

STATE OF WYOMING
DEPARTMENT OF HEALTH
PUBLIC HEALTH DIVISION
IMMUNIZATION UNIT
122 WEST 25th STREET, 3rd FLOOR WEST
CHEYENNE, WY 82002

REQUEST FOR APPLICATION
NO. IMMZ01

**CORONAVIRUS 2019 VACCINATION
PHARMACY GRANT**

OPENING DATE
March 22, 2021

APPLICATION SUBMISSION CLOSING DATE
Ongoing as funds are available

DEPARTMENT OF HEALTH REPRESENTATIVE: LISA WORDEMAN
TELEPHONE NO.: (307) 777-3318

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
FUNDING OPPORTUNITY OVERVIEW	3
1. DESCRIPTION:	3
2. RATIONALE:.....	3
3. OBJECTIVE:	3
4. ELIGIBLE APPLICANTS:	3
5. FUNDING AVAILABLE AND NUMBER OF AWARDS:	3
6. RFA APPLICATION DETAILS:.....	3
7. TERM OF GRANT AGREEMENT:.....	4
8. ALLOWABLE EXPENDITURES:.....	4
11. TIMELINE:.....	5
12. RESERVED RIGHTS:	5
13. APPLICATION REVIEW PROCESS:	6
APPLICATION	7
1. GENERAL FORMAT REQUIREMENTS:	7
2. APPLICATION REQUIREMENTS:	7
3. APPLICATION SCORING:.....	8
CERTIFICATION OF AUTHORIZATION	9

FUNDING OPPORTUNITY OVERVIEW

1. DESCRIPTION:

The Wyoming Department of Health (WDH) Immunization Unit is accepting applications for the Coronavirus 2019 (COVID-19) Vaccination Pharmacy Grant designed to assist Wyoming independent pharmacies with implementation and sustainability of COVID-19 vaccination efforts to Wyoming residents. Assistance is being provided in an effort to increase vaccinations to underserved populations and increase the number of off-site vaccination clinics.

2. RATIONALE:

Wyoming is a rural state with a population density of six (6) people per square mile. As such, to conduct a comprehensive vaccination campaign, it requires a significant amount of collaboration with statewide partners. In addition, a comprehensive vaccination effort relies upon those at the community level, particularly Public Health Nursing offices and vaccinating pharmacies. Building capacity in independent pharmacies would provide more access to COVID-19 vaccine across the rural state.

3. OBJECTIVE:

The objective of this grant is to increase access to the COVID-19 vaccine throughout Wyoming.

4. ELIGIBLE APPLICANTS:

The WDH Immunization Unit is seeking applications from Wyoming independent pharmacies that are in good standing with the Wyoming Secretary of State and registered on SAM.gov. Awardees must be an approved provider with the WDH Immunization Unit and currently administering or intending to administer the COVID-19 vaccine. Awardees must report grant funded activities to the WDH Immunization Unit.

5. FUNDING AVAILABLE AND NUMBER OF AWARDS:

Total funding available for this RFA is three hundred thousand dollars (\$300,000.00). Funding will be awarded to twenty (20) applicants with a maximum award amount of fifteen thousand dollars (\$15,000.00) per award. Applicants are not guaranteed maximum amount of funding and prospective recipients are expected to submit a budget that is appropriate for their vaccination plan. Funding will be awarded on a first come, first served basis.

6. RFA APPLICATION DETAILS:

Applications will be accepted on an ongoing basis until the funds are expended or until the WDH Immunization Unit determines all interested pharmacies have applied for funding.

SUBMITTING COMPLETED APPLICATION:

Applicants should submit a completed application via email to Lisa Wordeman, Interim Immunization Unit Manager at lisa.wordeman@wyo.gov. Please submit a single PDF document and include “RFA: Application Submission” in the email subject line.

Following submission, applicants will receive a confirmation email verifying receipt of the application within two (2) business days.

NOTIFICATION OF AWARD OR NONAWARD:

Applicant will receive written notice within two (2) weeks of application submission as to whether their application has been approved to be funded wholly, in part, or not funded. Selected applicants will begin the grant agreement process with the WDH Immunization Unit. All funded activities must be completed within the terms outlined in the grant agreement.

7. TERM OF GRANT AGREEMENT:

The anticipated term for the COVID-19 Vaccination Pharmacy Grant is May 1, 2021 through April 30, 2022. There will be no opportunity for renewal of funding.

8. ALLOWABLE EXPENDITURES:

The funding is provided to build capacity in independent pharmacies to implement and sustain their COVID-19 vaccination efforts. Funding can be used to reimburse the awardee for allowable purchases made after July 1, 2020. Allowable expenditures include:

- 8.1 Vaccine storage units (See Appendix A for storage unit requirements)
- 8.2 Temperature monitoring devices (See Appendix A for device requirements)
- 8.3 Staff salaries and fringe benefits
- 8.4 Training for staff on vaccine administration, management, storage, or other relevant training for increasing capacity
- 8.5 Hardware, software, or other technologies needed for patient management and reporting of vaccinations to the Wyoming Immunization Registry via an electronic interface
- 8.6 Epinephrine, antihistamines, and other emergency response supplies
- 8.7 Additional expenditures may be allowed with prior approval from the WDH Immunization Unit

9. GRANT REQUIREMENTS

Awardees must meet the following requirements. If these are not met during the grant period, any funds paid to the awardee must be returned to the WDH Immunization Unit.

- 9.1 Be enrolled in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program through the WDH Immunization Unit or CDC Federal Pharmacy Partnership Program.
- 9.2 Administer the COVID-19 vaccine. Awardees are encouraged to communicate with their local Public Health Nursing office to make a plan to receive vaccines to ensure they will administer at least one dose of the COVID-19 vaccine.
- 9.3 Focus efforts towards high-risk and underserved populations including racial and ethnic minority populations and rural communities. Vaccination efforts can also be geared towards the general public, but efforts must also include these special populations above.
- 9.4 Focus efforts towards off-site and mobile clinics. On-site vaccination is also allowable.
- 9.4 Report grant activities to the WDH Immunization Unit on a quarterly basis.
- 9.5 Awardees will be required to enter into a grant agreement with the WDH Immunization Unit.

10. REPORTING REQUIREMENTS

Required quarterly reporting includes:

- 10.1 Number and percent of mobile clinics or off-site clinics held in the past quarter in underserved communities.
- 10.2 Number of vaccine doses provided through mobile clinics or temporary off-site clinics in the past quarter in underserved communities.
- 10.3 Number of storage units and temperature monitoring devices purchased/reimbursed in the past quarter. Please include any barriers in obtaining needed supplies/equipment.
- 10.4 General overview of grant funded activities over the past quarter, including purchases and reimbursements.

11. TIMELINE:

March 22, 2021	RFA opens
Within two weeks of receipt	Applicants notified in writing of acceptance/rejection
May 1, 2021	Estimated start of grant award
April 30, 2022	Estimated end of grant award

12. RESERVED RIGHTS:

The WDH Immunization Unit reserves the right to:

- 11.1 Reject any or all applications received in response to this RFA;

- 11.2 Not make an award to any applicant who is not in good standing at the time a contract is awarded;
- 11.3 Withdraw the RFA at any time, at the agency's sole discretion;
- 11.4 Make an award under this RFA in whole or in part;
- 11.5 Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;
- 11.6 Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
- 11.7 Seek clarifications and revisions of applications;
- 11.8 Use historic information obtained through site visits, business relationships, and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;
- 11.9 Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- 11.10 Change any of the scheduled dates;
- 11.11 Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- 11.12 Conduct contract negotiations with the next responsible applicant, should the WDH Immunization Unit be unsuccessful in negotiating with the selected proposer;
- 11.13 Utilize any and all ideas submitted in the applications received;
- 11.14 Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an applicant's compliance with the requirements of the solicitation; and
- 11.15 Cancel or modify contracts due to the insufficiency of appropriations.

13. APPLICATION REVIEW PROCESS:

Applicants will be evaluated by submission of a complete application, as well as a budget that meets the application requirements. Funds will be awarded on a first come, first served basis while funding is available.

APPLICATION

1. GENERAL FORMAT REQUIREMENTS:

Applications must follow the general requirements when submitting to this RFA:

- 1.1. Be typed in Times New Roman, no smaller than 11 point font, with 1 inch margins on standard paper (8.5" x 11").
- 1.2. Be organized by sections (in bold) labeled below.
- 1.3. Be submitted as a single PDF file and include all application requirements.
- 1.4. Be no more than six (6) pages.

2. APPLICATION REQUIREMENTS:

2.1. **Cover Sheet.** Please include the following applicable information in your cover sheet:

- a. Name of Applicant Organization (as registered with the Wyoming Secretary of State)
- b. Wyoming Secretary of State Filing ID
- c. DUNS Number
- d. Physical Address of Applicant Headquarters
- e. Mailing Address of Applicant Headquarters (if different)
- f. Name and Title of Contact Person
- g. Phone of Contact Person
- h. Email of Contact Person
- i. Name and Title of Authorized Signatory Person
- j. Email of Authorized Signatory Person

2.2. **Abstract.** Provide a summary of the pharmacy's current or planned COVID-19 vaccination efforts, which includes a description of:

- a. Current or historical non-COVID-19 vaccination activities. Please include experience with off-site or mobile vaccination clinics, if any.
- b. Current COVID-19 vaccination activities, if any.
- c. Future COVID-19 vaccination activities. Specifically include activities targeted to high-risk and underserved populations including racial and ethnic minority populations and rural communities. Future activities include what is currently planned for the future or what the pharmacy hopes to do if granted funding.
- d. Planned off-site or mobile COVID-19 vaccination activities. Specifically include activities targeted to high-risk and underserved populations including racial and ethnic minority populations and rural communities.

2.3. **Proof of SAM.gov registration.** Provide a copy or printout of SAM.gov registration. This is required for all entities receiving federal funds. It is allowable to state that SAM.gov

registration has been filed and pharmacy is awaiting approval. Grant funds will be held until SAM.gov registration has been approved.

- 2.4. **COVID-19 Vaccine Storage Capacity.** Provide a brief summary of the pharmacy’s current vaccine storage capacity. If pharmacy does not currently have the capacity to safely store vaccines, please provide the plan for obtaining proper vaccine storage units and the timeline for doing so.
- 2.5. **CDC COVID-19 Vaccination Program Enrollment.** Confirm that the pharmacy is enrolled in the CDC COVID-19 Vaccination Program through the WDH Immunization Unit or through the CDC Federal Pharmacy Partnership Program. If the enrollment process has not yet been completed, please outline where the pharmacy is in the enrollment process.
- 2.6. **Budget Narrative.** Use the template provided (editable version on the WDH Immunization Unit webpage) to describe and justify proposed expenses. Expand as needed.

Expense Category	Item Description	Justification	Estimated Cost
Salaries			
Fringe Benefits			
Vaccine Storage Unit(s)			
Temperature Monitoring Devices			
Training			
Hardware			
Software			
Emergency Response Supplies			
Other (Describe)			
		Total Cost:	

3. APPLICATION SCORING:

Component of Application	Points Available
Cover Sheet and Abstract	10
Abstract	30
SAM.gov registration complete	10
COVID-19 Vaccine Storage Capacity	10
Vaccination Program Enrollment	10
Budget Narrative	30
Total Possible Points	100

CERTIFICATION OF AUTHORIZATION

By submission of an application, the proposer certifies:

Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.

No attempt has been made nor will be by the proposer to induce any other person or firm to submit, or not to submit, a proposal for the purpose of restricting competition.

The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.

Proposer will comply with all federal and state regulations, policies, guidelines and requirements.

Prices in this proposal have not been knowingly disclosed by the proposer and will not be prior to award to any proposer.

I certify to the best of my knowledge that the information contained in this application is correct. If awarded funding under this grant, I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application.

I have been authorized by the agency's governing body to submit this application.

Signature of Authorized Agent

Date

Name of Authorized Agent