Through the CDC Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement, the Northwest Portland Area Indian Health Board (NPAIHB) is able to provide **subcontracts of up to $63,000 each** to the 43 federally-recognized Tribes in Idaho, Oregon, and Washington, to support COVID-19 Emergency Response. For tribes with user population of < 2,000, you may apply for up to **$61,062**. For tribes with user populations of > 2,000, you may apply for up to **$63,000**.

On April 6, 2020, the Centers for Disease Control and Prevention (CDC) awarded $3,005,628 to NPAIHB under the existing Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement, CFDA No. 93.772, Grant No. 6 NU38OT000255-02-02.

NPAIHB is making a total of **$2,660,550** in funding available to Northwest Tribes, retaining only a minimum of indirect costs in the amount of $345,075.

Subcontracts will be awarded to Northwest Tribal applicants seeking to prevent, prepare for, and respond to COVID-19. Technical support will be available through NPAIHB’s Northwest Tribal Epidemiology Center (NWTEC).

Allowable costs and activities include:

* + Carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities
	+ Alterations or renovations of non-federal facilities that directly support activities to improve preparedness and response capability, subject to prior approval from CDC
	+ Reimbursement of costs for these purposes incurred on or after January 20, 2020

Applicants are welcome to contact the Northwest Tribal Epidemiology Center team for guidance between **April 7, 2020 and April 17, 2020.** To request technical assistance, or if you have questions, please contact Victoria Warren-Mears at vwarrenmears@npaihb.org or 503-998-6063.

**To submit your completed application or for additional information please contact:**

Email: tphep@npaihb.org

Phone: 503-998-6063

**Applications are due by:**

April 17, 2020, 5:00 pm PDT

**COVID-19 Funding Request for Applications**

**Funding Amount:**

* $61,062 - $63,000, total including indirect costs
	+ For tribes with a 2019 IHS User Population of less than 2,000, the maximum award amount is $61,062
	+ For tribes with a 2019 IHS User Population of 2,000 or more, the maximum award amount is $63,000

**Date of Issuance:**

* April 7, 2020

**Applicant Information:**

* Open question period with NPAIHB: April 7 – April 17, 2020

**Initial Applications Due:**

* No later than 5:00 pm PDT, April 17, 2020

**Anticipated Notice of Award by:**

* Rolling awards – as soon as possible, but no later than April 24, 2020

**Updated Work Plan and Detailed Budget Due:**

* May 1, 2020

**Issuing Project:**

* Northwest Tribal Epidemiology Center

**Funding Requirements**

* Recipients must represent one or more of NPAIHB’s 43 member Tribes
* One application per tribe
* Recipients must be designated by the Tribe to complete COVID-19 related activities
* Recipients must utilize funding for COVID-19 Emergency Response, which can include, but are not limited to:
	+ Carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities, including staff time for reporting into the NWTEC surveillance system
	+ Alterations or renovations of non-federal facilities that directly support activities to improve preparedness and response capability, subject to prior approval from CDC
	+ Reimbursement of costs for these purposes incurred on or after January 20, 2020
* Recipients must participate in evaluation activities and interim reporting to be determined upon award
* This opportunity is for the budget period ending August 30, 2020; opportunities for additional funding or no-cost extensions may be available pending approval or additional awards by CDC

**Funding Restrictions (from CDC):**

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

* Recipients may not use funds for research
* Recipients may not use funds for clinical care or testing
* Recipients may only expend funds reasonable project purposes, including personnel, travel, supplies, and services, such as contractual
* Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment; any such proposed spending must be identified in the budget

**Funding Agreement**

All funded Tribes will need to sign a Contract Agreement and Data Sharing Agreement (if not already in place) with the NPAIHB. This will include a commitment to work with the Northwest Tribal Epidemiology Center personnel or other staff. Recipients will provide interim reporting and quarterly invoicing as well as an end-of-year evaluation report and survey.

**All project activities and invoicing must be** **completed by August 30, 2020.**

**Application Instructions**

Completed Initial Application will include:

* Application Form (this page)
* Project Narrative (page 5)
* Project Activity Areas (check **all** areas under which your project falls, page 6)
* Budget Worksheet (page 8)

**All information below is required. Missing information may delay your subcontract award.**

|  |  |
| --- | --- |
| **Tribe:** |  |
| **Clinic/Agency/Program Name:** |  |
| **EIN (Employer Identification Number):** |  |
| **DUNS (Data Universal Numbering System) Number:** |  |
| **Full Location Address:** |  |
| **Full Mailing Address (if different):** |  |
| **Program/Subcontract** **Contact Person’s Name:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Amount of Funding Requested:** |  |
| **Make Check Payable to:** |  |
| **Mailing Address for Check - Include Finance Contact Person’s Name, Department, and Full Address (if different than above):** |  |

**Project Narrative**

Briefly describe how the COVID-19 Emergency Response funds will be used within your community **(no more than 2-3 pages).** You can type directly into this form, or attach your Project Narrative as a separate document.

This award is for the period of January 20, 2020 through August 30, 2020, with the potential opportunity to apply for continued funding should any become available from CDC.

If you are planning on applying for direct funding from CDC through the [noncompetitive grant: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (CDC-RFA-OT20-2004),](https://www.grants.gov/web/grants/view-opportunity.html?oppId=325942) due by May 31, 2020, please ensure that the activities you propose here do not overlap with the workplan for that separate funding opportunity.

In your **project narrative**, please include:

1. Brief background on your community (1-2 paragraphs), including the impact or potential impact of COVID-19
2. Existing programs and community strengths upon which this project will build (1 paragraph)
3. The target population (1-2 sentences)
4. Purpose and overall objective (1-2 sentences)
5. A brief summary (bulleted list) of the activities to be completed during the project period, and/or activities and costs already incurred since January 20, 2020 – we do not need detailed activities or budget at this time; estimates are fine
6. Organizational capacity to carry out activities (1-2 paragraphs)

A more complete work plan, using a template provided by NPAIHB, will be due by **May 1, 2020**.

**Project Activity Areas**

Funded activities must fall within at least **one** of the following activity areas. Please **insert an X** next to **all that apply**.

The nature of the activities proposed will depend on the priorities for affected jurisdictions/areas, but should align to supporting the following emergency/crisis response activities:

\_\_\_\_ Case identification

\_\_\_\_ Data management

\_\_\_\_ Distribution and use of medical material

\_\_\_\_ Emergency operations and coordination

\_\_\_\_ Epidemiology

\_\_\_\_ Equipment, supplies, and shipping

\_\_\_\_ Infection control

\_\_\_\_ Laboratory

\_\_\_\_ Public health management and risk assessment of travelers and other persons with potential COVID-19 exposures and confirmed diagnoses

\_\_\_\_ Risk communication

\_\_\_\_ Surge staffing

\_\_\_\_ Surveillance, including reporting to NWTEC

\_\_\_\_ Travelers health

\_\_\_\_ Other (please specify):

**Budget Instructions**

Applicants are required to submit a preliminary budget estimate for the period of **January 20, 2020 – August 30, 2020** of no more than **$61,062** for tribes with less than 2,000 population, and no more than **$63,000** for tribes with 2,000 or more population.

A more detailed revised budget will be due to NPAIHB by no later than Friday, **May 1, 2020.**

Applicants should complete the budget template on the next page, including a brief budget justification in the column on the right.

**Personnel**, with the exception of consultants, contributing their time to the project should be listed on lines one and two.

* Title
* Salary
* Fringe benefits
* Estimated time spent on this project as a proportion of one full time equivalent (FTE)
* Projected role and responsibilities within the project

On line three, **consultants** brought in to support the project, number of hours anticipated and total contract amount, and the roles/responsibilities of the contractor within the project should be listed.

Each piece of **equipment** to be purchased should be listed on line four, along with a justification of need within the project. Equipment costing less than $5,000 should be included in the supplies category.

**Supplies** should be listed on line five, along with justification of need within the project. Routine office supplies can be listed as one item. Note that funding cannot be used to buy clinical supplies.

Estimated cost of **travel**, purpose of travel, and title/roles of staff members who will be travelling should be listed on line six, along with justification of need relative to the project goals. Travel expenses should not exceed GSA rates.

Any **other** costs should be listed on line seven, with a brief description of each category.

**Contractual** costs should be listed on line eight.

**Indirect** expenses should be listed on line 11. If you are able to include your indirect cost rate agreement or other justification, please provide it with this initial application. Otherwise, you can provide it with your updated budget by **May 1, 2020**.

**Budget Worksheet**

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Total Costs** | **Brief Justification** |
| 1. Salary and Wages
 | $ |   |
| 1. Fringe Benefits
 | $ |   |
| 1. Consultants
 | $ |   |
| 1. Equipment
 | $ |   |
| 1. Supplies
 | $ |   |
| 1. Travel
 | $ |   |
| 1. Other
 | <enter description> | $ |   |
|  | <enter description> | $ |   |
|  | <enter description> | $ |   |
|  | <enter description> | $ |   |
| 1. Contractual
 | $ |   |
| 1. **DIRECT TOTAL**
 | **$** |  |
| 1. INDIRECT TOTAL
 | $ |   |
| 1. **BUDGET TOTAL**
 | **$** |   |