



**Strengthening Local Public Health Capacity Program 2022**

**7/01/2021 to 06/30/2022**

**Request for Application (RFA)**

**I. IMPORTANT DATES**

Request for Application Announcement: **Monday, April 5, 2021 - 9:00 AM (EDT)**  
Letter of Intent Due: **Monday, April 12, 2021 - 3:00 PM (EDT)**  
Application Open Date in SAGE: **Monday, April 19, 2021 - 12:00 AM (EDT)**  
Application Close Date in SAGE: **Friday, May 7, 2021 - 3:00 PM (EDT)**  
Anticipated Intent to Fund Notification: **Monday, May 31, 2021**  
Anticipated Start Date: **Thursday, July 1, 2021**  
All Work Completed/Funds Obligated by: **Thursday, June 30, 2022**  
All Fund Expended by: **Saturday, July 30, 2022**

The New Jersey Department of Health (NJDOH) - Office of Local Public Health's (OLPH) Strengthening Local Public Health Capacity Program 2022 is a non-competitive grant funding opportunity being announced on **Monday, April 5, 2021**. The expected start date is **Thursday, July 1, 2021**. This is a 12-month grant for State Fiscal Year 2022. Grant activities must be completed and funding must be obligated by **Thursday, June 30, 2022**. All grant funds must be expended by **Saturday, July 30, 2022**.

Eligible non-LINCS Agency local health departments (LHDs) interested in applying must submit a **Letter of Intent (LOI)**, utilizing the **OLPH Strengthening Local Public Health Capacity Letter of Intent Template**, by **3:00 PM (EDT)** on **Monday, April 12, 2021** to [Public.Health@doh.nj.gov](mailto:Public.Health@doh.nj.gov). *Non-LINCS Agency LHDs may submit questions about the RFA in their LOI.* Questions will not be accepted in any other format or at any other time. Written responses submitted in the LOIs will be emailed to prospective applicants in a Q&A format by 9:00 AM (EDT) on Monday, April 19, 2021.

To submit an application for this funding opportunity, an eligible non-LINCS Agency LHD must be a listed entity in the System for Administering Grants Electronically (SAGE). Visit the following website to apply/manage your SAGE access: [www.sage.nj.gov](http://www.sage.nj.gov). The **Request for Application (RFA)** will open in SAGE at **12:00 AM (EDT)** on **Monday, April 19, 2021**. Applications must be received by **3:00 PM (EDT)** on **Friday, May 7, 2021** via the SAGE IntelliGrants System. Applications received after this date/time will not be accepted.

To streamline the narrative portion of the application process, applicants will utilize the ***OLPH Strengthening Local Public Health Capacity Application Template/Checklist*** on which applicants will provide their grant narrative and budget summary in a short-answer format. Applicants will also need to complete the required forms within SAGE and respective budget pages with sufficient detail. The ***OLPH Strengthening Local Public Health Capacity Application Template/Checklist*** will be emailed to all eligible non-LINCS Agency LHDs on **Monday, April 19, 2021 at 9:00 AM (EDT)**. The completed *Application Template/Checklist* will be uploaded as a PDF into SAGE by applicants.

Applications may be returned for revisions and/or additional information; if the applicant fails to complete this process, or fails to provide revisions and/or additional information by the requested due date, NJDOH reserves the right to deny further review of the application.

Awards are contingent upon the receipt of state funds by NJDOH.

## **II. INTRODUCTION AND EXECUTIVE SUMMARY**

In New Jersey, local health departments are the boots on the ground for public health services. Through the statutory authority granted to municipalities, local boards of health are responsible for providing essential services in areas such as emergency response and disaster resiliency, communicable disease investigation and outbreak response, environmental and sanitation inspections, chronic disease prevention and health promotion. There are currently 104 LHDs in New Jersey, serving diverse populations and ensuring swift and comprehensive public health response to the numerous communicable diseases that threaten the health and safety of the State's nearly nine (9) million residents. These LHDs have varied infrastructures, where some agencies may provide services to an entire county, some to a single city or municipality, and some to a group of municipalities. Since Public Health Priority Funding was discontinued in 2011, most LHDs are funded solely through local taxes only; resulting in a reduced workforce and reduced available services, even though the need for public health services has increased. As such, it is critical that LHDs build communicable disease capacity in contact tracing and containment to ensure rapid response to and recovery from COVID-19 and other emergent pathogens.

To support COVID-19 response initiatives, the New Jersey Department of Health is receiving \$28.5 million for state fiscal year 22 (7/1/21-6/30/22) in federal funding to be awarded to county and local health departments to support COVID-19 response initiatives. During the COVID-19 pandemic, local health departments have been working around the clock to prepare, respond to and contain the spread of COVID-19 in the state, and these funds will provide health departments with more resources to identify, track and address local outbreaks rapidly.

Health departments in each of the 21 counties and the city of Newark, which are responsible for preparedness coordination in their jurisdictions will be allocated \$9,350,000 of the federal funding received by the New Jersey Department of Health from the Centers for Disease Control and Prevention (CDC) for COVID-19 response. These 22 health departments are known as Local Information and Network Communication System (LINCS) agencies. This funding will allow these agencies to hire additional employees to coordinate testing, contact tracing and isolation and quarantine activities in

their communities. These new positions, COVID Data Manager/Epidemiologist, COVID Social Support Coordinator, COVID Coordinator and COVID-19 Generalist will provide data management and epidemiological support to all local health departments and contact tracing teams within each LINCS jurisdiction; help individuals exposed to COVID-19 with needs such as housing, food, mental health and medical services and other social supports; and ensure testing, contact tracing, isolation and quarantine, and social support services are conducted in a timely and complete manner; and help with outreach to vulnerable populations, POD planning/vaccine logistics, testing, contact tracing, and resolving laboratory reporting issues within the jurisdiction.

A total of \$9.26 million of these federal CDC funds (ELC Strategy 5 Use Laboratory Data to Enhance Investigation, Response and Prevention) will be distributed to the 82 non-LINCS Agency local health departments to hire a full-time **Vulnerable Population Outreach Coordinator (VPOC)** to assess, mitigate and respond to the social and health impacts of COVID-19 on vulnerable populations. This includes ensuring at-risk residents in their communities have access to testing and support services such as housing, primary medical care, insurance coverage, and unemployment compensation to allow them to quarantine effectively.

Another \$7.7 million of these federal CDC funds (ELC Strategy 5 Use Laboratory Data to Enhance Investigation, Response and Prevention) will be distributed to the 82 non-LINCS Agency local health departments to hire a full-time **COVID-19 Generalist** to help with outreach to vulnerable populations, POD planning/vaccine logistics, testing, contact tracing, resolving laboratory reporting issues within the jurisdiction, and other COVID-19 related activities.

Additionally, a total of \$2.24 million in Strengthening Local Public Health Capacity funds earmarked through the State's 2022 Budget will also be allocated to assist the 82 non-LINCS Agency local health departments to build communicable disease capacity through the reimbursement of **COVID-19 Eligible Expenses** (see Appendix 2).

### III. GOAL

The Strengthening Local Public Health Capacity non-competitive funding opportunity is being provided to 82 non-LINCS Agency local health departments to boost public health capacity during COVID-19 response in the following areas:

**a) Public Health Capacity Operations (OP)** - To provide funding to strengthen communicable disease outbreak preparedness/response capacity at non-LINCS Agency local health departments (LHDs) by reimbursing COVID-19 Eligible Expenses not covered by any other source (see Appendix 2);

**b) Vulnerable Populations Coordination (VPC)** - To provide funding to assess, mitigate and respond to the social and health impacts of COVID-19 on at-risk populations through targeted outreach to vulnerable populations by enabling non-LINCS LHDs to hire full-time Vulnerable Populations Outreach Coordinators (VPOCs).

**c) COVID-19 Generalist (CVG)** - To provide funding to enable non-LINCS Agency LHDs to each hire a COVID-19 Generalist to assist with outreach to vulnerable populations, POD planning, logistics, testing,

contact tracing, and resolving laboratory reporting issues within the jurisdiction, and other COVID-19 related activities.

**Note:** The Public Health Capacity Operations (OP); Vulnerable Populations Coordination (VPC); and COVID-19 Generalist (CVG) grant activities are required for this grant. *Applications that do not include all three (3) grant activities will be automatically disqualified.*

#### IV. ELIGIBILITY

This is a non-competitive grant for State Fiscal Year 2022. There is a maximum of 82 awards available. *If less than 82 applications are received, or if a non-LINCS Agency LHD does not submit an application following the eligibility criteria and directions in this RFA, less than 82 awards will be issued.*

Eligible applicants include the 82 non-LINCS Agency LHDs listed in the *March 1, 2021 Directory of Local Health Departments in New Jersey* on the New Jersey Department of Health OLPH web page at <https://www.nj.gov/health/lh/documents/LocalHealthDirectory.pdf>.

Eligible LHDs must demonstrate compliance with N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1.

**Eligible non-LINCS Agency LHDs** that would like to submit an application for this non-competitive funding opportunity **must send a Letter of Intent (LOI)** to OLPH at [Public.Health@doh.nj.gov](mailto:Public.Health@doh.nj.gov) by **3:00 PM (EDT) on Monday, April 12, 2021**.

**Note:** If a LOI is not received, a non-LINCS Agency LHD will not be permitted to apply for this funding opportunity.

#### V. FUNDING

The breakdown of total available grant funds to be awarded by OLPH by funding source is as follows (*updated on 4-15-2021*).

- **\$2,244,000** in Strengthening Local Public Health Capacity Program 2022 **Public Health Capacity (PHC) Operations (OP)** State funds;
- **\$9,264,750** in CDC ELC (Strategy 5 Use Laboratory Data to Enhance Investigation, Response and Prevention)- **Vulnerable Populations Coordination (VPC)** funds; and
- **\$7,700,022** in CDC ELC (Strategy 5 Use Laboratory Data to Enhance Investigation, Response and Prevention)- **COVID-19 Generalist (CVG)** funds.

*The maximum amount reserved for awards is \$19,208,772.*

**Note:** CDC ELC VPC Funds are anticipated to cover two (2) years of funding. This RFA covers Year 2 of CDC ELC VPC funding. Applicants will need to re-apply next year to receive Year 3 of ELC VPC funding. This RFA covers one (1) year only of ELC CVG (COVID-19 Generalist) funding.

The following funding breakdown has been updated (as of 4-15-2021) with the available funding for the 66 eligible non-LINCS Agency LHDs that submitted LOIs by April 12, 2021 to OLPH.

<b>FUNDING OVERVIEW – FUNDING BREAKDOWN</b>
<ul style="list-style-type: none"> <li>• <b>\$34,000</b> in <b>Public Health Capacity (PHC) Operations (OP)</b> State funds to strengthen non-LINCS Agency LHD local public health capacity by reimbursing eligible COVID-19 expenses (not covered through any other source).</li> <li>• <b>\$140,375</b> in <b>Vulnerable Populations Coordination (VPC)</b> funds for each funded non-LINCS Agency LHD to hire a full-time Vulnerable Populations Outreach Coordinator (VPOC) to assess, mitigate and respond to the social and health impacts of COVID-19 on at-risk vulnerable populations through targeted outreach.</li> <li>• <b>\$116,667</b> (<i>updated 5-6-2021</i>) in <b>COVID-19 Generalist (CVG)</b> funds for each funded non-LINCS Agency LHD to hire a COVID-19 Generalist to assist with outreach to vulnerable populations, POD planning, logistics, testing, contact tracing, and resolving laboratory reporting issues within the jurisdiction, and other COVID-19 related activities.</li> </ul>
Maximum of <b>66</b> awards at <b>\$291,042</b> each ( <i>updated 4-15-2021 as there were 66 LOIs received</i> )
Applicant is a non-LINCS Agency LHD in New Jersey that demonstrates compliance with N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1 (a).
Letter of intent is required.

**Note:** For the **VPC** and **GVC** funds, a maximum of **20%** can be applied towards **Schedule B - Other Direct Costs**.

- Maximum amount **VPC** funds that can be applied towards **Other Direct Costs** is **\$28,075**.
- Maximum **CVG** funds that can be applied towards **Other Direct Costs** is **\$23,333**.

## VI. LETTER OF INTENT AND RFA Q&A

Non-LINCS Agency LHDs interested in applying must submit a Letter of Intent (LOI) by utilizing the ***OLPH Strengthening Local Public Health Capacity Letter of Intent Template*** by **3:00 PM (EDT) on Monday, April 12, 2021**. The LOI must include all of the requested fields on Letter of Intent Template including but not limited to: 1) the name of the applicant non-LINCS Agency LHD; 2) the Federal Employer Identification Number (FEIN) of the non-LINCS Agency LHD; 3) the name of the full-time licensed health officer; 4) an email address for grant application-related communication; and 5) if a non-LINCS Agency LHD will be providing COVID-19 related services outside of its jurisdiction, the LOI must also specify the name(s) and jurisdiction(s) that will be covered outside of its jurisdiction. **Although submitting a LOI does not obligate a non-LINCS Agency LHD to complete an application for this funding opportunity, an application will only be accepted if a LOI is submitted.**

Non-LINCS Agency LHDs may submit questions about the RFA within the ***OLPH Strengthening Local Public Health Capacity Letter of Intent Template***. Questions will not be accepted in any other format,

such as via email or by phone, or at any other time. All LHDs that submitted a LOI will receive written responses to these questions in a Q&A format by **9:00 AM (EDT) on Monday, April 19, 2021.**

## VII. HOW TO ACCESS AN APPLICATION / IMPORTANT APPLICATION INSTRUCTIONS

NJDOH requires all grant applications to be submitted electronically through SAGE at [www.sage.nj.gov](http://www.sage.nj.gov). If your agency does not have an existing account in SAGE, an account will need to be created to apply for this grant.

If you are a first time NJDOH applicant whose organization has never registered in the NJDOH SAGE system, you must contact the SAGE System Administrator, Cynthia Satchell-Gore at [Cynthia.Satchell-Gore@doh.nj.gov](mailto:Cynthia.Satchell-Gore@doh.nj.gov) or at 609-376-8508. A new agency form must be completed and submitted to NJDOH. The submitted documents will be reviewed to ensure that applicants have satisfied all applicable requirements. When approved, the organization's status will be activated in SAGE. The SAGE System Administrator will inform the organization's Authorized Official via email or by phone of their authorized access to the grant application in SAGE. Organizations will not have access to any application in SAGE until all documents are received and all procedures are satisfied.

**Paper submission of the application or any attachments will not be accepted.** SAGE will automatically reject applications after the closing date and time listed in the RFA.

***Note: No extensions will be granted for application submissions or required grant documents.***

### **IMPORTANT SAGE GRANT PROPOSAL INSTRUCTIONS:**

- Log into SAGE ([www.sage.nj.gov](http://www.sage.nj.gov)) and search for the "**Strengthening Local Public Health Capacity Program 2022**" application and complete as directed.
- To simplify the Application process, the ***OLPH Strengthening Local Public Health Capacity Letter of Intent Template Grant Proposal PDF*** is to be uploaded to the Attachments Section of SAGE.
- Please type the following into the corresponding **SAGE** sections ***exactly*** as shown below:  
***Note: Applications that are not completed exactly as shown below will be sent back to the Applicant.***

1. Assessment of Need(s): 

<b><i>See Attached Grant Proposal PDF</i></b>
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- 2. Objective(s) of Project:** Please complete the **Objective(s)** section exactly as shown below. Applications that are not completed exactly as shown below will be sent back to the Applicant.

**Objective(s) of Project**  
List objectives that are specific, measurable, realistic, and attainable to meet the goals of this project.  
(To generate additional lines, click SAVE above.)

Activity	No.	Objective	Estimated Completion Date
22PHC OP	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2022 Schedule of Work	06/30/2022
22PHC VPC	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2022 Schedule of Work	06/30/2022
22PHC CVG	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2022 Schedule of Work	06/30/2022

**3. Method(s):** See Attached Grant Proposal PDF

**4. Evaluation:** See Attached Grant Proposal PDF

**VIII. REQUIRED INFORMATION**

Eligible applicants will complete the **OLPH Strengthening Local Public Health Capacity Application Template/Checklist** and upload it into SAGE when complete. The grant application is comprised of three (3) main sections: 1) **Organizational Readiness**; 2) **Grant Proposal**; and **Project Budget Summary**.

The **Grant Application** is divided into three sections:

- **Section 1 - Organizational Readiness**
- **Section 2 - Grant Proposal**
  - **Assessment of Need**
  - **Description of Goals, Objectives, and Methods**
  - **Evaluation**
  - **Plan for Sustainability**
- **Section 3 - Project Budget Summary**

Applicants must provide information for all three (3) sections of the grant application and corresponding sub-sections and should address all questions/bullets listed in each section and sub-section.

Successful awardees will demonstrate organizational capacity and readiness for this grant program; describe the impact of COVID-19 within the non-LINCS Agency LHD's jurisdiction, including the impact on at-risk vulnerable populations; identify the methods/activities to successfully complete the grant goals and objectives established by OLPH for the Public Health Capacity Operations (OP); Vulnerable Populations Coordination (VPC); and COVID-19 Generalist portions of this grant; describe how the process/outcome of the grant program will be evaluated; describe plans for sustainability of this program beyond this funding cycle; and prepare a project budget that outlines possible COVID-19 eligible expenses (not covered by any other source) for reimbursement and Vulnerable Populations Outreach Coordinator salary/expenses to lead outreach efforts to at-risk vulnerable populations in their jurisdiction.

**The Grant Application must be submitted utilizing the *OLPH Strengthening Local Public Health Capacity Application Template/Checklist with Section 1 and Section 2 combined* not exceeding fifteen (15) typed pages with 1/2-inch margins.**

The **Section 3 Project Budget Summary** is a table divided into two sections: 1) Schedule A; and 2) Schedule B. There are no size restrictions to the Project Budget Summary.

The applicant non-LINCS Agency LHD must also complete both Schedule A (salary-related costs) and Schedule B (all other costs) in SAGE.

## **IX. FUNDING RESTRICTIONS/EXCLUSIONS**

### **Funding Restrictions:**

- NJDOH must review and approve all consultant service agreements before contracts are executed. All consultants used for the sole purpose of auditing compliance with the grant/or expenditures funded by the grant are exempt from this restriction.
- Awardees may not make purchases until NJDOH approval is granted.
- Awardees must receive NJDOH approval prior to submitting COVID-19 eligible expenses for reimbursement. COVID-19 eligible expenses must not be covered by any other funding source.
- Reimbursement of pre-award staff salaries is not permitted.

### **Funding Exclusions:**

- Awardees may not use funds to fund clinical care.
- Awardees may not use funds to purchase clothing.
- Awardees may not use funds for construction or major renovations.
- Awardees cannot use funds to purchase or lease vehicles.



**Recipient use / financial participation:**

Applicants must demonstrate sufficient organizational and policy commitment to support personnel, services, activities and allowable purchases/expenses through this grant.

**Indirect Cost Rates:**

Applicant may apply for indirect costs. If indirect costs are requested, a current indirect cost Health & Human Services (HHS) agreement must be uploaded in SAGE under the Cost Summary page. **Indirect costs are capped at 10%.**

If a current indirect cost agreement does not exist, applicants may request a flat de minimis rate of 10% of Modified Total Direct Costs (MTDC). MTDC comprises all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(2 C.F.R. §200.68)

If certain costs are excluded from the indirect cost agreement (i.e. facility, equipment, etc.), applicant may request those as direct costs, provided that these costs can be directly associated to the grant award and its related activities.

**X. OTHER INFORMATION**

**PROPOSAL REVIEW PROCEDURES**

- Proposals will be reviewed for completeness and compliance with RFA requirements. Incomplete proposals and/or proposals that deviate from the required format will not be reviewed. Applications that satisfactorily pass the compliance review will moved forward into grant processing.
- OLPH reserves the right to render final decisions on the awarding of grants under this RFA, including the determination of noncompliant or incomplete proposals.

**GRANT REPORTING**

- Awardees will be required to submit quarterly progress and expenditure reports in SAGE.
- Progress reports must address all items and metrics as listed in the applicant's grant application.

**TECHNICAL ASSISTANCE**

- To obtain general and technical assistance during the grant period, contact your Program Management Officer (PMO) and/or Grant Management Officer (GMO):

<b>PMO</b>	<b>GMO</b>	<b>GMO</b>
<p><b>Paula Van Clef</b> New Jersey Department of Health Office of Local Public Health PO Box 360 Trenton, NJ 08625-0360 609-376-8699 <a href="mailto:Paula.VanClef@doh.nj.gov">Paula.VanClef@doh.nj.gov</a></p>	<p><b>Devon Henry</b> New Jersey Department of Health Office of Local Public Health PO Box 360 Trenton, NJ 08625-0360 609-376-8747 <a href="mailto:Devon.Henry@doh.nj.gov">Devon.Henry@doh.nj.gov</a></p>	<p><b>Sarah Wright</b> New Jersey Department of Health Office of Local Public Health PO Box 360 Trenton, NJ 08625-0360 609-376-8725 <a href="mailto:Sarah.Wright@doh.nj.gov">Sarah.Wright@doh.nj.gov</a></p>

## GRANT REPORTS

### Expenditure Report Schedule

Grant Expenditure Reporting Periods	Report Number	Due Date
July 1, 2021 - September 30, 2021	1	October 15, 2021
October 1, 2021 - December 30, 2021	2	January 14, 2022
January 1, 2022 - March 31, 2022	3	April 14, 2022
April 1, 2022 - June 30, 2022	*4/Final	July 15, 2022/ July 30, 2022

\*The 4<sup>th</sup> Expenditure Report must be submitted on or before July 15, 2022. ***IF*** the 4<sup>th</sup> quarter report will also serve as the final report, ***be sure to check the “Final Report” box in SAGE.*** If additional time is needed to complete grant paperwork, in addition to the 4<sup>th</sup> quarter report, a **final** report must be submitted on or before July 30, 2022.

**Note: Final Expenditure Reports MUST be submitted no later than JULY 30, 2022. If a Final Expenditure Report is not received by JULY 30, 2022, the grant may be closed out based on the last Expenditure Report submitted.**

### Progress Report Schedule

Progress Report Reporting Periods	Report Number	Due Date
July 1, 2021 - September 30, 2021	1	October 15, 2021
October 1, 2021 - December 30, 2021	2	January 14, 2022
January 1, 2022 - March 31, 2022	3	April 14, 2022
April 1, 2022 - June 30, 2022	4/Final	July 15, 2022/ July 30, 2022

**Important:** Timely submissions are used as a performance measure/indicator that may have an impact on future grant awards if reporting requirement due dates are not met. **Failure to submit timely reports will delay payments to grantee.** In addition, late reporting may result in an overall 5% reduction of the grant. If necessary, reporting extensions must be submitted with a justification, via email, to the NJDOH PMO/GMO. NJDOH PMO/GMO must approve the request in order for the extension to be valid.

### Grant Amendment & Budget Revision Requests

Last date to initiate a Grant Amendment in SAGE is **Friday, May 15, 2022.**

Last date to initiate a Budget Revision in SAGE is **Friday, May 15, 2022.**

Upon approval by NJDOH of a Grant Amendment or Budget Revision Request (Step 1), a revised grant budget (Step 2) must be completed & submitted within **ten (10) business days.**

**Note: Applicant is permitted a maximum of two (2) Budget Revision Requests during the budget period.**

## APPENDIX 1 – \*DRAFT - Grant Deliverables

Item #	Suggested Person Responsible	Deliverable	Due Date
1	Local Health Officer	<p>COVID-19 Eligible Purchases:</p> <p>a) Grantee shall obtain pre-approval for all COVID-19 Eligible Expenses from the Program Management Officer (PMO) and Grants Management Officer (GMO) prior to entering into any contracts or making any purchases.</p> <p><b>Note:</b> COVID-19 eligible expenses that do not receive pre-approval will <u>not</u> be reimbursed.</p> <p>b) Grantee shall accompany all expenditure reports with receipts/invoices for all pre-approved COVID-19 Eligible Expenses uploaded into SAGE on a quarterly basis.</p>	Quarterly
2	Local Health Officer	The Grantee shall hire or designate a full-time Vulnerable Population Outreach Coordinator (VPOC).	Within 30 days of NOGA
3	Local Health Officer	The Grantee shall hire or designate a full-time COVID-19 Generalist.	Within 30 days of NOGA
4	Vulnerable Population Outreach Coordinator  COVID-19 Generalist	<p>Vulnerable Population Assessment:</p> <p>a) The Grantee shall engage its community partners in conducting/updating a vulnerable populations assessment to identify and describe at-risk populations in the grantee's community;</p> <p>b) Present results of the vulnerable populations assessment/or assessment update, including metrics regarding vulnerable populations in Grantee's community, to the LHD Health Officer and governing body; and</p> <p>c) Oversee development/update of a plan for COVID-19 targeted outreach, prevention, partnerships with community stakeholders, testing, contact tracing, containment, quarantine, and support services.</p> <p><b>Note:</b> Vulnerable Population Assessments must include the four (4) required elements described in the OLPH COVID-19 Vulnerable Population Assessment Tool.</p>	First Quarter
5	Vulnerable Population Outreach Coordinator	The Grantee shall report to NJDOH (through the Quarterly Progress Report) and to the County LINCS Health Officer findings of the vulnerable populations assessment and plan for testing, contact tracing, and linkage to social supports and primary care within these vulnerable populations.	First Quarter
6	Vulnerable Population Outreach Coordinator	The Grantee shall identify/update/maintain an inventory of local solutions to address identified social support and primary care needs for COVID-19 positive and COVID-19 exposed individuals in local jurisdiction and share the inventory with County LINCS Social Support Coordinator and report changes to the inventory.	Quarterly

7	Vulnerable Population Outreach Coordinator	The Grantee shall build/update/maintain a vulnerable populations email distribution list that enables the LHD to disseminate information rapidly to community partners that support vulnerable populations.	Weekly
8	Vulnerable Population Outreach Coordinator	The Grantee shall ensure appropriate linkages to social supports and primary care are made for COVID-19 exposed and COVID-19 positive individuals.	Weekly
9	Vulnerable Population Outreach Coordinator	The Grantee shall distribute COVID-19 prevention, testing, contact tracing, and social support messaging to populations identified as vulnerable within local jurisdiction and community partners who support these populations. Grantee shall maintain evidence of messaging and make available to NJDOH upon request.	Weekly
10	Vulnerable Population Outreach Coordinator	The Grantee shall convene and/or participate in monthly meetings with local stakeholders (including but not limited to FQHCs, non-governmental organizations, faith-based organizations, community advocates) who support identified vulnerable populations in LHD jurisdiction or as part of county-based strategy. The Grantee will maintain meeting records: agendas/attendee records in their files and will make available to NJDOH upon request.	Monthly
11	Vulnerable Population Outreach Coordinator COVID-19 Generalist	The Grantee shall participate in monthly NJDOH Strengthening Grantee webinars to receive training on assisting communities/at-risk populations during COVID-19, share progress and best practices and find pathways to align initiatives.	Monthly
12	Vulnerable Population Outreach Coordinator	The Grantee shall provide to County LINCS agency and NJDOH <i>upon request</i> (sometimes weekly depending on the needs during COVID-19) data regarding testing, contact tracing, isolation and quarantine, and number of referrals for identified social support and primary care needs within vulnerable populations.	Weekly
13	Vulnerable Population Outreach Coordinator	The Vulnerable Population Outreach Coordinator shall provide COVID-19 outreach assistance to vulnerable populations including health and social support information, prevention information, testing information, and contact tracing information at sites in the community, including but not limited to, testing centers, vaccination clinics/sites, community centers, faith-based organizations, and other community locations.	Weekly

14	COVID-19 Generalist	The COVID-19 Generalist shall meet monthly (or more frequently) with the Health Officer/LHD Staff to identify work assignments in which the LHDs needs assistance during COVID-19. Work assignments may include, but are not limited to, outreach to vulnerable populations, POD planning, logistics, testing, contact tracing, and resolving laboratory reporting issues within the jurisdiction, and other COVID-19 related activities.	Monthly
15	COVID-19 Generalist	The COVID-19 Generalist shall assist with COVID-19 work assignments including, but not limited to, outreach to vulnerable populations, POD planning, logistics, testing, contact tracing, and resolving laboratory reporting issues within the jurisdiction, and other COVID-19 related activities at the LHD and at sites in the community (including but not limited to, testing centers, vaccination clinics/sites, community centers, houses of worship, and other community locations).	Weekly
16	COVID-19 Generalist	The COVID-19 Generalist shall prepare a monthly accomplishments reports based on COVID-19 work assignments including, but not limited to, outreach to vulnerable populations, POD planning, logistics, testing, contact tracing, and resolving laboratory reporting issues within the jurisdiction, and other COVID-19 related activities. The Grantee will maintain monthly accomplishments reports in their files. Grantee will provide summary of COVID-19 Generalist work assignment accomplishments in the quarterly grant reports.	Weekly

**\*These are *DRAFT* Grant Deliverables and may be modified by OLPH.  
Final deliverables to be included in Attachment C.**

## APPENDIX 2 – COVID-19 Eligible Expenses

**Note: This Appendix applies to the Operations (OP) Expense Category only**

- Wages
  - Staff overtime (not covered by any other grant/source) for case investigation, contact tracing, biosurveillance, vaccination, data management and emergency management coordination
  - Hours worked by part-time staff above pre-COVID-19 levels
  - Hours worked by part-time or full-time staff hired specifically for COVID-19
  - Expanded salary of existing LHD staff during COVID-19 (i.e. existing LHD staff went from part-time to full-time during COVID-19). The extra hours worked including overtime during COVID-19 beyond the staff's pre-COVID part-time hours is allowable.
  - Hiring a REHS, CHES or other LHD staff, to do community outreach for COVID-19
- Comp Time
  - Reimbursement of COVID-19 Comp Time is allowed. In other words, you may pay the employee at their regular rate instead of providing comp time and then submit for reimbursement through the grant.
- Fringe Benefits
  - Fringe benefits are reimbursable; however, you must provide Proof of Fringe Rate for the jurisdiction. It needs to be an official document indicating the fringe rate, which you can get from your town/county/business administration office.
- Testing Site Support
  - COVID-19 viral and antibody testing site support services such as facility maintenance, electronic signage maintenance, and testing site tents
  - Food/Water
    - Food/water for LHD staff working at testing sites or doing community outreach activities
    - Water for residents waiting in line to be tested or something similar
  - Homelessness testing site support
- Equipment/Supplies
  - Mobile infrared thermal imaging machine to assure the health and safety of the jurisdiction's workforce and the general public within the community
  - PPE, thermometers and hand sanitizer
- COVID-19 printed materials and printed signage
- COVID-19 Data Management
  - Establishment of an electronic medical records system
  - Laptops/Tablets for contact tracers, local health department data management
  - PCs for LHD offices
  - Printers, printer toner
  - Secure/encrypted messaging capability (i.e. Zix messages, etc.)
  - IT setup/configuration of network/ software/ hardware
  - Rolling laptop cases
  - MiFi wireless internet devices
  - Mobile phones

## APPENDIX 2 – COVID-19 Eligible Expenses (continued)

**Note: This Appendix applies to the Operations (OP) Expense Category only**

- Engineered Methods for COVID-19 Infection Prevention
  - Installation of furniture in public spaces that is easily cleanable (i.e. plastic and not fabric)
  - Installation of plexiglass shields in customer service areas to prevent COVID-19 spread
  - Improving ventilation in areas where the LHD and public are interfacing
- Signage Equipment
  - LED Sign to disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations
- Vaccination Support
  - Medical Director services (to be provided by the LHD) to sign the CDC Vaccination Agreement
  - Laptops with Internet Capability to track administration of vaccine through NJIIS and the CDC Vaccine Administration Management System (VAMS)
  - PPE and Face Shields -Vaccination Kits will include needles and minimal PPE including face masks and shields for 100 people
  - Sharps containers, gloves, bandages, etc. CDC Will NOT be providing these items
  - Epinephrine - will NOT be provided by CDC
  - Vaccination Site Signage
  - Vaccine Refrigerators/Vaccine Cooling for vaccine-specific cold chain management
  - Items to support mass vaccination
- Other COVID-19 Expenses
  - May be submitted for consideration