresses if not captured in the NOFO outcomes (optional)*		
Data Source(s) Used to Identify Population(s) of Focus	*Describe how you identified your populations of focus for this strategy - e.g., surveillance systems or other data sources, health assessments*		
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	*Enter the percentage of total funding and dollar amount allocated to implement this strategy*	**Estimated Amount of Strategy Funding Allocated for Rural Activities (% and $ Amount) (if applicable)**	*Enter the percentage and dollar amount of strategy funding allocated to activities that focus on rural communities (if applicable)*
Technical Assistance Needs	*Indicate if there is an anticipated need for technical assistance to conduct one or more activities under this strategy. (Select one - Yes or No)*	**If Yes, please describe:**	*Describe any anticipated technical assistance needs that would assist in the implementation of activities under this strategy (if applicable).*

In order to achieve the outcome(s) proposed above, you will implement one or more activities. Include each activity in the worksheet tables with the following information. **Add additional activity tables as needed.**

Activity 1 Title	*Enter a brief title for the activity*		
Activity Focus	*Select the focus area(s) for your proposed activity from the dropdown list provided (Select all that apply)*		
Other Activity Focus (if applicable)	*Enter other focus area for the activity if not captured in the provided drop down*		
Racial and Ethnic Population(s) of Focus	*Select the specific racial and ethnic populations who you will be serving with this activity (if applicable) (Select all that apply)*	**Describe the Racial and Ethnic Population(s) (if applicable)**	*For the specific racial and ethnic population(s) selected, provide a detailed description of the population, including any racial and ethnic subpopulations.*
Other Population(s) of Focus	*Select other populations of focus who you will be serving with this activity (if applicable) (Select all that apply)*	**Describe the Rural Population Served (if applicable)**	*If you selected "People living in rural areas" as a population of focus, provide a detailed description of the rural population served by the activity. If relevant, we encourage you to include data as context for how the activity supports the population.*
Other Population (if applicable)	*Enter any additional population(s) of focus for the activity if not captured in the provided drop down*		
Estimated Reach of Population(s) of Focus	*Enter the estimated number of people who will be reached. If you selected more than one population type, please provide the reach by each population (e.g., Asian: 100,000, Rural 25,000).*		
Geographic Area	*Select where this activity will be implemented (Select one)*		
Setting	*Select the type of setting in which the activity will take place (Select one)*		
Other Setting (if applicable)	*Enter other setting for the activity if not captured in the provided drop down*		

Activity Description	Contributing Partners	Partner Type	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
Describe the activity you will implement in support of the strategy. Please include a description of the problem the activity will address (e.g., structural barriers), what you will do to address the problem (e.g., policy change), and the process for implementing the activity. Also include key milestones to be achieved during the project period.	*Name the contributing partner in support of this activity, if any*	*Select type of contributing partner (Select one)*	*Enter other partner type for the activity if not captured in the provided drop down*	*Name key contracts or consultants in support of this activity (if any) along with estimated dollar amount for each*	*Indicate deliverables/ outputs expected from this activity*	*Indicate the anticipated activity start date*	*Indicate the anticipated activity end date*

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

(b)(4)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH75OT000043-01-00
FAIN# NH75OT000043
Federal Award Date: 05/28/2021

Recipient Information

1. Recipient Name

Maine Department of Health and Human Services
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1016000001A6

4. Employer Identification Number (EIN)
016000001

5. Data Universal Numbering System (DUNS)
809045594

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Ms. Emily Moores
Chronic Disease Program Manager
Emily.Moores@Maine.gov
207-287-3267

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207-287-1921

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mr. Dedrick Muhammad
Grants Management Specialist
qtm2@cdc.gov
678-475-4523

10.Program Official Contact Information
Ms. Christine Graaf
khx2@cdc.gov
404-498-0442

Federal Award Information

11. Award Nnmber
1 NH75OT000043-01-00

12. Unique Federal Award Identification Number (FAIN)
NH75OT000043

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
Maine's Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

15. Assistance Listing Number
93.391

16. Assistance Listing Program Title
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type
New

18. Is the Award R&D?
No

Snmmary Federal Award Financial Information

19. Bndget Period Start Date 06/01/2021 **- End Date** 05/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	$32,140,247.00
20a. Direct Cost Amount	(b)(4)
20b. Indirect Cost Amount	
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$0.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$32,140,247.00
26. Project Period Start Date 06/01/2021 **- End Date** 05/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Ms. Shirley K Byrd
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH75OT000043-01-00
FAIN# NH75OT000043
Federal Award Date: 05/28/2021

Recipient Information

Recipient Name

Maine Deparment of Health and Human Services
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

Congressional District of Recipient
01

Payment Account Number and Type
1016000001A6

Employer Identification Number (EIN) Data
016000001

Universal Numbering System (DUNS)
809045594

Recipient's Unique Entity Identifier
Not Available

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	(b)(4)
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	$32,140,247.00
m. Federal Share	$32,140,247.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000043C5	OT	41.51	$32,140,247.00	75-2122-0140

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at https://www.cdc.gov/grants/federalregulationspolicies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of $32,140,247 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Base funding	(b)(4)
State Rural Carveout	

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with

guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Pre-Award Costs Pre-award costs dating back to March 15, 2021– and directly related to the COVID-19 outbreak response are allowable.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:
Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 8, 2018.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Dedrick Muhammad, Grants Management Specialist
Centers for Disease Control and Prevention
Global Health Services Branch
2939 Flowers Road
Atlanta, GA 30341
Email: qtm2@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov . At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.

- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:
https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000043-01-01
FAIN# NH75OT000043
Federal Award Date: 09/17/2021

Recipient Information

1. Recipient Name

Health And Human Services, Maine Department Of
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1016000001A6

4. Employer Identification Number (EIN)
016000001

5. Data Universal Numbering System (DUNS)
809045594

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Ian Yaffe
Director
ian.yaffe@maine.gov
207-592-1481

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207-287-1921

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Ms. Gerda Louizi
Grants Management Specialist
qkp6@cdc.gov
404.498.1834

10.Program Official Contact Information
Ms. Christine Graaf
Public Health Advisor
khx2@cdc.gov
404-498-0442

Federal Award Information

11. Award Nnmber
6 NH75OT000043-01-01

12. Unique Federal Award Identification Number (FAIN)
NH75OT000043

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
Maine's Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

15. Assistance Listing Number
93.391

16. Assistance Listing Program Title
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type
PD/PI Key Personnel

18. Is the Award R&D?
No

Snmmary Federal Award Financial Information

19.	**Bndget Period Start Date** 06/01/2021 **- End Date** 05/31/2023	
20.	**Total Amount of Federal Funds Obligated by this Action**	$0.00
	20a. Direct Cost Amount	$0.00
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$32,140,247.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$32,140,247.00
26.	**Project Period Start Date** 06/01/2021 **- End Date** 05/31/2023	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Mrs. Erica Stewart
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000043-01-01
FAIN# NH75OT000043
Federal Award Date: 09/17/2021

Recipient Information

Recipient Name

Health And Human Services, Maine Department Of
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

Congressional District of Recipient
01

Payment Account Number and Type
1016000001A6

Employer Identification Number (EIN) Data
016000001

Universal Numbering System (DUNS)
809045594

Recipient's Unique Entity Identifier
Not Available

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages		(b)(4)
b. Fringe Benefits		
c. Total Personnel Costs		
d. Equipment		
e. Supplies		
f. Travel		
g. Construction		
h. Other		
i. Contractual		
j. TOTAL DIRECT COSTS		
k. INDIRECT COSTS		
l. TOTAL APPROVED BUDGET	$32,140,247.00	
m. Federal Share	$32,140,247.00	
n. Non-Federal Share	$0.00	

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000043C5	OT	41.51	$0.00	75-2122-0140

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

Health And Human Services, Maine Department Of 6 NH75OT000043-01-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Change in key Personnel: The purpose of this amendment is to approve the Principal Investigator/Program Director change to Ian Yaffe. This is in response to the request submitted by your organization dated September 14, 2021

Please be advised that the *Recipient* must exercise proper stewardship over Federal funds by ensuring that all costs charged to their award are allowable, allocable, necessary, and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the *Grants Management Officer (GMO).*

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000043-01-02
FAIN# NH75OT000043
Federal Award Date: 03/30/2022

Recipient Information

1. Recipient Name

Health And Human Services, Maine Department Of
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1016000001A6

4. Employer Identification Number (EIN)
016000001

5. Data Universal Numbering System (DUNS)
809045594

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Ian Yaffe
Director
ian.yaffe@maine.gov
207-592-1481

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207-287-1921

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mr. John McGee
Grants Management Specialist
qsj4@cdc.gov
404-498-4348

10.Program Official Contact Information
Ms. Christine Graaf
Public Health Advisor
khx2@cdc.gov
404-498-0442

Federal Award Information

11. Award Nnmber
6 NH75OT000043-01-02

12. Unique Federal Award Identification Number (FAIN)
NH75OT000043

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
Maine's Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

15. Assistance Listing Number
93.391

16. Assistance Listing Program Title
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type
No Cost Extension

18. Is the Award R&D?
No

Snmmary Federal Award Financial Information

19. Bndget Period Start Date 06/01/2021 **- End Date** 05/31/2024	
20. Total Amount of Federal Funds Obligated by this Action	$0.00
20a. Direct Cost Amount	(b)(4)
20b. Indirect Cost Amount	
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$32,140,247.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$32,140,247.00
26. Project Period Start Date 06/01/2021 **- End Date** 05/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Ms. Ester Edward
Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000043-01-02
FAIN# NH75OT000043
Federal Award Date: 03/30/2022

Recipient Information

Recipient Name

Health And Human Services, Maine Department Of
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

Congressional District of Recipient
01

Payment Account Number and Type
1016000001A6

Employer Identification Number (EIN)
016000001

Data Universal Numbering System (DUNS)
809045594

Recipient's Unique Entity Identifier

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages		(b)(4)
b. Fringe Benefits		
c. Total Personnel Costs		
d. Equipment		
e. Supplies		
f. Travel		
g. Construction		
h. Other		
i. Contractual		
j. TOTAL DIRECT COSTS		
k. INDIRECT COSTS		
l. TOTAL APPROVED BUDGET	$32,140,247.00	
m. Federal Share	$32,140,247.00	
n. Non-Federal Share	$0.00	

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000043C5	OT	41.51	$0.00	75-2122-0140

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

Health And Human Services, Maine Department Of 6 NH75OT000043-01-02

1. Terms and Conditions

No Cost Extension: The purpose of this amendment is to approve a twelve month No Cost Extension per the request submitted by your organization dated March 21, 2022. The budget and project period end dates have been extended from May 31, 2023 to May 31, 2024.

An **interim** FFR is to be submitted for budget period June 1, 2021 to May 31, 2023. It must be submitted by August 31, 2023. The interim FFR is to be submitted in GrantSolutions.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of June 1, 2021 to May 31, 2024 must be submitted by August 31, 2024.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of $5,000 or more. Electronic versions of the forms can be downloaded by visiting: https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than $5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may

be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all cost charged to their grant agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE

Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

CDC-RFA-OT21-2103

05/03/2021

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-OT21-2103. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OT21-2103

E. Assistance Listings Number:

93.391

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/26/2021

2. Due Date for Applications:
05/03/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time
and
6:00pm to 7:00pm Eastern Standard Time

Meeting Details:
Join ZoomGov Meeting
https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09

Meeting ID: 160 4097 6381
Passcode: OT21-2103
One tap mobile
+16692545252,,16040976381#,,,,,,0#,,708148093# US (San Jose)
+16468287666,,16040976381#,,,,,,0#,,708148093# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 669 216 1590 US (San Jose)
+1 551 285 1373 US
Meeting ID: 160 4097 6381
Passcode: 708148093
Find your local number: https://cdc.zoomgov.com/u/advmPjIAqk

Join by SIP
16040976381@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 4097 6381
Passcode: 708148093

G. Executive Summary:

1. Summary Paragraph
The *Consolidated Appropriations Act, 2021* (P.L. 116-260), which contained the *Coronavirus Response and Relief Supplemental Appropriations Act, 2021* (P.L. 116-260, Section 2, Division M) provided, in part, funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, including racial and

ethnic minority groups and people living in rural communities. Strategies also include those to develop or identify best practices for states and public health officials to use for contact tracing.

To achieve these purposes, the Centers for Disease Control and Prevention (CDC) is announcing a non-competitive grant CDC-RFA-OT21-2103 titled "National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities." This grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
G (Grant)

c. Approximate Number of Awards
108

d. Total Period of Performance Funding:
$ 2,250,000,000
All funding will be disbursed during year one with a total performance period of two years.

e. Average One Year Award Amount:
$ 0
Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: $32,000,000
- Local Health Departments Serving a County or City with a Population of ≥2 Million: $26,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: $5,000,000
- US Territories and Freely Associated States: $3,000,000

f. Total Period of Performance Length:
2

g. Estimated Award Date:
June 01, 2021

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.

To reduce the burden of COVID-19 among populations disproportionately affected, it is imperative that state, local, US territorial, and freely associated state health departments (or their bona fide agents) work collaboratively and develop partnerships with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC),Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development).

To reach populations at higher risk, underserved, and disproportionately affected, including racial and ethnic minority groups and people living in rural communities, it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to building and sustaining trust, ensuring equitable access to COVID-19 related services, and advancing health equity to address COVID-19 related health disparities among populations at higher risk, underserved, and disproportionately affected .[1]

b. Statutory Authorities

Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended] and the Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M, Title III).

c. Healtby People 2030

This emergency funding opportunity focuses on emergency preparedness and response foundational capability and addresses the "*Healthy People 2030*" focus areas of Preparedness, Vaccination, Health Communication, Respiratory Disease, Infectious Disease, Public Health Infrastructure, and Social Determinants of Health.

For specific objectives within these topic areas, please visit www.healthypeople.gov.

d. Other National Public Health Priorities and Strategies

- Executive Order on Ensuring an Equitable Pandemic Response and Recovery (EO13995)
- Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (EO13985)
- National Strategy for the COVID-19 Response and Pandemic Preparedness (see Goal 6)
- CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity
- Centers for Disease Control and Prevention Coronavirus 2019 (COVID-19) Recommendations and Guidance for state, local, territorial and tribal health departments

e. Relevant Work

This NOFO is complementary and non-duplicative of the following CDC program activities, public health priorities, and strategies:

- CDC-RFA-CK19-1904: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)
- ELC Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 - Supplement
- CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improvement and Protect the Nation's Health

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Due to the nature of this grant and public health crisis, there is not a predetermined logic model. It is expected that funds from this grant will be used to strengthen public health infrastructure, preparedness and response capabilities and services in state, local, US territorial and freely associated state health departments (or their bona fide agents) to address COVID-19 related health disparities and advance health equity in underserved and disproportionately affected populations through testing, contact tracing and other mitigation strategies. All applicants must define the populations disproportionately affected by COVID-19 within their respective jurisdiction, describe how they will reach these populations, and describe their experience working with communities that are underserved and at higher risk for COVID-19 disparities and health inequities.

Recipients will be required to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs, or services) to those communities in their applications. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC),Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);

- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

i. Purpose

Address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

ii. Outcomes

The intended outcomes for this grant are:

1. Reduced COVID-19-related health disparities.
2. Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.
3. Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

iii. Strategies and Activities

This grant program will address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. All strategies should aim to build infrastructures that hoth address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

The program is composed of *four* overarching strategies:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved: Ensuring equitable access to critical COVID-19 personal protective equipment (PPE), testing, contact tracing, quarantine and isolation, vaccination, and other wrap-around services require deploying focused strategies, resources, and activities to meet the needs of individuals and mitigate the spread of COVID-19 among populations disproportionately impacted.

Priority activities for *Strategy 1* should include:

- Expand testing (including home test kits and mobile testing sites) and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and people living in rural communities;

Additional activities may include but are not limited to:

- Vaccine coordination, quarantine and isolation options, and preventive care and disease management among populations that are underserved and at higher risk for COVID-19
- Tailor and adapt evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are underserved, including racial and ethnic minority groups at higher risk for COVID-19 to:1) connect community members to programs, healthcare providers, services and resources (e.g., transportation, housing support, food assistance programs, mental health and substance abuse services, substance abuse) they might need and 2) lessen adverse effects of mitigation strategies

2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic: Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resource distribution, and evaluate the effectiveness of advancing health equity to address COVID-19-related health disparities among disproportionately affected populations. Collection of data that contextualize racial, ethnic, and rural health data and robust analysis of these data are fundamental activities for improving data collection and reporting.

Priority activities for *Strategy 2* should include:

- Improve data collection and reporting for testing and contact tracing for populations at higher risk and that are underserved;

Additional activities may include but are not limited to:

- Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups

- Develop strategies to educate providers, community partners, and programs on: 1) the importance of the race and ethnicity data and appropriate strategies to collect it: 2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and 3) why this information is important to prevent and control the spread of COVID-19
- Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive for diverse audiences
- Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency
- Assure adequate resources for data infrastructure and workforce to ensure alignment with data modernization

3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved: Sufficient workforce, infrastructure, and capacity are critical to providing equitable access to disproportionately affected populations. Where feasible, this short-term program will build, leverage, and expand the infrastructure and capacity within state, local, US territorial and freely associated state health departments (or their bona fide agents) to ensure and expand equitable access to critical COVID-19 testing and contact tracing, as well as PPE, quarantine and isolation, vaccination, and other wrap-around and supportive services.
Priority activities for *Strategy 3* should include:

- Expand the infrastructure to improve testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Convene and facilitate multi-sector coalitions or advisory groups that include members of underserved communities and organizations that serve the community. These groups may provide advice, guidance, and recommendations for addressing COVID-19 and advancing health equity among their communities
- Update jurisdictions' COVID-19 plans and health equity plans to support communities most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses
- Build and expand an inclusive public health workforce, including hiring people from the community (e.g., community health workers, social workers, other trusted community members) who are equipped to assess and address the needs of communities disproportionately affected by COVID-19

4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved: Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Under this

strategy, collaborations between the primary applicant and key partners will broadly address health disparities and inequities related to COVID-19. (Please refer to Approach section of NOFO for a list of recommended key partners.)
Priority activities for Strategy 4 should include:

- Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions that decrease risk for COVID-19
- Develop mechanisms such as community advisory groups that include leaders representing racial and ethnic minority groups and rural community leaders and members representing underserved populations to inform COVID-19 and future emergency response activities
- Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications through various channels (e.g., local media, local or community newspapers, radio, TV, trusted communications agents) written in plain language and in formats and languages suitable for diverse audiences—including people with disabilities, limited English proficiency, etc.—addressing and, as necessary, dispelling of misinformation and barriers to mitigation practices due to mistrust.
- Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners (e.g., community health workers, churches, transportation providers, social workers) to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, vaccination, and healthcare strategies
- Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19 to disseminate scientifically accurate, culturally, and linguistically responsive information and facilitate access to health-related services

Applicants are not required to implement all four strategies, hut rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Recipients are encouraged to collaborate, as appropriate, with CDC programs and centers, institutes, and offices (CIOs) to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC programs that support COVID-19 response.

To facilitate the identification and sharing of best practices, program evaluation, training, tool development, and communications of findings, recipients may receive tailored technical assistance from select national or regional partner organizations funded through CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improvement and Protect the Nation's Health.*

For questions about collaborating with CDC, please contact the CDC point of contact for this NOFO.

b. With organizations not funded by CDC:
It is a requirement of this opportunity to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs and/or services) to those communities. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC),Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations; legal services);

- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

Memoranda of understanding (MOUs) or memoranda of agreement (MOAs) are encouraged, but not required.

2. Target Populations

This NOFO relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the applicant, may include African American, Latino, and Indigenous and Native American people, Asian Americans and Pacific Islanders, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities; people over the age of 65, and people otherwise adversely affected by persistent poverty or inequality.

Recipients are required to define and describe their respective population(s) of focus and describe how they will provide direct support (e.g., funding, services, or programs) to those communities within their application. Please include in the description the number of those you will serve broken out by applicable geographic area and/or community.

Recipients are also encouraged to include members of the populations and communities to be served in the planning, implementation, and evaluation of program activities.

a. Health Disparities

Evidence shows that COVID-19-related health disparities are inextricably linked to complex and widespread health and social inequities that have put many people from populations that are underserved —including racial and ethnic minority groups and people living in rural communities—at higher risk of exposure, infection, hospitalization, and mortality from COVID-19.[2, 3, 4] Health equity requires striving for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

The intent of this funding opportunity is to address COVID-19-related health disparities and advance health equity hy expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

To reduce the burden of COVID-19 among disproportionately affected populations applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC),Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and

- Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development).

To reach populations at higher risk, underserved, and disproportionately affected—including racial and ethnic minority groups, and people living in rural communities—it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to build and sustain trust, ensure equitable access to COVID-19-related services, and advance health equity to address COVID-19-related health disparities among populations at higher risk, underserved, and disproportionately affected.

iv. Funding Strategy

The funding strategy will consist of three components aimed at decreasing health disparities. The components are defined by type of jurisdiction. The amount of funds available for each component are based on the overall population size for each type of jurisdiction. Funds will be awarded for each component using a separate formula that is: a) consistent with the intent of the legislation and purposes of the grant, and b) appropriate for the eligible recipients. The three jurisdiction-specific components include:

1. State, City and County Jurisdictions: Approximately 80% of total available funding will be awarded to all states and eligible cities and counties based on COVID-19 social and structural determinants, as defined by the COVID-19 Community Vulnerability Index (CCVI).
2. Rural Jurisdictions: Approximately 19% of total available funding will be awarded to states with rural populations, as defined by the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) definition of rural. All state recipients will receive a portion of the rural funding available. Each recipient's share will be based on the size of the rural population within the recipient's jurisdiction. These funds will be distributed to state recipients in combination with the first Component (i.e., the CCVI allotment, in a single award.)
3. US Territorial and Freely Associated State Jurisdictions: Approximately 1% of total available funds will be awarded to US territories and freely associated states. Each US territorial and freely associated state recipient will receive base funding ($500,000), plus a population-based allotment that has been adjusted for COVID-19 burden. The COVID-19 burden adjustment will be based on the cumulative number of cases and deaths (per 100,000) for each US territory and freely associated state.

Please see Attachment A: OT21-2103 List of Eligible Applicants for a complete list of eligible applicants.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Performance measures will be finalized and provided to recipients within approximately 45 days of award.

CDC will use recipients' financial and progress reporting data to address evaluation questions relating to use of funds and results associated with the grant. CDC will collect this information quarterly through the end of the period of performance utilizing standardize templates. Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

Given the flexible nature of this grant and diversity of allowable activities, a Data Management Plan (DMP) is not required **unless** a recipient chooses to allocate funding to a COVID-19 activity that involves the collection, generation, or analysis of data. The DMP may be submitted as a checklist, paragraph, or other format. To help guide applicants in developing a DMP, a sample plan is provided via the following link:
http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html

As a result of the declared public health emergency (PHE), COVID-19, CDC's COVID-19 related data collections currently fall under a PHE Paperwork Reduction Act (PRA) Waiver as part of the 21st Century Cures Act. PRA requirements for most information collection activities that support the investigation of, and response to the COVID-19 pandemic, that would normally require submission of a PRA package, can be waived. If information collection activities continue beyond the period of the declared public health emergency or beyond the termination PHE PRA Waiver, all collections will become subject to requirements of the PRA. Awardees will receive additional guidance from CDC on how to address these PRA requirements.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to he addressed hy these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Due to the nature of this grant and public health crisis, applicants are not required to provide an Evaluation and Performance Measurement plan with their application. Recipients are strongly encouraged to use evaluation and performance measurement data at the local level to monitor, evaluate, and continuously improve program performance. CDC will finalize and provide performance measures within approximately 45 days of award. Recipients will be required to report quarterly on CDC defined performance measures and participate in CDC evaluation and performance management activities. Evaluation reports will be made available to the public.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate the organizational capacity needed to carry out and coordinate strategies to advance health equity and address COVID-19-related health disparities for populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Applicants must also demonstrate the capacity to collaborate with their State Offices of Rural Health (SORH) or equivalent, if applicable, and with key partners with community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Please refer to Approach section of NOFO for a list of recommended key partners.

Acceptable documentation includes, but is not limited to, a signed letter by the health department leader or their designees on organization letterhead explaining the existing capacity and capability; departmental organizational charts; an incident management structure organizational chart; and resumes or CVs for key personnel positions that are currently filled (include position descriptions for vacant positions). Applicant must name this file "Organizational Capacity" and upload it as a PDF to www.grants.gov.

d. Work Plan

Applicants must develop and submit a high-level work plan for the 2-year period of performance. The work plan must align with the strategies and activities outlined in the NOFO. Specifically, activities must align to one or more of the following strategies:

- *Strategy 1:Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved*

- *Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic*
- *Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved*
- *Strategy 4: Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved*

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by tbis NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

Applicants must use the template provided as Attachment B: CDC-RFA-OT21-2103 Work Plan Template. Applicant must name this file "[Name of Jurisdiction] Work Plan" and upload it as an attachment to www.grants.gov.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

CDC will collect recipient financial and progress reporting data quarterly through the end of the period of performance.

CDC will also conduct a virtual compliance visit after six months, but before the end of the first year, from date of the award. The virtual compliance visit will be a telephone call and/or video conference to ensure the recipient's compliance with using the funding for the approved activities and to identify technical assistance needs. CDC may conduct additional in-person site or virtual visits as needed to best facilitate grants management and oversight duties.

B. Award Information

1. Funding Instrument Type:
G (Grant)

2. Award Mechanism:
CDC-RFA-OT21-2103

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 2,250,000,000

5. Total Period of Performance Funding:
$ 2,250,000,000
This amount is subject to the availability of funds.

All funding will be disbursed during year one with a total performance period of two years.

Estimated Total Funding:
$ 2,250,000,000

6. Total Period of Performance Length:
2
year(s)

7. Expected Number of Awards:
108

8. Approximate Average Award:

$ 0
Per Project Period

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: $32,000,000
- Local Health Departments Serving a County or City with a Population of ≥2 Million: $26,000,000

- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: $5,000,000
- US Territories and Freely Associated States: $3,000,000

9. Award Ceiling:
$ 50,000,000
Per Project Period

This amount is subject to the availability of funds.

Funding will vary by jurisdiction category. Award Ceiling by applicant type:

- State Health Department: $50,000,000
- Local Health Departments Serving a County or City with a Population of ≥2 Million: $35,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: $9,000,000
- US Territories and Freely Associated States: $10,000,000

10. Award Floor:
$ 500,000
Per Project Period

Funding will vary by jurisdiction category. Award Floor by applicant type:

- State Health Department: $17,000,000
- Local Health Departments Serving a County or City with a Population of ≥2 Million: $17,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: $2,000,000
- US Territories and Freely Associated States: $500,000

11. Estimated Award Date:
June 01, 2021

12. Budget Period Length:
24 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, tbe Republic of the Marshall Islands, and tbe Republic of Palau

2. Additional Information on Eligibility

Awards must be made to state, District of Columbia, local, US territorial, and/or freely associated state healtb departments (or their bona fide agents). Local (health departments) governments or their bona fide agents are eligible if they:

- Serve a county population of 2,000,000 or more; or serve a city population of 400,000 or more. Population for county and city jurisdictions are based on the following US Census 2019 resources:
    - City and Town Population Totals: 2010-2019 (census.gov) U.S. Census -- Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2019 Population: April 1, 2010 to July 1, 2019
    - County Population Totals: 2010-2019 (census.gov)- US Census – Annual Estimates for 2019

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner located at https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during whicb the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at tbe "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration

process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter Of Intent 03/26/2021

03/26/2021

b. Application Deadline

05/03/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time
and
6:00pm to 7:00pm Eastern Standard Time

Meeting Details:
Join ZoomGov Meeting
https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09

Meeting ID: 160 4097 6381
Passcode: OT21-2103
One tap mobile
+16692545252,,16040976381#,,,,,,0#,,708148093# US (San Jose)
+16468287666,,16040976381#,,,,,,0#,,708148093# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 669 216 1590 US (San Jose)
+1 551 285 1373 US
Meeting ID: 160 4097 6381

Passcode: 708148093
Find your local number: https://cdc.zoomgov.com/u/advmPjIAqk

Join by SIP
16040976381@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 4097 6381
Passcode: 708148093

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with

supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Letters of Intent (LOI) are not required but are requested as part of the application for this NOFO. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Letters of Intent should be submitted via email to OT21-2103Support@cdc.gov no later than March 26, 2021.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Puhlic Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native trihally designated organizations. Activities include those that enable a public health organization to deliver puhlic health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capahility to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved hy CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective Octoher 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the suhaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds hy P-accounts/suh

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may he used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021, agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health

measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach	**Maximum Points:** 0
ii. Evaluation and Performance Measurement	**Maximum Points:** 0
iii. Applicant's Organizational Capacity to Implement the Approach	**Maximum Points:** 0
Budget	**Maximum Points:** 0
i. Approach	**Maximum Points:** 0
ii. Evaluation and Performance Measurement	**Maximum Points:** 0
iii. Applicant's Organizational Capacity to Implement the Approach	**Maximum Points:** 0
Budget	**Maximum Points:** 0

c. Phase III Review

This is a noncompetitive NOFO. Applications will be reviewed for technical merit without scoring.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold,

defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-hased approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and deharment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated posting date is March 17, 2021, on www.grants.gov. Applicants will have up to 45 days, or May 3, 2021, to respond. Applicants are encouraged to apply early. The anticipated award date is approximately 30 calendar days after the end of the application period, or June 1, 2021.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

The following Administrative Requirements (AR) apply to this NOFO:

- *AR-7: Executive Order 12372 Review*
- *AR-8: Public Health System Reporting Requirements*
- *AR-9: Paperwork Reduction Act Requirements*
- *AR-10: Smoke-Free Workplace Requirements*
- *AR-11: Healthy People 2030*
- *AR-12: Lobbying Restrictions*
- *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
- *AR-8: Public Health System Reporting Requirements*
- *AR-15: Proof of Non-profit Status*
- *AR-23: Compliance with 45 CFR Part 87*
- *AR-14: Accounting System Requirements*
- *AR-16: Security Clearance Requirement*
- *AR-21: Small, Minority, And Women-owned Business*
- *AR-24: Health Insurance Portability and Accountability Act Requirements*
- *AR-25: Data Management and Access*
- *AR-26: National Historic Preservation Act of 1966*
- *AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*
- *AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*
- *AR-32: Enacted General Provisions*
- *AR-34: Language Access for Persons with Limited English Proficiency*
- *AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020*

Recipients are also expected to adhere to administrative requirements relating to nondiscrimination contained in Standard Form 424B (Rev. 7-97): Assurances - Non-Construction Programs, prescribed by OMB Circular A-102.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report Type	When?	Required?
Expenditure Reporting	Quarterly expenditure reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Progress Reporting	Quarterly progress reports are due 6o days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Federal Financial Reporting Forms	Due 90 days after the end of the budget period	Yes
Final Performance and Financial Report	Due 90 days after end of period of performance	Yes

There may be flexibility in reporting deadlines. CDC will communicate updates or revisions to reporting requirements as appropriate.

Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete tbe work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipients must submit tbe Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Stacey
Last Name:
Mattison Jenkins
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:

Department of Health and Human Services
Centers for Disease Control and Prevention
Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
1825 Century Center Blvd., Mailstop V18-1
Atlanta, GA 30345

Telephone:

Email:
OT21-2103Support@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

First Name:
Shirley

Last Name:
Byrd
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Department of Health and Human Services
Centers for Disease Control and Prevention

Office of Grants Services

2939 Flowers Road
Atlanta, GA 30341

Telephone:
(770) 488-2591

Email:
yuo6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative

- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

References

[1] Michener L, Aguilar-Gaxiola S, Alberti PM, Castaneda MJ, Castrucci BC, Harrison LM, et al. Engaging With Communities — Lessons (Re)Learned From COVID-19. Prev Chronic Dis 2020;17:200250. https://www.cdc.gov/pcd/issues/2020/20_0250.htm

2] US Centers for Disease Control and Prevention. COVID-19 cases, data, and surveillance: hospitalization and death by race/ethnicity. Accessed October 12, 2020. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

[3] Rubin-Miller L, Alban C, Artiga S, Sullivan S. COVID-19 racial disparities in testing, infection, hospitalization, and death: analysis of Epic data. Published September 16, 2020. Accessed October 12, 2020. https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/

[4] Paul R, Arif A, Pokhrel K, Ghosh S. The association of social determinants of health with COVID-19
mortality in rural and urban counties. Journal of Rural Health. 2021;1-9. https://doi.org/10.1111/jrh.12557

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique numher assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collahoration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely he used, and the design and data collection sources and methods. The plan specifies what will he done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides tbe documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear,

consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Health equity (2) 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."

Underserved communities refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. Populations can include but are not limited to: African American, Latino, and Indigenous and Native American persons, Asian Americans and Pacific

Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural communities; and persons otherwise adversely impacted by persistent poverty or inequality (Definition modified from the *Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, January 20, 2021)*.