

Welcome. We will begin shortly.

STAY SAFE MN

Request for Proposals for COVID-19 Community Coordinators (CCCs) - Vaccination Events and Comprehensive Health Recovery Initiative

https://www.health.state.mn.us/communities/equity/funding/covidccc_feb2022.html

Visit this page for templates, FAQs and more!

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- [Qualified Applicants](#)
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- [Core Values and Approaches](#)



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CCC - Vaccination Events and Comprehensive Health Recovery Initiative

Information Session Tracks 2 & 3

Facilitator: Nancy E. Lee

COVID-19 Systems Coordinator

02/08/2022 <> 2:00 pm

 MINNESOTA

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

- ✓ COVID-19 Community Coordinator Legacy
- ✓ Overview: Goal and Objectives
- ✓ Proposal Details
- ✓ Application Process and Instructions
- ✓ Questions

MDH Covid-19 Community Coordinator Team

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What's this RFP about?

Overview: Goal and Objectives

To build upon State's efforts to contain the COVID-19 pandemic, increase the vaccination rates and enhance the health of all Minnesotans by focusing on equity in the communities that have experienced the greatest disparities.

This funding supports:

- 1. vaccination events planning and hosting with emphasis on community engagement;*
or
- 2. community-based programs that address long term comprehensive health recovery and builds flexible equitable health programs contributing to sustainable systems that will better withstand future shocks;*
or
- 3. combination of both*

Eligibility

An open and competitive process!

- | | |
|--|----------------------------|
| ❖ Local not-for-profit | ❖ Healthcare organizations |
| ❖ Tribal Nations | ❖ For-profit business |
| ❖ Faith-based organizations | ❖ Transportation agencies |
| ❖ Human and social service organizations | ❖ Trade associations |
| | ❖ and others |

- State or federal recognition as formal organization (EIN or 501c3 status)
- Organizations or groups with a fiscal agent
- Partnerships and collaborative proposals welcomed

Core Values and Approaches



Priority given to organizations:

- a) led and staffed (51%) by ***communities most disproportionately impacted***
- b) based locally or staff living in area
- c) record of community engagement and leadership rooted in health equity and racial equity in MN
- d) Leverage trauma-informed, holistic approaches to wellbeing
- e) Focused on the intersection of identities

Communities Most Disproportionately Impacted

- | | |
|--|--|
| <ul style="list-style-type: none">❖ African American❖ African Immigrant❖ American Indian❖ Asian American – Pacific Islander❖ Latinx❖ LGBTQ+❖ Persons with Disabilities | <ul style="list-style-type: none">❖ Incarcerated❖ Low-income❖ Older Adults/Elders❖ Migrant Workers❖ New Immigrant and Refugee❖ Youth❖ Unsheltered/Homeless |
|--|--|

Including but not limited to the above sooooo.... who else might you serve?

Deliverables— Track 1 Vaccination Events

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- * Host 2+ events/mo
- * Spend 50%+ of funding on events
- * Coordinate with LPH, medical providers, and others



- * Planning incorporates Social Vulnerability Index
- * Registration for COVID-19 vaccine appts.
- * If appropriate, staff a public hotline



- * Provide COVID-19 health ed.
 - * Cultural and linguistic vaccine health education
 - * Publicize & mobilize community for events
 - * Effective communication methods and networks

Deliverables— Track 2 Comprehensive Health Recovery

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Address Social Determinants of Health (SDOH) examples:

- *Long COVID, *Chronic Health Conditions, * Food Access, *Incarceration, *Mental Health, *Childcare, *Transportation

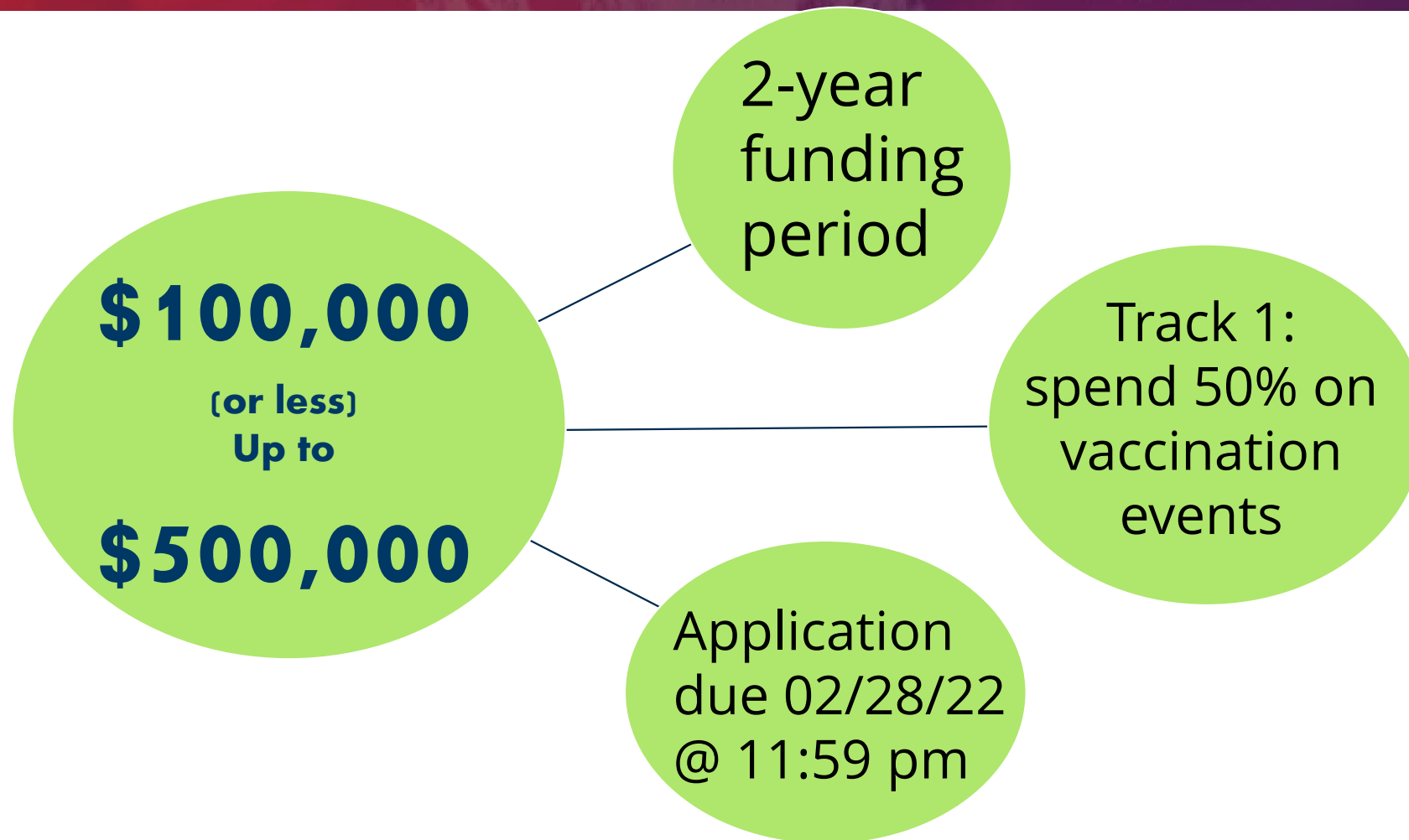


- *Sponsor no-cost programs, workshops, or resources
 - * Work with partners to address community needs related to COVID-19
 - * Advocate for additional resources to address unmet community needs



- *Investigate community concerns & share findings
 - *Hotline to educate and provide resource referral
 - *Referrals to local, public health and other resources

Two-Year Funding Range and Timeline



Applying for Track 1: Vaccination Events? Hints from Dai Vu, CCC Lead Supervisor

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Applying for Track 2: Comprehensive Health Recovery ?

Hints from Nancy Lee, COVID Systems Coordinator

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SUBMISSION FORM- What's the Process Like?

2. Is your organization led by people of color, American Indians, individuals with disabilities and/or LGBTQ+ individuals? *

- Yes, we are an American Indian Tribe
- Yes, our organization has at least 51% people of color, American Indians, individuals with disabilities, and/or LGBTQ+ individuals in our board and leadership positions
- No, our organization does not have at least 51% people of color, American Indians, individuals with disabilities and/or LGBTQ+ individuals in our board and leadership positions

3. How does your organization share power with communities of color, American Indian communities, disability communities, and/or LGBTQ+ communities and involve them in your decision-making? *

4. Which primary community will you engage?

- African American
- African immigrant - Please specify
- American Indians living off reservation
- American Indians living within tribal boundaries - Please specify
- Asian American - Pacific Islander - Please specify
- Disability communities
- Latinx - Please specify
- LGBTQ+

6. Indicate any other relevant demographics of the target population that you will *intentionally* reach through this proposal, if applicable.*

- Incarcerated
- Older adults/elders
- Low income
- Migrant Workers
- New Immigrant and Refugee
- Youth
- Unsheltered/Transitional/Homeless
- Other - Please specify
- N/A

Estimate Community Reach

	Proposed Activity or Program Name	Track 1 Year 1 - Vaccination Events (annual # of unduplicated persons)	Track 1 Year 2 - Vaccination Events (annual # of unduplicated persons)	Track 2 Year 1 - Comprehensive Health Recovery (annual # of unduplicated persons)	Track 2 Year 2 - Comprehensive Health Recovery (annual # of unduplicated persons)
1.	Name of Activity				
2.	Name of Activity				
Total		0	0	0	0

Estimate Budget Request

14. Indicate the funding amounts in each year for the track(s) you are requesting. This estimate should closely match the total amount indicated in your budget. (If choosing Track 1 Vaccination Events: at least 2 events per month must be hosted with at least 50% of funding dedicated to the vaccination events) *

Track 1 Year 1 - Vaccination: \$

Track 1 Year 2 – Vaccination: \$

Track 2 Year 1 - Comprehensive Health Recovery: \$

Track 2 Year 2 - Comprehensive Health Recovery: \$

2 Year Total.....0

Hit the Submit button!

15. Affirmation - I affirm that I have read and will implement the State of Minnesota's [Vaccination and Testing Policy requirements](#). *

Yes

No

Read carefully:

Click the “Submit” button below to email this Request for Proposal Form to Center for Health Equity. After you click “Submit,” you will receive an automated confirmation email. The email will contain links to the 2 Year Workplan and 2 Year Budget forms that you must fill-in. After completing them, reply to that email and attach the 2 Year Workplan and Budget by the deadline of **11:59 pm CST on February 28, 2022.**

Submit

After you click “Submit,” you will receive an automated confirmation email.

APPLICATION PROCESS - Preview the Forms

Two Year Project Workplan

Project Title:

Project Summary: *(please provide a brief summary of your proposed project activities)*

Tracks: Mark "X" next to Track you are applying for.

- 1. **Vaccination Events** *(at least 2 events per month must be hosted with at least 50% of funding dedicated to the vaccination events)*
- 2. **Comprehensive Health Recovery**
- 3. **Both - Vaccination Events & Comprehensive Health Recovery**

Communities most disproportionately impacted: Mark "X" next to community you will focus on.

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. African American | <input checked="" type="checkbox"/> 5. LGBTQ+ |
| <input type="checkbox"/> 2. African Immigrant (specify) _____ | <input checked="" type="checkbox"/> 6. Asian American- Pacific Islander (specify) _____ |
| <input type="checkbox"/> 3. American Indian/Indigenous living off reservation | <input type="checkbox"/> 7. Disability communities (specify) _____ |
| <input type="checkbox"/> 4. American Indian/Indigenous living within tribal boundaries (specify) _____ | <input type="checkbox"/> 8. Latinx (specify) _____ |
| | <input type="checkbox"/> 9. Other (specify) _____ |

Additional Demographics: Mark "X" next to community you will focus on.

- | | |
|--|--|
| <input checked="" type="checkbox"/> 10. Incarcerated | <input type="checkbox"/> 14. Newer Immigrant and Refugee (specify) _____ |
| <input type="checkbox"/> 11. Low-Income | <input type="checkbox"/> 15. Youth |
| <input type="checkbox"/> 12. Older Adults/Elders | <input type="checkbox"/> 16. Unsheltered/Homeless |
| <input type="checkbox"/> 13. Migrant Workers | <input type="checkbox"/> 17. Other (specify) _____ |

2 Year Budget Total Request \$ _____
2 Year Total Unduplicated Persons Served _____

Contact Information:

Track 1 Example

Activity Title	Enter the # from above for the Community of Focus and...	Targeted Need Addressed (For example ...)	Track	Description of Activities over 2 Years	Timeline	Key Staff and Partners (please use staff titles)	Estimated # Reached Year 1	Estimated # Reached Year 2
EXAMPLE: Promoting Vaccination Justice	10	Vaccination Events for Incarcerated in Q1 SVI	1	During first 6 months create collaboration with County Jail to lead bi-monthly discussions with up to 10 incarcerated persons about vaccine safety; plus, host vaccination events 2x/month for balance of 18 months.	18 months	2 CCC Justice Outreach Staff and 1 Correctional Officers	6 mo X 2 events X 10 incarcerated persons = 120 unduplicated persons	12 mo X 2 events X 10 incarcerated persons = 240 unduplicated persons

Track 2 Example

Activity Title	Enter the # from above for the Community of Focus and...	Targeted Need Addressed (For example ...)	Track	Description of Activities over 2 Years	Timeline	Key Staff and Partners (please use staff titles)	Estimated # Reached Year 1	Estimated # Reached Year 2
EXAMPLE: Youth: Mind, Body & Soul Wellness Support	1, 5, 6	Mental Health	2	Quarterly cohorts of 10 youth aged 12-16 yr. to discuss issues that surfaced due to the pandemic related to loss and grief. Receiving peer support, adult mentorship, and mental health counseling.	8 Week cohorts per quarter	2 CCC staff and 4 Insight Mental Health Consultants	4 Qtrs/year X 10 Youth = 40 persons	Qtrs/year X 10 Youth = 40 persons

Two Year Budget – The data you are entering is for 2 Years!



RFP Budget Guide

Please note that this list is not exhaustive.

ALLOWABLE EXPENSES

1. Staff time to assist community members in filling out forms/applications for employment, food, rental, healthcare, or other assistance

2. Personal Protective Equipment (PPE) and similar COVID essential health items, such as masks, face shields, hand sanitizer, thermometers and cleaning supplies

UNALLOWABLE EXPENSES

1. Paying rent or other bills for community members

2. Paying for or providing housing, isolation, or quarantine space

TRACK 1: VACCINE-RELATED EXPENSES - 2 Year Budget

Salary & Fringe (lead organization staff time)

Staff position	#hours per week	Total# weeks	Hour Rate	Total Salary	% Fringe	Fringe Total	Line Total
				\$	%	\$	\$

Contractual Services (such as subcontracts to partner organizations); Travel (Staff mileage and other, such as parking); Travel (Community member costs); Supplies (such as PPE, printing, mailing, telephone, laptops); and Other/Miscellaneous (such as applicable rent, insurance)

TRACK 2. COMPREHENSIVE HEALTH RECOVERY PROGRAMS (SUCH AS HOUSING SUPPORT, MENTAL HEALTH, LONG COVID, ECONOMIC EMPOWERMENT) - 2 Year Budget

- Applicants should review the standard State Professional and Technical (P/T) Contract template.
- This document sets forth the State's standard terms, insurance requirements, and procurement laws or requirements which may apply in the event a response results in a contract with the State.

Diverse Reviewers will study the application for:

- *History, Experience and Qualifications (0-10 Points)*
- *Community Engagement Ideas and Work Plan (0-30 points)*
- *Alignment with State Needs (0-20 points)*
- *Budget/Cost (0-20 points)*
- *Equity, Diversity and Inclusion (0-20 points)*

Now What?

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- Complete the Proposal Submission Form and click “Submit”
- Expect to receive a confirmation email within 1 hour
- Then download and fill out the Workplan and Budget
- Hit Reply to the email, attach the workplan and budget,

Then email to : Health.CovidOutreach@state.mn.us
On or before 11:59 pm, February 28, 2022

Final Selection of Awardees

After the competitive review of proposal selected contractors will:


- Represent a range of geographic area in Minnesota
- Serve the communities most disproportionately impacted as previously defined
- The State will prioritize entities that are led by American Indians, people of color, LGBTQ+ and/or persons with disabilities.

Note: if MDH concludes it lacks proposals reaching one of its priority communities, the submission process may be re-opened and submissions will be reviewed on a rolling basis until funds are used.

- COVID-19 Community Coordinators - Minnesota Dept. of Health
<https://www.health.state.mn.us/ccc>
- Social Determinants of Health (state.mn.us)
 - https://www.health.state.mn.us/communities/equity/funding/ccc_appendix_a.pdf
- Background on Equity Goals and Social Vulnerability Index
 - https://www.health.state.mn.us/communities/equity/funding/ccc_appendix_b.pdf
- Centers for Disease Control and Prevention, Post-COVID Conditions
 - www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html

Don't Forget!

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Full Proposal
Application Due:
February 28, 2022
@ 11:59 pm

- Questions due by:
February 18, 2022 by 5:00 p.m.
Email:
HEALTH.COVIDOUTREACH@STATE.MN.US
- Anticipated contract start date:
July 1, 2022
- Anticipated contract end date:
June 30, 2024

Wrap-Up

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Thank you!

Nancy E. Lee

COVID-19 Systems Coordinator

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