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## FUNDING OPPORTUNITY

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**Title: Health Equity Best Practices & Lessons Learned from Community Based Organizations During the COVID-19 Pandemic**

**Funding Amount: Ten awards, funded at \$60,000 each**

**Project Period:** September 1, 2023 – May 31, 2024

**Application Deadline:** August 7, 2023

**To apply: Click [HERE](#)**

### Timeline:

RFP released	July 10, 2023
Deadline to submit questions	5:00PM ET, August 2, 2023
Proposal submission deadline	11:59 PM ET August 7, 2023
Notice of selection status	5:00 PM ET, August 24, 2023
Project period	September 1, 2023 – May 31, 2024

### Objective

NNPHI seeks to partner with up to ten community-based organizations (CBOs) to support *Best/Promising Practices for COVID-19 Health Equity* to aid/inform state and local health departments who receive CDC OT21- 2103 grant funding. CBOs should have experience in the development or implementation of strategies and best practices that take a systems approach or address upstream social and structural determinants of health related to COVID-19 health inequities. We are seeking to fund CBOs that address the systemic disadvantages experienced by communities of color, rural communities, and communities that face a disproportionate burden of adverse outcomes from public health threats. The intention of these funds is to enable OT21-2103 grantees to learn from CBOs representing the communities most impacted by COVID-19 and adapt and adopt these approaches to health equity at their own institutions.

### Background

CDC has awarded \$2.25 billion in awards to state, local, and US territorial and freely associated public health departments through OT21-2103, [National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities](#). OT21-2103 represents CDC's largest investment to date focusing specifically on reducing health disparities related to COVID-19. NNPHI is engaging the health strategist workforce and national partners to support over one hundred OT21-2103 grant recipients in the assessment, translation, and dissemination of evidence, best, promising, emerging, and/or novel practices to address COVID-19 related disparities associated with at-risk and underserved populations, including racial/ethnic minorities and rural communities. Collaborating with CDC, ASTHO and NACCHO, NNPHI is providing technical assistance to OT21-2103 grantees across

the four OT21-2103 grant strategies. NNPHI is seeking to collaborate with CBOs who have been implementing best, promising, and/ or novel practice approaches to at least one of these four domain areas:

- Expand existing and/or develop new **prevention resources and services to reduce COVID-19 related disparities** among populations at higher risk and that are underserved
- 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
- Build, leverage, and expand **infrastructure support for COVID-19 prevention and control** among populations that are at higher risk and underserved
- 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

**Eligibility** (Organizations applying for this funding):

- Must be 501c3 organizations in the United States or non-profit institutions of higher education, which may include community-based organizations, faith-based organizations, public health institutes, colleges or universities, regional coalitions, Tribal affiliated organizations, or local health care delivery organizations, or care associations;
- If chosen, organizations must be active and registered with SAM.gov;
- Have established relationships in communities who experience structural racism, rural disinvestment or other impacts of injustices resulting in adverse health outcomes;
- Must have an identified best, promising, emerging, and/or novel practice to share within a priority population;
- Have the capacity to manage federal subcontract and reporting requirements;
- Have capacity to manage data collection and program evaluation (with support from the funder or a contracted entity);
- Although it is appreciated, applicants do **not** have to have worked with a health department, public health institute, or OT21-2103 grantee previously;
- All organizations must describe a health equity best practice that both aligns with the designations below and ALSO addresses one of the four OT21-2103 domain areas mentioned above.

Best, promising, emerging and/ or novel practice approaches are defined as follows:

- Best: Practices that show evidence of effectiveness in improving public health outcomes when implemented in multiple real-life settings, as indicated by the achievement of aims consistent with the objectives of the activities
- Promising: Practices that show effectiveness in improving public health outcomes in a specific real-time setting, as indicated by achievement of aims consistent with the objectives of the activities, and are suitable for adaptation by other communities.
- Emerging: practices that show potential to achieve desirable public health outcomes in a specific real life setting and produce early results with the objectives of the activities and thus indicate effectiveness.
- Novel: Practices that show potential to achieve desirable public health outcomes in a specific

real life setting and are in the process of generating evidence of effectiveness or may not yet be tested.

### **Scope of Work (SOW)**

The purpose of this Request for Proposal (RFP) is to establish contract(s) with up to ten community-based organizations as subject matter experts (SMEs) who have been implementing best, promising, and/ or novel practice approaches and assist NNPHI on an as-needed basis to complete activities during the low-cost extension year. NNPHI seeks technical contractor/subrecipient who can provide expertise to NNPHI activities related to OT21-2103.

The contractor/subrecipient(s) will work in collaboration with NNPHI, CDC, and other partners to provide subject matter expertise, guidance, and input on project deliverables. The contractor/subrecipient will provide SME around at least one of the four OT21-2103 domain areas and provide grantees with innovative deliverables and lessons learned. These will include, but are not limited to, working with grantees and showcasing projects, and innovative tools so that health departments, health institutes, and grantees can improve health equity programming. The contractor/subrecipient will work with NNPHI and/or an external communications team to help share the narrative and promising practice to grantees. The contract end date is May 31, 2024. NNPHI makes no specific guarantee of a minimum or maximum number of hours or amount of services, which shall be required of any single contractor; up to sixty thousand dollars (\$60,000) is available for contractor support for the current project period.

The general SOW includes:

- Provide best practice deliverables to reduce health inequities, such as a webinar series, case studies, websites, trainings, and toolkits that address one of the four OT21-2103 domain areas
- Lessons learned during the pandemic to share with health departments, public health institutes, and grantees
- Contribute to the development and delivery of public health focused training and related materials
- Present at meetings and conferences, including but not limited to the March 26-28, 2024 Spring Symposium (dates subject to change)
- Participate in conference calls with partners
- Perform other tasks as directed by the NNPHI

The contractor/subrecipient should have:

- Demonstrated deep knowledge and experience addressing health equity, health disparities, and social and structural determinants of health
- Experience developing and delivering best, promising, or novel practices for a public health and/or healthcare audience
- Demonstrated ability to effectively communicate orally and in writing
- Some understanding of CDC Cooperative Agreements fiscal requirements
- Experience working with various stakeholders in the public health sector

The contractor(s) selected will report to the Director of the Health & Racial Equity portfolio at NNPHI. The contractor(s) will work in collaboration with NNPHI, CDC Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPHIW), and other national partners.

The contract end date is May 31, 2024.

### **Contractor Selection Criteria**

Contractor selection will be made by NNPHI based on qualifications in accordance with the provisions of this RFP. The following criteria will guide NNPHI's selection of a contractor for this project:

- Demonstrated deep knowledge of health equity, health disparities, and social and structural determinants of health
- Demonstrated capacity to accomplish the SOW
- Reasonable and clear budget following provided guidelines
- Demonstrated capacity to manage a federal subaward in fiscally compliant manner
- Completeness and quality of proposal

### **Funding**

Funds may be used for salaries and benefits for staff engaged in the project, meetings and meeting supplies, approved project-related travel, project supplies, and/or graphic design. Funds are not intended to supplant state or federal funding. Funds may not be used for lobbying activities; ongoing general operating expenses or existing deficits; items for which third-party reimbursement is available; endowments; meeting meals; or capital costs including construction, or renovation.

**Award Mechanism:** NNPHI anticipates making a subaward through the Centers for Disease Control and prevention, NCSTLTPHIW cooperative agreement OT18-1802, Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health award #6 NU38OT000303-04-02.

### **How to Apply**

NNPHI is utilizing a *Smartsheet Online System* for the proposal submission process. Submit your notice of intent to apply, proposal, and all additional documents through the links provided below. If you have any technical difficulties or questions, please contact Rocky Block [rblock@nnphi.org](mailto:rblock@nnphi.org).

1. Submit proposal and required attachments by **11:59 pm ET on Monday, August 7, 2023**. Click [HERE](#) to submit via the NNPHI Smartsheet system.

### **Application Proposal**

Please respond to the following questions 1-5, do not exceed five (5), single-spaced pages, Arial or Times New Roman 12-point font, with 1-inch margins.

1. Introduce yourself organization and interest in the opportunity. Explain why you are particularly well-suited to successfully complete the SOW.
  - a. How did you address the systemic disadvantages experienced by communities of color, rural communities, and communities that face a disproportionate burden of adverse outcomes from public health threats?
2. Describe how your expertise and organization developed and/or delivered best, promising, or novel practices for a public health and/or healthcare audience. Be specific about any methodologies you have used and which of the four OT21-2103 domains you addressed.
  - a. *OT21-2103 Domains:*

- i. *Expand existing and/or develop new **prevention resources and services to reduce COVID-19 related disparities** among populations at higher risk and that are underserved*
    - ii. *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*
    - iii. *Build, leverage, and expand **infrastructure support for COVID-19 prevention and control** among populations that are at higher risk and underserved*
    - iv. *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*
  - b. Please include the following:
    - i. Who led the work?
    - ii. What approach did you take? What methodologies used?
    - iii. In what timeframe was the work completed?
    - iv. What were the results? Include any data/evaluative measures that were used.
- 3. Describe how you would like to share your successful practice with health departments, public health institutes, and grantees. What are the approaches, goals, outcomes, and timelines you would like audience members to receive for this project?
- 4. Describe the background/experience of your staff team and/or partners who will be engaged in the work.
  - a. Who will be the lead/primary point of contact?
  - b. Description of the time/capacity key staff have to engage in the work
- 5. Additional Information: Please submit the following required items with your proposal (not included in the 5-page limit)
  - a. Cover letter or abstract
    - i. 500 word maximum. Include a brief description of the organization's mission and reach, the organization's population(s) of focus, a summary of how the organization meets the selection criteria, and a brief description of the organization's intended activities.
  - b. Fee schedule with hourly rates for all proposed staff and any expected related costs. Fee schedule must remain valid at least until May 31, 2024. Fee schedule will become the basis for compensation and incorporated into a contract for Professional Services. Fee Schedule should follow the CDC Grant Budget Guidance [HERE](#).
  - c. Resume or curriculum vitae of all key personnel/partners
  - d. Work sample: Similar product you have developed (attach as PDF or provide URL)
  - e. Most recent fiscal/federal audit report (if applicable)
  - f. IRS Form 990 (if applicable)
  - g. SAMS.gov Unique Identifier (or plan to request)

You will receive confirmation of receipt within 24 hours of the proposal deadline. In fairness to all applicants, NNPHI strictly enforces the submission deadline. **Proposals received after the deadline will not be reviewed.**

### **Notice to Applicants**

Please be advised that NNPHI reserves the right to modify the terms of the RFP with reasonable notification to all interested parties. This RFP and any related discussions or evaluations by anyone create no rights or obligations whatsoever. **NNPHI may cancel or delay this solicitation at any time at its own discretion.** Anything to the contrary notwithstanding, the contract executed by NNPHI and the selected applicant, if any, will be the exclusive statement of rights and obligations extending from this solicitation. Applicants are further advised that all information submitted in response to this solicitation shall remain in the public domain.

*This RFP is supported by funds made available from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award (NOFO OT18-1802, titled Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health (CDC 6 NU38OT000303-04-02). Contents of this RFP are solely the responsibility of NNPHI and do not necessarily represent the official views of CDC or the U.S. Department of Health & Human Services.*