

National Indian Health Board



TRIBAL ACCREDITATION SUPPORT INITIATIVE (Tribal ASI) REQUEST FOR APPLICATIONS

FUNDING OPPORTUNITY OVERVIEW

With funding from the Office of State, Tribal, Local and Territorial Support, Division of Public Health Performance Improvement, (OSTLTS / DPHPI) within the Centers for Disease Control and Prevention, the National Indian Health Board (NIHB) is offering a funding opportunity for Tribal health departments undertake public health accreditation-related activities as established by the Public Health Accreditation Board (PHAB).

NIHB will provide funds to **5-10 Tribes** in amounts ranging from **\$5,000 to \$10,500** each. Tribes can use these funds to demonstrate a measurable and tangible increase in their own readiness to apply for or achieve accreditation – which is the goal of the project.

Eligible applicants must identify an area of need around accreditation readiness that falls into one or more of the categories of activities described below. The completed application is due (Attachment A) by 11:59 PM EST on **Wednesday, January 7, 2015**. The project period will run from approximately February 15, 2015 through June 30, 2015.

NOTE: NIHB and CDC staff will host a conference call with all interested parties on **December 16, 2014 at 1:00 PM EST** (1-866-303-3137, passcode: 702869#) to answer questions about this RFA and application process. Additional questions about this RFA may be directed to Robert Foley, rfoley@nihb.org. NIHB and CDC staff will not answer any questions or provide any information that may provide an unfair advantage to an applicant.

ELIGIBILITY

In order to be considered eligible for this funding opportunity, all of the following criteria must be met:

- Applicants must be an official health entity of a federally recognized American Indian or Alaska Native Tribe. For more information on Tribal eligibility for public health accreditation, please visit [here](#).
- Applicants must have a commitment to pursuing public health accreditation, as defined by the Public Health Accreditation Board (PHAB).

FUNDING CATEGORIES

Applicants must apply to work on accreditation activities underneath at least one of the four following categories:

1. Accreditation pre-requisites
2. Application documentation
3. Other accreditation readiness or continuous quality improvement activities
4. Accreditation application fees

Category 1: Addressing PHAB Pre-requisites. To be successful in the accreditation process, applicants must demonstrate compliance with three prerequisite requirements which are also strongly represented in the PHAB standards: development of a community health assessment (PHAB Standard 1.1), creation of a community health improvement plan (CHIP) (PHAB Standard 5.2), and formulating a Tribal or departmental strategic plan (PHAB Standard 5.3). Applicants to this category may use funds to conduct activities related to any of the accreditation pre-requisites. Applicants must specify on which pre-requisite they are working, and specific activities in which the Tribe will engage to work towards satisfying that pre-requisite.

Category 2: Addressing PHAB documentation requirements not currently met. The accreditation process is based on demonstrating compliance with standards and measures spread across 12 domains, as described in [PHAB's Standards and Measures](#). Applicants under this category may use funds to address deficiencies and ensure compliance with documentation requirements for specific standards and corresponding measures. Applicants must specify which standard(s) and which corresponding measure(s) they will seek to address.

Category 3: Completing other accreditation readiness or continuous quality improvement activities. Tribal health departments have a variety of unique needs and processes related to their ability to apply to and achieve PHAB accreditation. This category allows applicants to describe their specific needs and their plans to meet those needs by way of this effort. Needs may include, but are not limited to: development of processes to prepare for accreditation application, quality improvement training, training activities, or support staff time of an Accreditation Coordinator, etc.

Category 4: Contributing to payment of PHAB accreditation fees. PHAB application fees are based on the size of the population served by a health department. Tribal health departments that are close to or ready to apply for accreditation (as evidenced by their satisfaction of standards across all domains) may choose to apply for this opportunity to use funds to pay for up to 50% of the application fees (for a listing of application fees, click [here](#)). Applicants under this category must be prepared to submit their PHAB application (which includes submission of the three prerequisite documents) by June 30, 2015 and provide documentation of the submission to NIHB (applicants under this category may be asked to demonstrate that a statement of intent has already been submitted to PHAB or will be submitted by March 30, 2015).

PROJECT REQUIREMENTS

Selected Tribal partners must agree to:

- Sign and return Memorandum of Agreement (MOA) with NIHB that stipulates the amount of funds to be distributed, a schedule of funds distribution, Tribal point of contact, and deliverables.
- Designate one main point of contact to serve as the project coordinator. Even if this person will not be leading all project activities, the Tribal partner must designate one individual with whom NIHB will directly communicate on all matters related to this project. This person will be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.
- Host a site visit by NIHB staff in the initial months of the project to review project activities and undergo a baseline assessment of accreditation readiness.
- Permit NIHB to share project success and lessons learned as part of a broader information dissemination strategy.
- Participate in monthly peer learning phone calls, as well as scheduled individual phone calls with NIHB and possibly CDC staff to discuss progress, barriers, or any technical assistance that may be needed.
- Participate in project evaluation and technical assistance activities (including two webinars).
- Submit a progress report and all final deliverables to NIHB at the end of the project period.

NIHB and CDC will provide selected sites with:

- Specified amount of funds that will be paid in two equal installments (50% of the total initially and the remaining 50% as a final payment).
- Initial site visit to meet project staff, perform a baseline accreditation readiness assessment, and review the project work plan.
- Technical assistance from NIHB and/or CDC staff for identified areas of need.
- Hosted conference calls, as appropriate, to support peer learning between Tribal partners.
- Connection to learning communities, national networks, existing technical assistance resources (such as the National Association of City and County Health Officials), and activities to support accreditation activities.
- Conduct structured technical assistance events for all Tribal partners.

APPLICATION PROCESS

- 1) Participate in the optional pre-application conference call on December 16, 2015.
- 2) Complete the application package. The following will comprise a complete application package:
 - a. Application, Section A: Tribe and Contact Information (see Appendix A for complete application)
 - b. Application, Section B: Application Narrative and Scope of Work (see Appendix A for complete application)
 - c. Application, Section C: Budget Proposal (see Appendix A for complete application)
 - d. Signed letter of support (The signed letter of support must be from the Tribal health department's director or CEO, the chair of the Tribal Health committee, Tribal chairperson, or other Tribal official that oversees all or a portion of the public health activities and accreditation activities at the Tribal level. The letter should ideally include the governing body's awareness and/or commitment to accreditation, awareness of the project activities, and support for completion of all deliverables. If funds are to be used to support a portion of accreditation application fees or salary for an accreditation coordinator, then the letter should also state the Tribe's intent to support the remaining accreditation fees or salary expenses, or otherwise indicate where those funds will come from.)
- 3) The applicant may submit additional material to demonstrate their commitment to accreditation, experience with accreditation, existence of external collaborators, etc. However, these are not required for a complete application package.
- 4) Submit all sections of the project application (as a single PDF document) and the letter of support (as a PDF document) to Robert Foley, rfoley@nihb.org by 11:59 PM EST on **Wednesday, January 7, 2015**. The subject line of the e-mail should read: **'Tribal ASI Application.'** No applications will be accepted by fax or postal mail. NIHB shall confirm the receipt of all applications.

SELECTION PROCESS

- Incomplete application packages will not be reviewed.
- All complete applications will be reviewed by a team of qualified public health professionals with experience working in Indian Country and/or public health accreditation readiness.
- Priority will be given to Tribes who plan to apply to PHAB by June 30, 2015 or that otherwise demonstrate plans for significant gains in moving forward toward PHAB application during this project period, as well as Tribes with greatest potential to impact the accreditation readiness of the Tribal health department.
- Applicants that currently or previously have received accreditation-readiness funding (e.g. NPHII, NACCHO ASI funding) may not necessarily be prioritized.
- NIHB shall notify all applicants of the status of their application by January 23, 2015.

**Appendix A:
TRIBAL ACCREDITATION SUPPORT INITIATIVE (Tribal ASI)
APPLICATION PACKAGE**

Instructions: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single PDF document) and the letter of support (as a PDF document) to Robert Foley, rfoley@nihb.org by **11:59 PM EST on Wednesday, January 7, 2015**. The subject line of the e-mail should read: 'Tribal ASI Application.' No applications will be accepted by fax or postal mail.

SECTION A: TRIBE AND CONTACT INFORMATION

CONTACT INFORMATION	
Contact information for the individual to be contacted for notification of application status:	Name:
	Title:
	E-mail Address:
	Phone Number:
	Fax Number:
	Mailing Street Address:
	City, State, Zip Code:
Tribe:	
Tribal health department name:	
Health department full address:	
Approximate population size served by health department (number):	individuals
Name of Tribal health official/director:	
Electronic signature of health official (typed is permissible):	

PROJECT COORDINATOR CONTACT INFORMATION	
Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank).	Name:
	Title:
	E-mail Address:
	Phone Number:
	Fax Number:
	Mailing Street Address:
	City, State, Zip Code:

SECTION B: APPLICATION NARRATIVE AND SCOPE OF WORK

APPLICATION INFORMATION	
Select the category for which the Tribe is applying	<input type="checkbox"/> Category 1: Accreditation pre-requisites <input type="checkbox"/> Category 2: Application documentation <input type="checkbox"/> Category 3: Other accreditation readiness or continuous quality improvement activities <input type="checkbox"/> Category 4: Accreditation application fees
Does the Tribal health department intend to apply to PHAB on or before June 30, 2015?	<input type="checkbox"/> Yes (application submitted on or prior to 1/2/15) <input type="checkbox"/> Yes (plan to submit application between 1/3/2012 – 6/30/15) <input type="checkbox"/> No <input type="checkbox"/> Not sure
If you selected 'No' or 'Not sure' to the above, does the Tribe intend to apply to PHAB after June 30, 2015?	<input type="checkbox"/> Yes (provide expected month and year of application, _____) <input type="checkbox"/> No <input type="checkbox"/> Not sure (please provide a general timeframe: _____)
Amount being requested	\$

CURRENT AND PAST ACCREDITATION EXPERIENCE (250 words maximum)
<p>Describe the Tribal health department's experiences with public health accreditation, both in the recent past and currently. This could range from internal discussions that have taken place, training that has been received, pre-requisites that have been achieved, statement of intent has been submitted, etc. An applicant will not be penalized if the Tribe is new to accreditation through the Public Health Accreditation Board (PHAB). In this case, this space can be used to talk about why the tribe wishes to engage in accreditation now. (Please note, this initiative is limited to supporting accreditation-related activities through the Public Health Accreditation Board (PHAB), but you may wish to describe past experiences with other accreditation efforts here.)</p>

PROJECT SUMMARY (250 words maximum)

Based on the funding category, provide a general description of the work the Tribe intends to undertake in the proposed project, the resources the Tribe will tap into to operationalize the plan, and how the work will be sustained beyond the project period, if applicable. Moreover, please describe how this funding and the work you will undertake will result in measurable progress in the accreditation readiness of the Tribes. This should be a concise summary; details on activities and deliverables will be reported in the table below.

ACCREDITATION STANDARDS AND MEASURES

If applying to Category 2 or 3, please specifically list which PHAB accreditation standard(s) and measure(s) the project will be working towards. Please identify the full number and name of the standard(s), and list only the number of the measure(s). If project activities will lead to progress achieving more than one standard and corresponding measure(s), please list them here, as well.

Standard(s):

Measure(s):

SUPPORTING DOCUMENTATION

Please select the corresponding box for all support and ancillary materials being submitted with the application package (they can be added as additional pages to this document or as a separate PDF).

- Letter of Support from Tribal Health Official/Leader (mandatory as a separate PDF)
- PHAB Statement of Intent (may be required for Category 2 applicants)
- Accreditation Coordinator Job Description (optional)
- Letter(s) of Support from Other Entities (optional)
- Other (please identify:)

PROPOSED SCOPE OF WORK

In the table below, detail your proposed work in terms of these components.

- **Objectives:** Objectives are the specific aims for your work and should be written so that they are “SMART” (specific, measurable, achievable, relevant, and time-based). You might have several different or related objectives, or only one main objective. All objectives should be related to the overall goal of increasing Tribal public health accreditation readiness.
- **Expected Outcomes:** Please develop an expected outcome(s) for each objective written in the work plan. Consider what you anticipate to change as a result of achieving your objectives (such as increase in efficiency, increase of leadership buy-in, what additional benefits were gained). Each objective should have at least one expected outcome.
- **Activities & Deadline:** Activities are the specific tasks and work that you will engage in to accomplish your objectives. You will have more than one activity per objective. Each activity should include an expected deadline for completion, such that while the overall objective may not be completed until June 30, 2015, the activities will likely occur throughout the project period.
- **Deliverables:** Deliverables are what you will physically submit to NIHB to demonstrate achievement of your objectives (e.g., PHAB documentation developed, evidence of processes put in place, completed application to PHAB, etc.). You should have at least one deliverable per objective, and may have smaller deliverables for some activities (not all activities will have a deliverable though). In considering your proposed deliverables, think about how the achievement of your objective will result in progress in terms of the Tribe’s accreditation readiness, and how to measure and demonstrate that to NIHB. In addition, if your major deliverable for an objective will not be completed until the end of the project period, consider what interim deliverables for the related activities might be submitted to demonstrate progress.

Additional Guidance / Information

- Use one table per objective, and number each objective accordingly. Each outcome and all activities for that objective will be listed within that same table. Add additional tables for additional objectives.
- Add additional rows to the tables below as needed to list out more activities. Be sure represent the full scope of your proposed work.
- When applying under Category 2 (or applying to Categories 1, 3 or 4 but still intending to apply to PHAB before 6/30/2015), be sure to include application as one of the objectives, and list relevant deliverables as appropriate (i.e., copy of statement of intent, evidence of accepted PHAB application, three completed prerequisite documents).
- Please note that selected Tribal partners will have the following activities added to their memorandum of agreement as requirements for this project:
 - Provide information and feedback project activities as requested via questionnaires and/or conversations with NIHB and CDC staff
 - Complete a final report documenting the development of deliverables, improvements gained, work with supported agencies and lessons learned throughout the project, using guidelines and templates provided by NACCHO
 - Submit deliverables for consideration in NIHB’s documentation repository.

TABLE 1. PROPOSED SCOPE OF WORK

Objective 1:		
Expected Outcome 1:		
Activities	Deadlines	Deliverables
Activity 1.1:		
Activity 1.2:		
Activity 1.3:		

Objective 2:		
Expected Outcome 2:		
Activities	Deadlines	Deliverables
Activity 2.1:		
Activity 2.2:		
Activity 2.3:		

SECTION C: BUDGET PROPOSAL

These funds will be provided as agreements for goods and services, and will be paid in two, equal installments (an initial disbursement and a final payment upon receipt of deliverables). The requested award amount should be appropriate to the level of effort required to engage in the proposed scope of work and produce the deliverables outlined in the next table.

NIHB is seeking to maximize the reach and effectiveness of these funds, and as such may fund applicants at a slightly lower or slightly higher amount than requested in the application.

AWARD AMOUNT REQUEST AND PROPOSED BUDGET

Requested Funding Amount (\$5,000 – \$10,500): \$

Please provide an estimated line item budget that illustrates the funding needed to produce the deliverables outlined in the table in Section B. Awards **may not** be used to: provide direct support to external individuals (e.g., delivery of patient care); purchase large equipment; pay for food or beverages; support ongoing general operating expenses or existing deficits, endowment or capital costs; or support lobbying of any kind. Due to the size of the award, funds are not eligible to support indirect costs.

- Wages and Salaries:
- Fringe Benefits:
- Contractual Costs (include type or name of potential contractor[s]):
- Supplies:
- Staff Travel:
- Other Direct Costs (e.g., PHAB fee):

Please list any additional in-kind contributions that will be made by the Tribe to support the work: