

Extension Collaboration on Immunization Teaching and Engagement (EXCITE)

ACTIVITY 1 APPLICATION GUIDE

Covid-19 Focus: Vaccinate with Confidence

Cooperative Extension is entering a new partnership with the Centers for Disease Control (CDC) and Prevention initiated by the ECOP Health Innovation Task Force. The long term goal of this partnership is to strengthen Immunization Education with a special focus on adult vaccination hesitancy around both COVID and other adult immunizations. The immediate goal of this first funded project is to promote the uptake of COVID-19 vaccinations through community engagement with very targeted populations. We will also be looking to other CDC-funded organizations as potential collaborators.

EXCITE Activity 1 is available to all Land Grant Universities (LGUs) (1862, 1890, 1994) by completing a simple online application by April 30. Each 1862 is eligible to receive \$24,178 and each 1890 and 1994 is eligible to receive \$26,794. Institutional Indirect Costs (IDC) is allowed at your institution's negotiated rate. No match is required. Submit only one application per institution. Institutions must apply and be part of EXCITE Activity 1 in order to be considered for the competitive EXCITE Activity 2 pilot funding of up to \$200K.

WHERE TO APPLY

This guide is meant to provide guidance for the opportunity and the resources available to frame your proposal. Although the individual questions are listed in this guide, the proposal will be submitted using a fillable form online application linked from our [EXCITE Home Page](#) when available. Applications can be built over time. Applications can be started in-part and completed at a later date. The RFA for Activity 1 is [available here](#).

WHAT YOU NEED TO KNOW BEFORE YOU APPLY

1. Latest EXCITE information: <https://extension.org/immunization> including application when available.
2. Join Connect Extension's subgroup on Health & Well-Being: <https://connect.extension.org/> and locate the **EXCITE Portal** (<http://extension.org/excite-portal>) under the Immunization Education Project navigation. This portal allows you to access the *National Immunization Education Landscape reporting form* and the *EXCITE Asset Repository* sharing this work. A full video walkthrough is [available here](#).
3. It is desired that you have partnerships with health care professionals to enable your project to be directly connected to immunization access and overall vaccination rates for your priority population. If you don't have a partnership with health care professionals, you will be asked to explain why not. Partnering with pharmacy groups, and/or other community health/vaccine providers, including the National Association of Community Health Centers (NACHC) and those participating in the Racial and Ethnic Approaches to Community Health (REACH) program are encouraged. Examples of potential stakeholders/partners are provided in the application questions below.

4. This funding is available to all land-grant institutions who successfully complete their application and agree to the expectations for the one year program referred to as EXCITE Activity 1. **Institutions must apply and be part of EXCITE Activity 1 in order to be considered for the competitive EXCITE Activity 2 pilot funding of up to \$200K.**
 - Agreement to update activities and reach monthly using an online form in the EXCITE Portal to the National Immunization Education Landscape. The form includes contributing resources and openly sharing in the EXCITE Asset Repository examples of vaccination education outreach.
 - Agreement to participate in EXCITE evaluation activities about the overall EXCITE initiative and periodic sharing sessions with peers and partners.
 - Agreement to provide a final report using a provided online template.
5. A letter of support from your Extension Director/Administrator will be required.
6. Contact information for a person in your grants and contracts office will be required.
 - a. Once you begin your application please add this person as a Collaborator on the application. Under “Add Collaborator”, add the email for the contact person in the Office of Sponsored Programs at your institution. Additionally, please add any person that should have access to the application. Applicants and collaborators will be able to enter information in the application simultaneously, thus saving time and minimizing delays.
 - b. The collaborator will also be able to download the agreement in order to expedite approval review and distribution of funds process.
7. Be sure to follow Institutional Review Board (IRB) protocols as applicable at your institution.

STEPS TO PREPARE FOR APPLICATION

1. **Connect with your [State Health Department](#).**
2. **Explore existing data to identify your priority population.**
 Applicants will need to have data to support their selection of the target population/target audience. We recommend that steps 1, 2 and 3 of the [CDC Vaccines & Immunizations Rapid Community Assessment Guide](#) (RCA) will be helpful in completing your Activity 1 application questions.

Use existing data and/or tools and resources provided by the CDC to determine the local communities that are most vulnerable, and the priority populations/target audiences in those communities for vaccination education. Please choose from the resources listed in the next table to conduct your exploration of what is possible and to complete this application. A [CDC Bootcamp & Vaccinate with Confidence Professional Development Event 3/10/2021](#) has been recorded to support the use of these tools. Highlighted resources in the table below are referenced in the application. You do not need to complete the [CDC Vaccines & Immunizations Rapid Community Assessment Guide](#) (RCA) completely for Activity 1. We do recommend that steps 1, 2 and 3 of the RCA will be helpful in completing your Activity 1 application questions.

Precision Programing Tools for EXCITE	
<ul style="list-style-type: none"> • CDC Covid Data Tracker • CDC Covid-19 Toolkit • CDC Covid-19 Vaccination & Immunizations • CDC Covid-19 Vaccination Locations on VaccineFinder • CDC Social Vulnerability Index (SVI) • CDC Vaccines & Immunizations Rapid Community Assessment Guide 	<ul style="list-style-type: none"> • CDC Vaccination Priority Audiences • COVID-19 Pandemic Vulnerability Index (PVI) • Examples of Evidence-Based Solutions to Increase Vaccine Confidence and Uptake • Indian Health Services • Kaiser Family Foundation • Resources shared during the 3/10/21 webinar • State Health Departments

3. Conduct an environmental scan to determine how your priority population is already being addressed.

THE APPLICATION QUESTIONS

- Principal Investigator (PI), Institutional and Sponsored Programs information and credentials for applying.
 - Institution applying (select 1862, 1890 or 1994 then choose institution)
 - Applicant
 - PI Name and contact information
 - Applicant Extension Region (select 1890, Northeast, Southern, 1994, North Central, Western)
 - Office of Sponsored Programs
 - Contact Name and contact information
 - Audit Information (Provided by Office of Sponsored Programs)
 - Date of last A133 Audit
 - Upload of last A133 Audit (or link)
 - Signed Agreement : Upload of signed subaward agreement (signature to expedite overall approval and distribution of funds process)
 - Letter of Support: Upload signed letter of support from Institution’s Extension Director/Administrator
- Project Title beginning with the state’s initials, institutions initials then project name
- Who is your priority population for your project (maximum of 1-year)? Your project is not limited to the examples provided in the next table. Refer to **Step One & Three** of the [CDC Vaccines & Immunizations Rapid Community Assessment Guide](#) (fill in blank 20 words)

Examples of potential priority populations from CDC and the Kaiser Family Foundation	
<ul style="list-style-type: none"> • 18-29 • 30-49 • 50-64 • 65 and older • Minority (all persons except white, non-hispanic) • Women • Long term care facilities 	<ul style="list-style-type: none"> • High-risk medical conditions • Persons experiencing homelessness • Person with substance abuse disorder • Low income households/Below poverty • Multi-Unit Structures (10 or more units) • Health Care Providers • Agricultural Workers • Others...

- Provide the summary results of your initial assessment using existing data that describes the data-driven rationale for selecting your priority population, such as their vaccine concerns, frustrations,

access issues, etc. (fill in the blank 250 words). We recommend that you connect with your state immunization program to identify your priority population(s). After you are funded, you are encouraged to conduct some assessment for the purposes of designing your implementation strategy using the [CDC Vaccines & Immunizations Rapid Community Assessment Guide](#) unless you already have other sources of this data.

- List the following information about your priority population: (1) the county, or counties, where your work will focus, (2) the anticipated number of people in your priority population you will reach in each county, (3) the [COVID-19 Pandemic Vulnerability Index \(PVI\)](#) for each county, (4) the vaccination rate for each county (5) optionally, other data sources that describe your location(s) selected. (a table will be provided to insert at up to 5 counties and the associated data points, if more than 5 counties are identified please create a similar table for upload)

Sample Table Format				
County	Anticipated Reach for Priority Population	PVI for each County	Current Vaccination Rate for the County	Other Data/Justification

- Describe other initiatives that you’re aware of targeting this population and how your proposed intervention is different from, or augments, existing efforts. We suggest connecting with your [State Health Departments](#), [Indian Health Services](#) and/or doing an environmental scan. (fill in the blank 250 words)
- List Primary Stakeholders/Partners (up to 5) identified for collaboration with this project. List: (1) name, (2) role in your project, (3) existing or new relationship Y/N. Partnerships with health care professionals are strongly encouraged to enable your project to be directly connected to immunization access and overall vaccination rates for your priority population. Your project is not limited to the examples provided in the table below. Refer to [Step Two](#) of the [CDC Vaccines & Immunizations Rapid Community Assessment Guide](#) (a table will be provided to insert at up to 5 stakeholders/partners and the associated data points)

Examples of potential stakeholders/partners	
<ul style="list-style-type: none"> • Chambers of Commerce • Civic or service organizations • Community-based organizations (CBOs) • Community health/vaccine providers • Colleges and universities • Environmental organizations • Federal agencies • Health clinics • Hospitals • Libraries • Local Business / for-profit (agricultural cooperatives, energy cooperatives, company or employer) • Local emergency management services • Mayor's office 	<ul style="list-style-type: none"> • Membership Organizations / non-profit (Farm Bureau, FFA, 4-H, Rotary, Elks, VFW, Specialist Organizations) • National Association of Community Health Centers (NACHC) • News media (local newspapers, magazines, radio stations, TV news stations, etc.) • Parent Teacher Associations (PTAs) • Pharmacy groups • Public health departments • Racial and Ethnic Approaches to Community Health (REACH) program • Religious organizations (churches, mosques, synagogues, etc.) • University public health program • Others...

Sample Table Format		
Stakeholder/Partner Name	Stakeholder/Partner Role	Is this a new or existing stakeholder/partner?

- If you don't have a partnership with health care professionals, please explain why not. (fill in the blank 100 words)
- List the primary team members including: (1) name, (2) title (3) affiliations, and (4) team role. Partners/Stakeholders on your team can be listed in the next question. (a table will be provided to insert at up to 10 team members and the associated data points, if more than 10 team members are identified please create a similar table for upload)

Sample Table Format			
Team Member's Name	Title	Affiliation	Team Role

- Budget: The budget should address each of the major cost categories (salaries, fringe benefits, equipment, travel, supplies, other direct costs and indirect costs) as applicable. These funds can not be used to purchase vaccines. No match is required. See the federal guidance [CFR 200 Cost Principles](#) for more guidance. While the Extension Foundation has few limitations on the budget items, you will have to operate within your approved expenditures within your institution's grants and contracts offices. Items such as gift cards, food, medical equipment, etc. may or may not be allowable or come with restrictions as an expenditure within your grants and contracts office. The online form will be fillable.

Budget items as seen in the application	
Personnel Costs	
- Salary	\$
- Fringe Benefits	\$
Total Personnel Costs	\$
Direct Costs	
- Equipment	\$
- Supplies	\$
- Travel	\$
- Other Direct Costs	\$
Total Direct Costs	\$
Total Indirect Costs (Indirect costs should be based on your pre-negotiated federal rate. Your institution has the option to reduce or waive the indirect cost rate)	
	\$
Grand Total	\$

- Budget Narrative for each cost line in the budget. The budget justification is a categorical description of the proposed costs. Generally, it explains staffing and supply/service consumption patterns, the methods used to estimate/calculate (including escalation or inflation factors) and other details such as lists of items that make up the total costs for a category. The budget justification should address each of the major cost categories (salaries, fringe benefits, equipment, travel, supplies, other direct costs and indirect costs). Please provide detailed justifications of the proposed budget.

LATEST INFORMATION & QUESTIONS:

1. Subscribe to our mailing list at the EXCITE Home Page: <https://extension.org/immunization>
2. Send Question to: excite@extension.org
3. Attend the live Application Assist Workshop on March 25th or watch the video - both on the website <https://extension.org/immunization>

Frequently Asked Questions

March 25, 2021 EXCITE: Pre-Decisional Application Webinar

Application Operation Questions

Where is the Excite website url to get the application?

www.extension.org/immunization

Will there be a way to Save and Print the application once it's loaded?

Yes, As you complete your form you can save and return for updates anytime before completing the final submission. There may be a need for more than one contributor to the form (ie: sponsored projects representative). You can also download the subcontract portion to a fillable pdf. Submission information can be downloaded as a pdf for your records.

If we are working in close collaboration with our 1890, 1862 or 1994 should we complete separate applications that would reflect the same project?

This depends how you are spending the money. There is a set amount of funding per institution. If one is the primary subrecipient, they could receive the funding for let's say all 3 partners and spend it accordingly, or, each institution can receive its own funding and you can note that it's a collaborative effort and describe what each group is doing with their funding in the budget narrative. You could also use the same project name, with different institutional names as part of the project title. For example, NC NCSU Project ABC; NC A&T Project ABC.

Do we need IRB approval to complete our application?

You can complete the programmatic aspects of the application and it will be reviewed by the review committee, however, the subrecipient contract is not complete until the IRB section, if applicable to your project, is completed by your office of grants and contracts.

What does Monthly Reporting look like?

Reporting requirements are that each institution will provide a monthly update to the National Registry, which is currently available, and respond to the questions that are already there plus some additional questions from the application. It is not a full report, it is a monthly update to any information that has changed regarding things like the project's reach, partners, intervention and results. All of this will be done within the National Registry form that currently exists, the questions will just be added into that form at the time the CDC funds are made available to the applicant institutions. When institutions select that they are reporting on CDC activities, it will bring up those additional questions.

What is the Grant Process for 1890 and 1994?

The Prime Contractor is the Extension Foundation
The sub-awardee is either: 1890 Foundation or AIHEC
The sub-recipients are the 1890 and 1994 Institutions themselves.

The subaward information(AIHEC AND 1890 Universities Foundation) will be included in the pre-decisional application that is currently available at the EXCITE portal. The subaward information will provide all the details that the applicant will need to include.

Each 1890 or 1994 institution will go into the application, indicate their 1890 or 1994 status and the appropriate contract information will then be provided to be used by each LGU. Each institution will use that information to complete their grant application along with the necessary details from the 1890 Universities Foundation and AIHEC which will be the funding source. So, for example, the DSU form that we saw requesting sponsor info...the sponsor would be the Extension Foundation (the prime) and the appropriate numbers and names will be provided in the online application form. The contract language an appropriate numbers for AIHEC and 1890 Universities Foundation (the Sub awardees) will also be provided so the grants and contracts office will have all that they need through the online process. Your institutions are subrecipients of the sub awardees (1890 Universities Foundation and AIHEC).

The application will serve as the contract process with AIHEC and the 1890 Universities Foundation. AIHEC and 1890 Foundation will receive the funds for their subrecipient institutions and distribute them to the appropriate institutions.

Cost Questions

Are indirect costs included or excluded?

Indirect costs are allowed - USDA-NIFA did not put any limits on it and they come out of your total award amount. Each LGU will have the capacity to do whatever is required in their institution related to IDC. The institutional IDC comes out of the total awarded to the institution for the project in Activity 1 and Activity 2. There are no limits imposed by USDA-NIFA on IDC. If project leaders can get it waived, great. If they can negotiate it down, that is another possibility. No other IDC comes out of the awards to institutions.

Does it mean any interested institution can get the fund for this? If so, what is the max amount one can apply for?

There are funds available to every 1862, 1890 and 1994 Land Grant Institution. The funding for 1890 and 1994 is just under \$27,000 The exact amount is on the website and in the application. It is around \$24,000 for the 1862 institutions. We accept only one application per institution.

Project Design Questions

Are these tools already being used by state and local health departments as well as health care systems?

Yes - health departments and community partners are using these tools.

How do you suggest connecting phase one and phase two?

You could use Activity 1 as a prelude to inform Activity 2 - but they can be different projects

Do Activity 1 and Activity 2 need to be the same target population? We are thinking most likely yes, however, we have had consideration of combining the Activity 1 funding of LGU to further extend work of 1994 in case Activity 2 is not funded.

Ideally, Activity 1 is the groundwork for Activity 2 - but it is not required

What is the start/end for the project?

Applications due April 30 and will start when funding is received - earliest May. Will be working quickly to get funding distributed and it will be 1 year for the funding timeline.

Do we need to fill out the RCA for activity 1?

Not all of it - see the application guide. RCA = [CDC Vaccines & Immunizations Rapid Community Assessment Guide](#). We suggest that Questions 1, 2 and 3 align with the application questions.

Should there be a minimum number of respondents from a certain ethnic community to analyze the data or any number is fine?

There is not a minimum number - you'll need enough to make a data-informed rationale in the application.

Do the communities engaged need to have federal rural designation like other NIFA partnerships?

No - you just need a data rationale that they are not being served, or are hesitant.

Since only 20 institutions will be funded in Activity 2, shouldn't we ensure that Activity 1 has tangible deliverables/output if we are not funded for Activity 2? There is a good chance that the groundwork phase is all we get to do.

Activity 1 does have its own outcomes - it's not just gathering data. See the guide for further information.

Can Activity 1 funding be used to supplement an existing program?

As long as you can describe it and track it as a project, it can be part of a larger program - such as one for a specific audience.

Should it be in-person in a particular county and state? Or can it be over the zoom irrespective of a county and a state?

There are not specific directives on how you do this outreach. The method needs to be appropriate to the priority population identified in the location it is occurring. There is flexibility with your intervention. There are suggestions in the RCA but creativity is welcomed.