

Wyoming Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities



Request for Applications for Subrecipient and Fiscal Management

Background and Purpose

The Wyoming Department of Health, Public Health Division, Office of Performance Improvement and Health Equity (OPIHE), seeks applications from organizations capable of acting as a subrecipient and fiscal manager on a range of activities in the approved work plan under the Wyoming Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (COVID-19 health disparities grant).

Grant Purpose and Intended Outcomes

The Centers for Disease Control and Prevention’s (CDC’s) Center for State, Tribal, Local, and Territorial Support (CSTLTS) has awarded funding to [108](#) recipients for a two-year (through May 31, 2023), non-research grant. This grant is funded through the Coronavirus Response and Relief Supplemental Appropriations Act, 2021. This groundbreaking funding represents CDC’s largest investment to date focusing specifically on reducing health disparities related to COVID-19 and will provide much needed support to directly address these issues in communities that need it most. More information about this funding can be found on the [CDC’s website](#).

The purpose of this new funding initiative is to address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and services.

The intended outcomes are to

1. Reduce COVID-19-related health disparities
2. Improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities
3. Improve state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities

Overarching Grant Strategies

1. Expand existing and/or develop new **mitigation and prevention resources** and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved
2. 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
3. **Build, leverage, and expand infrastructure** support for COVID-19 prevention and control among populations that are at higher risk and underserved
4. **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

Wyoming's Approach

In support of the stated grant outcomes, OPIHE has identified an approach that meets the current needs and priorities of the state, while also accounting for related activities occurring under other COVID-19 response and relief funding or within other state agencies. Wyoming's application includes activities in all four strategies; however, most of activities are housed within strategies three and four, emphasizing infrastructure, partnerships, and social determinants of health.

Wyoming's overall approach is summarized in the following paragraphs.

Healthcare Systems Infrastructure

Wyoming's healthcare systems, especially those in rural and frontier communities, are critical to our response and recovery. As such, OPIHE proposes expanding and supporting vital elements of our healthcare system to increase access to COVID-19 testing and vaccination, as well as supporting management and control of comorbid conditions. This will include healthcare system infrastructure improvements, healthcare preparedness and planning, and improved access to testing, vaccination, and other necessary healthcare services intended to reduce COVID-19 health disparities in communities of color, among people with higher risk or who are underserved, and rural communities. Sample activities include expansion of Community Emergency Medical Services (EMS), provider education, and vaccination site accessibility and availability improvements.

Language Access

The pandemic has illustrated gaps in language access for communities across the state. OPIHE proposes improving culturally and linguistically responsive communication, outreach, and diversity of message delivery. Sample activities include interpreter training and support, improving access to interpreter and translation services, targeted outreach to individuals who are limited English proficiency (LEP) or who have other accessibility needs (e.g., visual or hearing impairments), and assessing language access needs and implementing subsequent recommendations.

Community Health Conditions and Social Determinants

Social determinants of health (SDOH) influence a range of outcomes. COVID-19 mitigation strategies have had a range of social and economic outcomes, including job loss, challenges meeting basic needs, and loss of connection to many social systems people rely on to meet a range of health and social needs. Sample activities include addressing the SDOH needs of communities, improving

infrastructure and built environments in cross-sector settings, and improving access to public health information, testing, and vaccination.

Partnerships and Planning

Partnerships and planning efforts are vital to our recovery and ability to move into a thriving future. OPIHE proposes supporting future preparedness planning initiatives, identifying and implementing state health improvement planning (SHIP)-related activities as related to COVID-19 impacts on SHIP priorities, supporting the Public Health Division with ensuring a diverse and inclusive workforce that is developed and supported, continued partnership and support for Tribal communities' COVID-19 responses, and expanding partnership opportunities to reach rural and underserved communities.

Subrecipient¹ and Fiscal Management² Needs

The OPIHE has proposed a range of activities requiring sub-granting to community-based organizations in multiple sectors and settings. To effectively and efficiently manage those activities under the time frame of the grant, OPIHE seeks applications from organizations capable of providing subrecipient and fiscal management services. The total funding that will be awarded to the selected applicant will be **\$15,600,000.00** for the services and programs described herein.

Grant-Making and Disbursement of Funds

The selected applicant will be expected to carry out the following activities, for the programs described in [Addendum A](#) (described in the next section):

- Manage the subrecipient processes, including promoting the grant opportunities, carrying out necessary outreach to eligible entities, developing application mechanisms, and reviewing and issuing grant agreements
- Disburse and track funds to eligible entities
- Assure subrecipients' proposed activities are allowable, working with OPIHE when questions or concerns arise
- Work with subrecipients to meet the reporting requirements detailed in the Reporting Requirements section
- Work with OPIHE to provide support and technical assistance to subrecipients as necessary

Additionally, the selected applicant will be expected to abide by all CDC grant (OT21-2103) terms and conditions, as described in [Addendum B](#).

Reporting Requirements

The selected applicant will be responsible for quarterly reporting on the programs administered. The below table provides a high-level summary of the reporting timeline and expectations.

Reporting Period	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023
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¹ Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

² Planning, directing, and controlling of financial resources

Due Date	Jan 20	Apr 20	Jul 20	Oct 20	Jan 20	Apr 20	Jul 20
Progress Report	Progress reports will detail the progress on issuing awards, types of entities and activities subrecipients have selected, success stories or wins, and challenges encountered throughout the reporting period, by program.						
Performance Report	<p>Performance reporting is dependent upon strategy. The performance measures include:</p> <p>Strategy 1: Number of COVID-19 mitigation and prevention resources delivered in support of population that are underserved and disproportionately affected, by type</p> <p>Strategy 3: Number of improvements to infrastructure to address COVID-19 health disparities and inequities</p> <p>Strategy 4: Number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities</p>						
Financial Report	Financial reports must include, by program, the dollar amount obligated during the reporting period, with rural dollars specified out of the total. If a grant went to an organization in Cheyenne or Casper, it would not be considered rural. Any other location will be considered rural and will need to be documented as such.						

The OPIHE will work with the selected applicant to define a reporting template to ensure all elements are covered.

Addendum A - Subrecipient Programs

The programs expected to be managed by the selected applicant and allowable funding are described in the following tables.

Program 1	Improve Testing and Vaccination Site Accessibility
Description	The purpose of this program is to improve the physical and informational accessibility of testing and vaccination sites, primarily for individuals with mobility impairments or disabilities.
Strategy Alignment	Strategy 1
Eligible Entities	Wyoming COVID-19 testing and vaccination sites
<p>Allowable Activities and Expenses This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.</p>	<p>Assessment</p> <ul style="list-style-type: none"> • Collaborate with local advocacy groups and disabled individuals to identify needs and gaps in accessibility • Planning and implementing strategies to address the identified needs <p>Informational Accessibility</p> <ul style="list-style-type: none"> • Develop and provide plain language resources that describe the accessibility of the testing or vaccination site (e.g., on scheduling websites) to support informed choices about clinic sites that can accommodate needs • Improve website accessibility in compliance with Section 508 of the Rehabilitation Act • Develop testing and vaccination information and resources in Braille, American Sign Language, or other languages for the populations served as well as ensure that web-based resources will work on screen readers • Ensure the phone number for the Wyoming Department of Health, Public Health Division (307-777-6004) is accessible for individuals who prefer to access information over the phone rather than online <p>Physical Accessibility</p> <ul style="list-style-type: none"> • Retrofit facilities as necessary to support access for disabled populations, such as ensuring at least one entrance with no stairs and all doors in between the entrance and testing or vaccination site are a minimum of 32 inches wide • Schedule and host testing and vaccination clinics in accessible locations • Offer drive-up appointments for individuals who prefer to not exit their vehicle <p>Sanitation and Personal Protective Equipment</p> <ul style="list-style-type: none"> • Purchase sanitation and personal protective equipment supplies for use at testing and vaccination sites
Unallowable Costs	Organizational operating and administrative expenses, lobbying activities.

Total to be Awarded	\$1,840,000.00, with a minimum of 70% disbursed to entities in rural communities (i.e., not Cheyenne or Casper)
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Program 2	Enhanced Access to Testing, Vaccination, and Mitigation in Shelter Settings
Description	The purpose of this program is to allow the shelters to make facility/infrastructure enhancements that further mitigate the spread of COVID-19 or other infectious diseases, increase testing, vaccination, and other COVID-19 information and access, and support basic needs of individuals served.
Strategy Alignment	Strategy 1
Eligible Entities	Wyoming shelters serving unhoused populations or people/families experiencing domestic violence.
Allowable Activities and Expenses This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.	<p>Built Environment Improvements</p> <ul style="list-style-type: none"> ● Improve ventilation systems ● Install physical barriers or guides to support social distancing ● Install temporary structures to support testing and mitigation ● Retrofit facilities as necessary to support mitigation, and access for disabled populations, such as ensuring at least one entrance with no stairs and all doors in between the entrance and testing or vaccination site are a minimum of 32 inches wide ● Establish or add isolation and quarantine spaces within the facility <p>Facility Mitigation</p> <ul style="list-style-type: none"> ● Develop and implement policies and practices to keep staff and clients healthy and control spread/infection ● Promote behaviors and strategies that prevent the spread of COVID-19, including COVID-19 vaccination ● Maintain a healthy environment through strategies such as cleaning and disinfecting, properly operating ventilation systems, physical barriers or guides to support social distancing, etc ● Purchase supplies to support mitigation strategies or facilitate social distancing ● Replenish personal protective equipment supplies for populations served, staff, and volunteers ● Support referrals to testing and vaccination sites, clinical services, or other essential services, including social services ● Organize and implement testing and vaccination events ● Provide culturally and linguistically responsive testing and vaccination information and communications to populations served ● Develop and implement strategies for supporting positive social connection among populations served while also maintaining COVID-19 prevention and mitigation measures (e.g., physical distancing, face coverings, etc.) <p>Basic Needs for Isolated/Quarantined Individuals and Families</p> <ul style="list-style-type: none"> ● Food for individuals in isolation or quarantine within shelter setting ● Clothing, diapers, formula, baby food, shoes, over-the-counter medications, hygiene products, and

	<p>mobility, hearing, or vision aids for populations served, if needed while in isolation or quarantine</p> <p>Community Coordination and Communication</p> <ul style="list-style-type: none"> • Coordination with or referral to local social service providers • Coordination with or referral to employment and workforce centers, housing support, educational training, and other related services
Unallowable Costs	Operational expenses unrelated to COVID-19 prevention and mitigation, food (unless directly connected to isolation/quarantine), lobbying activities.
Total to be Awarded	\$690,000.00, with a minimum of 70% disbursed to entities in rural communities (i.e., not Cheyenne or Casper)

Program 3	Employee Access to Paid Time-Off to Support COVID-19 Mitigation
Description	The purpose of this program is to support equitable access to critical COVID-19 personal protective equipment, testing, contact tracing, quarantine and isolation, vaccination, and other wrap-around services needed to mitigate the spread of COVID-19 among populations and workers disproportionately impacted.
Strategy Alignment	Strategy 1
Eligible Entities	<p>Employers in Wyoming's top industries - mining/oil and gas, construction, accommodation and food service, healthcare and social assistance, and education (including public, private, and residential schools, early education, and secondary education institutions) - and employers with active H2A or H2B visa workers.</p> <p>Employers must have a new or existing paid-leave policy. If the employer does not have an existing policy in place, funds can be used for the development of such policy in order to be eligible for paid-leave expenses.</p>
<p>Allowable Activities and Expenses</p> <p>This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.</p>	<p>Policy Development</p> <ul style="list-style-type: none"> • Establish or update agency policies for employee paid-time off • Translation of policy to other languages needed by employees <p>Paid-Leave Costs</p> <ul style="list-style-type: none"> • Employees' paid leave expenses for any of the following COVID-19 prevention or mitigation measures: <ul style="list-style-type: none"> ○ Isolation of the employee or an employee's dependent who otherwise requires care (e.g., minor child, aging parent) ○ Quarantine of the employee or an employee's dependent who otherwise requires care (e.g., minor child, aging parent) ○ Testing of the employee or an employee's dependent ○ Vaccination of the employee or the employee's dependent, to include time for the vaccination appointment and for any resulting side effects experienced upon vaccination <p>Staffing Adjustments</p>

	<ul style="list-style-type: none"> Staffing adjustments that directly result from employee paid-time off for quarantine, isolation, testing, or vaccination, such as overtime for a healthy staff member when covering a shift.
Unallowable Costs	Paid leave for any reason unrelated to COVID-19, lobbying activities.
Total to be Awarded	\$1,840,000.00, with a minimum of 50% disbursed to entities in rural communities (i.e., not Cheyenne or Casper)

Program 4	Hospital and Healthcare Systems Preparedness and Infrastructure
Description	The purpose of this program is to strengthen rural healthcare infrastructure, support future preparedness planning, and provide for testing and COVID-19 mitigation strategies for rural hospitals that are not otherwise covered for said activities under the American Rescue Plan Small Rural Hospital Improvement Grant Program federal funds for small rural hospitals (less than 50 beds).
Strategy Alignment	Strategy 3
Eligible Entities	Wyoming healthcare systems, federally qualified health centers, skilled nursing facilities, long-term care facilities, emergency medical services, critical access hospitals, and rural hospitals with more than 50 beds.
Allowable Activities and Expenses This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.	COVID-19 Testing <ul style="list-style-type: none"> Implement strategies to address patient hesitancy regarding COVID-19 testing Provide access to testing for community populations Provide culturally and linguistically responsive testing information and communications to populations served Establish alternate COVID-19 testing sites Staff training related to testing and data reporting Process viral tests to diagnose COVID-19 infections or antibody tests to diagnose past infections Offset third-party administration of tests and/or laboratory services that support COVID-19 testing Community Mitigation <ul style="list-style-type: none"> Develop and implement policies and practices to keep staff and patients healthy and control spread/infection Ensure healthcare services are accessible to community populations at increased risk of contracting COVID-19 or experiencing severe illness as a result of contracting COVID-19 Promote behaviors and strategies that prevent the spread of COVID-19, including COVID-19 vaccination Maintain a healthy environment through strategies such as cleaning and disinfecting, properly operating ventilation systems, physical barriers or guides to support social distancing, etc Purchase supplies to support mitigation strategies or facilitate social distancing Replenish personal protective equipment supplies Support referrals to alternate testing sites, clinical services, or other essential services, including social services

	<p>Built Environment Improvements</p> <ul style="list-style-type: none"> ● Improve ventilation systems ● Install physical barriers or guides to support social distancing ● Install temporary structures to support testing and mitigation ● Retrofit facilities as necessary to support testing, mitigation, and access for disabled populations, such as ensuring at least one entrance with no stairs and all doors in between the entrance and testing or vaccination site are a minimum of 32 inches wide ● Establish or add isolation and quarantine spaces within the facility <p>Preparedness Planning</p> <ul style="list-style-type: none"> ● Improve, update, or exercise all-hazards preparedness plans ● Improve surge capacity ● Enhance healthcare system readiness <p>Equity Coordination and Advancement in Healthcare Systems</p> <ul style="list-style-type: none"> ● Hire health equity coordinators to further equity in COVID-19 and other clinical and administrative services <ul style="list-style-type: none"> ○ Such coordinators may be responsible for garnering leadership buy-in; increasing staff knowledge and ability to operationalize equity principles; improving data collection and reporting relative to socio-demographics, diversity, equity, and inclusion (DEI) indicators and outcomes; assessing and recommending policy and practices changes to improve DEI; and strengthening community outreach and engagement.
Unallowable Costs	Vaccine purchase and distribution, clinical care, research, food (unless directly connected to isolation/quarantine), and lobbying activities.
Total Funding to Award	\$1,840,000.00, with a minimum of 70% disbursed to entities in rural communities (i.e., not Cheyenne or Casper)

Program 5	Provider Recruitment and Retention in Select High-Need Counties
Description	The purpose of this program is to support provider recruitment efforts in high-need or underserved communities by providing grants to healthcare systems in eligible counties for recruitment and retention costs. This will ideally improve residents' access to care to manage chronic conditions, to seek COVID-19 testing, vaccination, and follow-up care, and to improve access to mental health services to mitigate effects of COVID-19 on mental health.
Strategy Alignment	Strategy 3
Eligible Entities	Healthcare systems, federally qualified health centers, skilled nursing facilities, long-term care facilities, emergency medical services, rural health clinics, rural hospitals, and community mental health centers located in Albany, Laramie, or Sweetwater Counties.

<p>Allowable Activities and Expenses This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.</p>	<p>Recruitment</p> <ul style="list-style-type: none"> ● Recruitment strategies and processes that improve selection of qualified providers from diverse backgrounds that reflect the communities (e.g., racial/ethnic minority providers, immigrant providers, rural providers, providers across all generations) ● Provider recruitment advertising through a range of communication channels to reach a diverse candidate pool ● Expenses incurred for sign-up bonuses, relocation expenses, and malpractice insurance premiums up to \$10,000 per calendar year per recruited provider, not to exceed actual costs ● Expenses incurred for other recruitment activities, such as recruitment firm fees, interview travel costs, vacancy advertising costs, up to \$5,000 per calendar year per recruited provider, not to exceed actual costs <p>Retention</p> <ul style="list-style-type: none"> ● Establish policies and practices to foster an inclusive work environment for staff of all backgrounds ● Enhance or improving onboarding processes and/or mentoring programs for new providers ● Establish or improve provider feedback loops and process improvements for organizational gains; establish or modify provider retention measures ● Establish or improve community connection programs to support providers and their families with relocation and becoming part of the community, accessing recreation, amenities, and arts/culture ● Establish training and development opportunities for providers, especially those that allow providers to meet CME or other CEU requirements ● Establish or providing provider resources and support, especially those that address employee burnout, stress, and wellbeing among providers ● Provider retention bonuses, not to exceed \$15,000 per calendar year to be used at the discretion of the facility management for providers meeting facility-based performance criteria or measures
<p>Unallowable Costs</p>	<p>Vaccine purchase and distribution, clinical care, research, recruitment and retention costs already covered under another funding source, and lobbying activities.</p>
<p>Total to be Awarded</p>	<p>\$920,000.00, with a minimum of 60% disbursed to entities in rural communities (i.e., not Cheyenne)</p>

<p>Program 6</p>	<p>Addressing Basic Needs and Social Determinants of Health</p>
<p>Description</p>	<p>The purpose of this program is to support communities in meeting individuals' and families' basic needs and address social determinants of health needs.</p>
<p>Strategy Alignment</p>	<p>Strategy 4</p>
<p>Eligible Entities</p>	<p>Wyoming child and youth-serving organizations, public and private educational institutions, senior centers, faith-based organizations, community-based organizations, minority-serving organizations, veteran-serving organizations, advocacy organizations, and social service providers.</p>
<p>Allowable Activities and</p>	<p>Basic Needs for Isolated/Quarantined Individuals and Families</p>

<p>Expenses This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.</p>	<ul style="list-style-type: none"> ● Food bank/pantry operations and needs, which may include purchase of food, supplies, vouchers, storage and refrigeration space ● Clothing, diapers, formula, baby food, shoes, over-the-counter medications, hygiene products, and mobility, hearing, or vision aids for populations served ● Delivery of food, meals, or other basic needs items to homebound individuals and families or rural/frontier residents with limited access to community-based services <p>Prevention and Mitigation Supports</p> <ul style="list-style-type: none"> ● Personal protective equipment for populations served (e.g., face coverings, hand sanitizer) ● Develop and implement strategies for supporting positive social connection among populations served while also maintaining COVID-19 prevention and mitigation measures (e.g., physical distancing, face coverings, etc.) <p>Community or Client Assessment</p> <ul style="list-style-type: none"> ● Community or client assessments to better understand needs, resources needed, and gaps in meeting needs or service gaps within the community ● Planning and implementing strategies to address the identified needs <p>Community Coordination and Communication</p> <ul style="list-style-type: none"> ● Coordination with or referral to local social service providers ● Coordination with or referral to employment and workforce centers, housing support, educational training, and other related services ● Coordination with local Community Action Agencies (CAAs) ● Develop partnerships with local providers (e.g., WIC, Meals on Wheels, food banks/pantries, anti-hunger or anti-poverty community initiatives) ● Provide culturally and linguistically responsive information about COVID-19 testing, vaccination, prevention, and social services available in the community ● Promote and market available services and support in the community
<p>Unallowable Costs</p>	<p>Organizational operating and administrative expenses, clinical care, lobbying activities.</p>
<p>Total to be Awarded</p>	<p>\$3,680,000.00, with a minimum of 80% disbursed to entities in rural communities (i.e., not Cheyenne or Casper)</p>

<p>Program 7</p>	<p>Improve Transportation Access</p>
<p>Description</p>	<p>The purpose of this program is to expand accessibility and availability of public transit to help people get to medical appointments, access COVID-19 testing and vaccination, and improve access to other needs, such as groceries and community amenities.</p>
<p>Strategy Alignment</p>	<p>Strategy 4</p>
<p>Eligible Entities</p>	<p>Public transportation agencies operating in Wyoming. This includes entities defined by the Wyoming</p>

	<p>Department of Transportation’s State Management Plan, Sections 5311 and 5339:</p> <ul style="list-style-type: none"> • State agencies approved by WYDOT • Municipalities and Counties and operating under their authority • Joint Powers Boards and Transportation Authorities – created per enabling State legislation • Tribal governments • Private non-profit organizations
<p>Allowable Activities and Expenses This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.</p>	<p>Accessibility of public transportation to support access for healthcare services, COVID-19 testing and vaccination services, COVID-19 follow-up care, and meeting basic needs (e.g., grocery or other stops on the transportation routes)</p> <ul style="list-style-type: none"> • Retrofit vehicles as necessary to improve accessibility (e.g., install wheelchair lifts, designate seating for older or disabled passengers) • Install or replace lighting at route stops for visibility and safety • Install or repair pedestrian signals, crosswalks, curb cuts, and signage near transit stops • Install wayfinding signage leading to route stops • Install or repair street furniture • Install or repair shelters at route stops; shelters should be accessible for disabled individuals, block wind and element, and have environmental controls if possible (e.g., heating elements) • Establish or improve accuracy and communication of route and schedule information available to the public <p>Availability of public transportation to support access for healthcare services, COVID-19 testing and vaccination services, COVID-19 follow-up care, and meeting basic needs (e.g., grocery or other stops on the transportation routes)</p> <ul style="list-style-type: none"> • Expand routes or hours of operations to broaden availability across the community served • Develop innovative partnerships with transportation services to make more transit options available to the public • Expand driver workforce or support overtime compensation for available drivers <p>Affordability of public transportation to support access for healthcare services, COVID-19 testing and vaccination services, COVID-19 follow-up care, and meeting basic needs (e.g., grocery or other stops on the transportation routes)</p> <ul style="list-style-type: none"> • Establish or enhance rider fare voucher programs to support riders accessing healthcare services, COVID-19 testing and vaccination services, COVID-19 follow-up care, and groceries and other basic needs along the transit route
Unallowable Costs	Organizational operating and administrative expenses not directly related to transit, lobbying activities.
Total to be Awarded	\$782,000, with a minimum of 80% disbursed to entities in rural communities (i.e., not Cheyenne or Casper)

Program 8	Infrastructure and Built Environment Improvements for COVID-19 Prevention and Mitigation
Description	The purpose of this program is to support infrastructure and built environment improvements across sectors to

	further COVID-19 prevention and mitigation strategies.
Strategy Alignment	Strategy 4
Eligible Entities	Wyoming businesses, child and youth-serving organizations, public and private educational institutions, senior centers, faith-based organizations, community-based organizations, and correctional facilities (state and local).
Allowable Activities and Expenses This list is not exhaustive. It is intended to provide a range of allowable activities. Any activities not included on this list, but requested through a grant must be directly related to COVID-19.	Built Environment Improvements <ul style="list-style-type: none"> ● Improve ventilation systems ● Install physical barriers or guides to support social distancing ● Retrofit facilities as necessary to support mitigation, and access for disabled populations, such as ensuring at least one entrance with no stairs and all doors in between the entrance and testing or vaccination site are a minimum of 32 inches wide ● Establish or add isolation and quarantine spaces within the facility Facility Mitigation <ul style="list-style-type: none"> ● Develop and implement policies and practices to keep staff and clients/visitors healthy and control spread/infection ● Promote behaviors and strategies that prevent the spread of COVID-19, including COVID-19 vaccination ● Maintain a healthy environment through strategies such as cleaning and disinfecting, properly operating ventilation systems, physical barriers or guides to support social distancing, etc ● Purchase supplies to support mitigation strategies or facilitate social distancing ● Replenish personal protective equipment supplies ● Support referrals to testing and vaccination sites, clinical services, or other essential services, including social services ● Organize and implement testing and vaccination events ● Provide culturally and linguistically responsive testing and vaccination information and communications to populations served
Unallowable Costs	Operational expenses unrelated to COVID-19 prevention and mitigation, lobbying activities.
Total to be Awarded	\$2,760,000.00, with a minimum of 80% disbursed to entities in rural communities (i.e., not Cheyenne or Casper)

Addendum B - Terms and Conditions

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding under this award is approved for a two-year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds. The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at:

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Pre-Award Costs: Pre-award costs dating back to March 15, 2021 – and directly related to the COVID-19 outbreak response are allowable.

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
John McGee, Grants Management Specialist
Centers for Disease Control and Prevention
Global Health Services Branch
2939 Flowers Road
Atlanta, GA 30341
Email: qsj4@cdc.gov (Include “Mandatory Grant Disclosures” in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
FUNDING RESTRICTIONS AND LIMITATIONS
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
Fax: (202)-205-0604 (Include “Mandatory Grant Disclosures” in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Other General Terms and Conditions for Non-Research Grant and Cooperative

Agreements: Can be found at:

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

Application

Download the application template at:

<https://health.wyo.gov/publichealth/office-of-performance-improvement-and-health-equity/multicultural/covid-19-health-disparities-grant/>