



## Request for Proposals

# Southern Alliance 2.0: Addressing COVID-19 Among African American and Non-Hispanic Black Communities through Capacity Building Assistance

Date Issued: December 16, 2021

Date Response Due: January 19, 2022 – **NEW DEADLINE**

**CDC FOUNDATION**

Southern Alliance Team  
[Salliance@cdcfoundation.org](mailto:Salliance@cdcfoundation.org)

## 1. CDC FOUNDATION

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) save and improve lives by unleashing the power of collaboration between CDC, philanthropies, corporations, organizations, and individuals to protect the health, safety and security of America and the world. The CDC Foundation is the go-to nonprofit authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC's critical health protection mission. Since 1995, the CDC Foundation has raised over \$1.2 billion and launched more than 1,200 programs impacting a variety of health threats from chronic disease conditions including cardiovascular disease and cancer, to infectious diseases like rotavirus and HIV, to emergency responses, including COVID-19 and Ebola. The CDC Foundation managed hundreds of programs in the United States and in more than 140 countries last year.

## 2. FUNDING OPPORTUNITY

For over 25 years, the CDC Foundation has implemented and managed thousands of partnerships between public and private sectors by building a network of individuals and organizations committed to supporting the Centers for Disease Control and Prevention (CDC) and public health. While the COVID-19 pandemic required CDC Foundation to rapidly scale emergency response efforts, it also revealed critical needs and opportunities to strengthen community partnerships and public health awareness within communities across diverse settings. Thus, the CDC Foundation increased relationships with more than 2,000 Community Based Organizations (CBOs) since March 2020. This record of successful relationships has strengthened the CDC Foundation's experience engaging non-profit and philanthropic organizations – creating pathways for the organizations to support public health goals through resource mobilization, strategy development and quality program management.

This project, the Southern Alliance 2.0, will allow the CDC Foundation to continue capacity building efforts in partnership with community-based organizations, communications experts, and subject matter experts for the purpose of meeting two objectives in response to COVID-19:

1. Improve establishment and maintenance of results-driven partnerships.
2. Improve the identification of best practices and the implementation of evidence-based/informed programs and services.

*The partners identified for Southern Alliance 2.0 capacity building efforts serve three distinct roles:*

1. **Community Based Organizations (CBOs)** –CBO partners will develop, implement, and evaluate community-based COVID-19 prevention, education, and response activities among targeted populations on the ground in African American and non-Hispanic Black communities of high needs.
2. **Communications Contractor** –The communications contractor will support the development of website and resources for the Southern Alliance Teams collectively. Website will include information about the partners efforts including community-based COVID-19 prevention, education, and response activities among targeted populations.
3. **Capacity Building Assistance (CBA) Partners** – CBA partners will assist in supporting their capacities to develop, implement, and evaluate community-based COVID-19 prevention, education, and response activities among targeted populations. CBA partners will provide support for capacity building activities including training, webinars, subject matter expertise, etc. specific to prioritized geographic areas and/or subpopulation.

Each of these components will be awarded through separate competitive solicitations.

SA 2.0 will advance community partnerships and maximize the success of culturally responsive and timely evidence-based programs to address COVID-19 mitigation, vaccination uptake, vaccination hesitancy or deliberation, COVID-19 misconceptions and misinformation, comorbidities and unique challenges contributing to health inequities. SA 2.0 connects the CBA partners with qualified CBOs to leverage their collective public health expertise and experience with serving priority geographic\* and demographic\*\* communities disproportionality impacted by COVID-19, or the social and health inequities caused or exacerbated by COVID19.

*\*Priority Geographic Areas:*

- Alabama
- Arkansas
- Florida
- Georgia
- Louisiana
- North Carolina
- Mississippi
- South Carolina
- Texas
- Tennessee
- Washington D.C.

*\*\*Priority subpopulations:*

- People who identify as LGBTQIA+
- People of reproductive age
- People living in rural or remote communities
- People living with comorbidities and disabilities
- People experiencing and supporting mental health challenges or social stressors associated with COVID-19 (e.g., faith, stigma, etc.)
- People with gender, age, or employment specific health considerations

The official title of this project is “Southern Alliance 2.0: Addressing COVID-19 among African American and Non-Hispanic Blacks living in the Southern Region of United States”. The target population is community-based organizations (CBOs). The purpose of this project is to build the capacity of community-based organizations and institutions engaging in mobilizing African American communities at high risk for COVID-19 morbidity and mortality and health inequities caused or exacerbated by the pandemic to adopt and sustain COVID-19 preventative and community mitigation strategies. This solicitation is for seven (7) subject matter experts from Historically Black Colleges or Universities (HBCUs) to partner with CDC Foundation to provide capacity building assistance for participating CBOs.

CBA partners will provide workshops, training, facilitated discussions, information sharing, one-on-one support, and subject matter expertise related to programmatic and partnership efforts. If another CBA

strategy would be more appropriate and/or feasible, we are open to responses that propose a different method with an accompanying explanation.

### 3. BACKGROUND

#### **The COVID Pandemic and Health Inequities**

The world faces a tremendous challenge to repair and rebuild after the devastating social, economic and health impact of the COVID-19 pandemic. For excluded and marginalized populations, root causes of preexisting inequities have led to worse health outcomes in almost every category, including rates of COVID-19 hospitalization and death and deferred care for chronic illness and routine prevention.

In addition, there are other social harms for these populations stemming from the inequitable burden of the pandemic's disruptions, such as lost jobs and wages, housing instability and food insecurity, increased household stressors and mental health challenges, interrupted schooling and learning loss and more. The pandemic increased the exposure of existing inequities and amplified their intensity.

In the United States, COVID-19 has disproportionately affected racial and ethnic minority groups who were already experiencing health and other social inequities. These groups include Native American, Latino/a, Black, Asian American and Native Hawaiian/Pacific Islander populations as well as other populations including LGBTQIA+, rural audiences and individuals with disabilities.

#### ***Southern Alliance***

In rapid response to the global pandemic COVID-19, the CDC Foundation developed the Southern Alliance (SA) initiative. The SA leveraged trusted and scientifically credible community institutions in select African American communities across 3 states in the southeastern region of the U.S. to build local knowledge and capacity to respond to COVID-19 through behavioral, policy, systems, and environmental change approaches.

Three cities, New Orleans (LA), Albany (GA), and Jackson (MS) were identified early in the pandemic because of the disproportionate percentage deaths represented by the African American and non-Hispanic Black population of the city.

The CDC Foundation successfully cultivated a 3-state consortium inclusive of academic partners (Historically Black Colleges/Universities), community members and numerous CBOs. The academic institutions represented in this consortium include:

- Tulane University School of Public Health and Tropical Medicine
- Xavier University of Louisiana
- Albany State University
- University of Mississippi Medical Center
- Jackson State University

The Southern Alliance 2.0 (SA 2.0) will build upon the strengths of the SA initiative by continuing partnership and program support in collaboration with academic affiliates. SA 2.0 also includes new strategies, foci, and responsibilities identified through lessons learned, collaboratives, and internal assessments focused on the initial response.

*The Southern Alliance 2.0 expands:*

- The prioritization of subpopulations within the African American and non-Hispanic Black community.
- The geographic focus and reach of overall response efforts.
- The relationship with CBOs and reach of the equity centered capacity building efforts that strengthen programs, resources, and partnerships.

The initial response efforts exposed the complex needs and unique consequences of COVID-19 experiences amongst diverse subpopulations within the African American and non-Hispanic Black community. As a result, SA 2.0 will intensify focus on evidence-based programs and strategic partnerships that acknowledge intersectional factors and the implications of interrelated structures of inequities.

CDC Foundation will partner with CBA partners and CBOs with solid histories of service and impact within the healthcare and public health system as well as those with expertise focused on vital community conditions outside of the healthcare and public health sectors—such as safe and affordable housing, economic development, quality education and safe and healthy neighborhoods.

CBA partners will support CBOs through evidence-based practices, training, information sharing, one-on-one support, and subject matter expertise to address COVID-19 in a comprehensive, responsive, and effective manner. Over time, this broad-based community engagement and collaboration should enable more equitable distribution of testing, treatment, vaccination, and supportive services for \*related conditions (including long term impacts).

#### 4. SCOPE OF WORK

The purpose of this request for proposal (RFP) is to identify qualified CBA partners who will support Southern Alliance 2.0 CBOs in organizing and mobilizing partnerships and interventions to address COVID19 impact and vaccination uptake within diverse African American and non-Hispanic Black communities in the prioritized geographic areas prioritized in this request. Key activities of CBA partners will focus on greater understanding and ability to engage priority populations, consider geographic implications (including policy implications), and implement evidence-based programs.

*Example topics for program capacity building assistance:*

Program monitoring & evaluation	Strategy for monitoring impact
Plan for measuring program outcomes	Strategy for aligning and promoting the organization’s goals, activities, challenges, and accomplishments for end results
Logic model	Strategy for ensuring a detailed logical connection among inputs, activities, outputs, and intended outcomes

Program planning	Strategy/framework necessary to ensuring program success, strategy of succession planning, advantages, pitfalls, and benefits
Information sharing and networking	Roundtable discussion questions and answers
Health communication	Strategy/framework necessary for program success, strategy of succession planning, advantages, pitfalls, benefits.

CBA partners will be evaluated based on their capability and capacity to implement proposed activities.

**Project Approach** – The overall project approach includes the following activities, outputs, performance measures, and budget period outcomes as detailed below.

**4.1 Program Activities** – The following activities are supported under SA 2.0. Additional activities may be considered.

*Collaborate with the CDC Foundation to:*

- Develop and implement public health non-research protocols for SA.
- Promote Southern Alliance efforts and the success of all CBO programs.
- Identify and support capacity building needs of CBOs and their affiliated partners.
- Monitor progress of CBO activities, key strategies, barriers, and lessons learned.

In collaboration with the CDC Foundation, CBA partners will provide equity centered capacity building support for CBOs (technical support, trainings, one-on-one engagement, mentoring, shared resources, and learning) to strengthen their capacity to identify/develop/implement/evaluate:

- Epidemiological surveillance of COVID-19 burdens and vaccination uptake for specific geographic areas and subpopulations.
- Tailored interventions and communications for prioritized communities (geographic areas and subpopulations).
- Interventions and campaigns to reduce the impact of health conditions that increase risk and impact of COVID-19.
- Accurate and timely receipt, translation, and tailored dissemination of COVID-19 findings and recommendations based on empirical research and credible institutions.
- Key performance indicators and measures to assess impact and outcomes of interventions (e.g., people and communities reached, vaccinations, increase in knowledge, attitudes, and behavior).
- Strategies to engage, collaborate, and build trusting relationships amongst community members, academia, key stakeholders, public health, and health care.
- Opportunities for sustaining programs beyond SA 2.0 funding.

**4.2 Process Measures** – CDC Foundation will use the following to indicators measure the extent to which the activities above have been accomplished:

- Number of CBOs supported
- Number of training (courses) provided
- Number of one-on-one touchpoints with CBOs
- Number and type of CBA requested and provided
- Percentage of CBA request completed
- Number of SA meetings attended (internal and external)
- Number and type of resources, evidence based, or scientific data shared
- Satisfactory CBA evaluation responses.
- Number of people reached through CBA or in the support of SA 2.0

**4.3 Deliverables** – The Subrecipient will be expected to complete the following activities and deliverables below:

<b>Deliverable Schedule</b>	<b>Timeline/Date</b>
Attend the kick-off meeting.	Within 10 days of award
Provide a written plan for collaboration with CDC, CDC Foundation, CBOs, and other CBA partners, drafts of training, and process for providing public health scientific guidance and culturally competent and responsive expertise.	Within 30 days of award
Submit attendance and progress reports on the status of implementation of planned CBA activities and evaluation, including the number the number of people reached, names and demographic information, where available, and a list of resources provided to CBOs (submission of invoices and deliverables)	Monthly
Submit a final report identifying key strategies implemented including the number of people reached, names and demographic information where available, a list of resources provided to CBOs, and any additional TA or support of SA 2.0. The report will also document challenges, successes and lessons learned.	July 15, 2022
Participate in the close-out process, collaborate with CDC Foundation and other CBA partners to develop an after-action presentation for dissemination for stakeholder meetings and conferences.	July 15, 2022

**4.4 Outcomes** – The following results or changes are expected to be realized related to this program’s intervention:

- Increased opportunities for collaboration amongst CDC Foundation, CBA partners and CBOs.
- Improve CBO access to accurate and timely information related to COVID19.
- Increased capacity of SA 2.0 to address COVID-19 response needs within communities (geographic and/or subpopulation) prioritized for SA 2.0.
- Increased understanding of CBA needs and opportunities.
- Development of CBA lessons learned report(s).
- Tailored communication and presentation of COVID-19 impact, vaccination status, and SA 2.0 project.

**4.5 Outcome Measures** – CDC Foundation will use the following indicators to measure the extent to which the outcomes above have been achieved:

- Increased opportunities for collaboration amongst CDC Foundation, CBA partners and CBOs.
- Improved access to accurate and timely information related to COVID19.
- Increased capacity of SA 2.0 to address COVID-19 response needs within communities (geographic and/or subpopulation) prioritized for SA 2.0.
- Increased understanding of CBA needs and opportunities.
- Developed CBA lessons learned report(s).
- Developed tailored communication and presentation of COVID-19 impact, vaccination status, and SA 2.0 project.
- Attendance and the development of action report related to serving the African American and non-Hispanic Black community in the south of the U.S.

## 5. KEY REQUIREMENTS

### 5.1 ELIGIBILITY

*Applicants must meet all the following requirements:*

- Academic affiliation with one or more HBCU
- Subject Matter Expert with evidence of community engagement, community-based service working in priority geographic areas and with the priority subpopulations in the African American and non-Hispanic Black community.
- Terminal degree in public health or related field
- Availability to provide services from February 2022 through July 2022.

*Preferred qualifications:*

- Experience with developing and presenting curriculum in a variety of formats.
- Experience with capacity building for CBO's prioritizing the health priorities or subpopulations in this announcement
- Experience working on rapid response and/or emergency response initiatives.
- Experience working on interdisciplinary teams
- Experience with collaborating with community stakeholders including governmental, faith based, business, K-12, and health care stakeholders on public health priorities.

## **5.2 Funds Available**

CDC Foundation will award 7 contracts up to \$75,000 per CBA provider to support SA 2.0. The final award amount is contingent on submission of a detailed and reasonable deliverable schedule to be approved by the CDC Foundation. CDC Foundation reserves the option to negotiate a best and final offer.

## **5.3 Funding Source**

This project is supported by the Cooperative Agreement number 6 NU38OT000288-04-02 CFDA 93.421 awarded to the CDC Foundation, funded by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,300,000 with awards 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government. The CDC Foundation anticipates that award(s) resulting from this solicitation will meet the criteria of “contractor” as defined by 2 CFR 200.331; a final determination will be made at the time of award.

## **5.5 Place of Performance**

The CBA partner will carry out tasks at their offices and work with the CDC Foundation and CBO virtually.

## **5.5 Performance Monitoring**

The performance will be monitored in line with the agreed project plan, monthly progress reports, detailed financial reports on expenditures and through scheduled bi-weekly check-ins. The contractor will be expected to work in close collaboration and consultation with the CDC Foundation and the CDC Office of Minority Health and Health Equity while working on this project. The plan for each deliverable will be an important part of the overall project plan.

## **5.6 Payment**

CDC Foundation will pay the contractor a fee not to exceed a Maximum Payable Amount (MPA) or ceiling price. The MPA will be based on the fee proposed and awarded and will be negotiated as part of the resulting contract.

CDC Foundation anticipates paying the contractor a fixed price basis for the achievement of deliverables and milestones. An invoice template will be provided after the contract is awarded.

## **6. INSTRUCTIONS TO APPLICANTS**

Applicants should follow the instructions set forth below in the submission of their proposal to the CDC Foundation.

**CDC Foundation will not be responsible for any proposal which does not follow the instructions in this RFP, and may, at its discretion, reject any such non-compliant proposal.**

### 6.1 Communications during the RFP Period

Applicants may submit questions related to this RFP by 11:59pm ET on December 27, 2021, via email to the Southern Alliance team at [salliance@cdcfoundation.org](mailto:salliance@cdcfoundation.org). Please write “RFP: Southern Alliance 2.0 CBA” in the Subject line. An RFP Supplement containing the submitted questions and responses will be shared on the CDC Foundation website on January 5, 2022. Please write “RFP: Southern Alliance 2.0 CBA” in the Subject line.

### 6.2 Submission of Proposals

Please click the following link to complete the RFP by **11:59pm ET on January 19, 2022**. Submissions after this date and time may not be considered. The CDC Foundation is committed to providing accessibility for people with disabilities and is working towards making our materials more accessible. If this document presents accessibility challenges, please email the Southern Alliance Team at [salliance@cdcfoundation.org](mailto:salliance@cdcfoundation.org) with the subject line “Accessibility assistance”. We will gladly work with you on providing the information in a different format.

**RFP Link:** [CLICK TO SUBMIT APPLICATION](#)

*Proposal Requirements:* Proposal to be submitted in PDF Form and should be no more than 10 pages, single spaced, 11-point font, in English, and should address the following:

**Table 1. Proposal Requirements**

Category	Proposal Requirements
Applicant Information	<ul style="list-style-type: none"><li>• First and Last Name</li><li>• EIN/Tax ID</li><li>• Organization address, phone number, and website</li><li>• Detailed Education Background<ul style="list-style-type: none"><li>○ Terminal Degree</li><li>○ Specify subject matter expertise</li></ul></li><li>• Detailed HBCU Affiliation<ul style="list-style-type: none"><li>○ University</li><li>○ Position</li></ul></li><li>• Described specific expertise in geographic and demographic community.<ul style="list-style-type: none"><li>○ Indicated the priority geographic areas:<ul style="list-style-type: none"><li><input type="checkbox"/> Alabama</li><li><input type="checkbox"/> Arkansas</li><li><input type="checkbox"/> Florida</li><li><input type="checkbox"/> Georgia</li><li><input type="checkbox"/> Louisiana</li><li><input type="checkbox"/> North Carolina</li><li><input type="checkbox"/> Mississippi</li><li><input type="checkbox"/> South Carolina</li></ul></li></ul></li></ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Texas</li> <li><input type="checkbox"/> Tennessee</li> <li><input type="checkbox"/> Washington D.C.</li> <li>○ Indicated the priority subpopulation(s): <ul style="list-style-type: none"> <li><input type="checkbox"/> People who identify as LGBTQIA+</li> <li><input type="checkbox"/> People of reproductive age</li> <li><input type="checkbox"/> People living in rural or remote communities</li> <li><input type="checkbox"/> People living with comorbidities and disabilities</li> <li><input type="checkbox"/> People experiencing and supporting mental health challenges or social stressors associated with COVID-19 (e.g., faith, stigma, etc.)</li> <li><input type="checkbox"/> People with gender, age, or employment specific health considerations</li> </ul> </li> <li>● Availability to provide services from February 2022 through July 2022.</li> </ul>
Experience	<p>Describe experience and subject matter expertise in the following areas: (if applicable)</p> <ul style="list-style-type: none"> <li>○ Providing capacity building assistance <ul style="list-style-type: none"> <li>▪ Description of processes, tools, and resources used for CBA.</li> <li>▪ Specific frameworks or strategies for: (a) sourcing and communicating accurate and timely science-based information and (b) engaging the community through all aspects of the process.</li> </ul> </li> <li>○ Working to address public health challenges through practice and/or research. <ul style="list-style-type: none"> <li>▪ Specifically, experiences addressing COVID-19</li> <li>▪ Include other emergency response efforts</li> </ul> </li> <li>○ Working with African American and non-Hispanic Black non-Hispanic communities to address priority health issues.</li> <li>○ Supporting health equity in the priority geographic areas relevant to this proposal.</li> <li>○ Collaborating with CBOs and other community stakeholders including businesses, governmental, health care, faith-based and educational organizations to address public health priorities.</li> <li>○ Developing and presenting curriculum through different platforms (specifically facilitated discussions online and training webinars).</li> <li>○ Developing, implementing, monitoring, and evaluating health programs.</li> </ul>

	<p>Include a curriculum vitae (CV) attachment with evidence of experience and expertise. (Relevant teaching, presentations, publication, research, practice, and service)</p>
Proposal	<p>Propose a sample presentation/lesson on COVID19, a related health condition, or social determinant of health (SDOH). Identify the:</p> <ul style="list-style-type: none"> <li>○ Target audience</li> <li>○ Geographic area of concern</li> <li>○ Specific health or SDOH of concern.</li> <li>○ Identify and describe the pertinent cultural considerations</li> </ul> <p>Proposal should include:</p> <ul style="list-style-type: none"> <li>○ A description of the scope and purpose of the activity.</li> <li>○ Materials and tools needed for the activity.</li> <li>○ An outline of the specific activities to be conducted.</li> <li>○ Details of the outcomes that will be achieved.</li> <li>○ An overview of the evaluation.</li> <li>○ An estimate of the duration of the activity.</li> </ul>
Deliverable Schedule	<p>Payment will be made upon the completion of deliverables. The anticipated deliverables include an approved workplan (1), communications plan (1), training/webinar curriculum (2), and periodic presentation or participation at meetings with stakeholders (CDC, CDC Foundation, CBOs, and community – an average of 3 hours per week) in addition to a confirmed TA schedule for one-on-one support (1) and plan for a collaborative final meeting (1). Submission of a monthly progress report (7), invoice (4), resource contribution (~13) and reference list (13) will be required prior to receipt of payment.</p> <p>Complete the Deliverable Schedule by providing the following information on the form:</p> <ul style="list-style-type: none"> <li>○ Maximum Payable Amount</li> <li>○ Unit Rate per deliverable</li> </ul> <p>Note: The unit rate x the number of units calculates the deliverable total. The sum of the deliverable totals calculates the maximum payable amount which must be within the maximum range of \$75,000.</p>

Required Attachments – please upload the following attachments:

- Deliverable Payment Schedule
- Curriculum Vitae
- W9

## Submitting a Proposal

Application materials should be submitted by **11:59pm ET on Wednesday, January 19, 2021**.

Proposals will not be accepted after this date and time.

**Proposals must be submitted electronically.**

### [CLICK TO SUBMIT APPLICATION](#)

**We recommend you begin to submit your proposal by 9:00am ET to allow sufficient time to address any unexpected technical issues.**

### 6.3 Anticipated Timeline\*

Date	Description
December 16, 2021	RFP Release
December 27, 2021	Question Submission Deadline
January 5, 2022	Response to Questions on Website
January 19, 2022, 11:59pm ET	Proposal Submission Deadline
Late January 2022	Anticipated Selection Notification
February 1, 2022 – July 31, 2022	Implementation Period

\*Please note the timeline is subject to change.

## 7. SELECTION PROCESS AND REVIEW CRITERIA

The CDC Foundation will award grants to applicants based on the following multi-stage review process outlined below.

### *Level 1 Administrative Review:*

CDC Foundation will evaluate all applicants for completeness and minimum requirements. Basic requirements include timely receipt of application, meeting all eligibility criteria and submission of all required attachments. Applications with omissions of any required documentation may be subject to disqualification.

The CDC Foundation also reserves the right to conduct financial and due diligence reviews. As a public entity, the CDC Foundation has a responsibility to the public to ensure that the organizations that receive grant funds are financially stable and to evaluate each applicant's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring, per program year. Further written risk assessment materials may be requested during or before the review.

*Level 2 Proposal Review:*

Applicants that pass Level 1 review will proceed to Level 2 review. A panel of independent reviewers with evaluation and subject matter expertise will review and score written proposals. Reviewers will score applicants in accordance with evaluation criteria. The following table outlines the criteria that reviewers will use to guide their evaluation of each proposal. (CDC Foundation reserves the right to conduct interviews.)

**Table 2. Evaluation Criteria**

<b>Category</b>	<b>Evaluation Criteria</b>	<b>Total Points Available</b>
Experience	<p>Breadth and depth of experience and subject matter expertise in the following areas:</p> <ul style="list-style-type: none"> <li>○ Providing capacity building assistance               <ul style="list-style-type: none"> <li>▪ Description of processes, tools, and resources used to provide capacity building assistance.</li> <li>▪ Specific frameworks or strategies for: (a) sourcing and communicating accurate and timely science-based information and (b) engaging the community through all aspects of the process.</li> </ul> </li> <li>○ Working to address public health challenges through practice and/or research.               <ul style="list-style-type: none"> <li>▪ Specify experiences addressing COVID-19</li> <li>▪ Include other emergency response efforts</li> </ul> </li> <li>○ Working with African American and non-Hispanic Black non-Hispanic communities to address priority health issues.</li> <li>○ Supporting health equity in the priority geographic areas relevant to this proposal.</li> <li>○ Collaborating with CBOs and other community stakeholders including businesses, governmental, health care, faith-based and educational organizations to address public health priorities.</li> <li>○ Developing and presenting curriculum through different platforms (specifically facilitated discussions online and training webinars).</li> <li>○ Developing, implementing, monitoring, and evaluating health programs.</li> </ul> <p>Included evidence of experience and expertise on CV. (Relevant teaching, presentations, publication, research, practice, and service)</p>	55 points

Proposal	<p>The extent to which the applicant provided a sample presentation/lesson on COVID19, a related health condition, or social determinant of health (SDOH) that included:</p> <ul style="list-style-type: none"> <li>○ Target audience</li> <li>○ Geographic area of concern</li> <li>○ Specific health or SDOH of concern.</li> <li>○ Pertinent cultural considerations</li> <li>○ A description of the scope and purpose of the activity.</li> <li>○ Materials and tools needed for the activity.</li> <li>○ An outline of the specific activities to be conducted.</li> <li>○ Details of the outcomes that will be achieved.</li> <li>○ An overview of the evaluation.</li> <li>○ An estimate of the duration of the activity.</li> </ul>	35 Points
Deliverable Schedule	<p>The applicant submitted a completed Deliverable Schedule that included the following information:</p> <ul style="list-style-type: none"> <li>○ Maximum Payable Amount</li> <li>○ Unit Rate per deliverable</li> </ul> <p>The unit rate X the number of units calculates the deliverable total. The sum of the deliverable totals calculates the maximum payable amount which must be within the maximum range of \$75,000.</p>	10 points
<b>Total</b>		<b>100 points</b>

The selected applicant will receive a notification that their proposal was selected for funding. The CDC Foundation may not provide scores or specific review feedback to unsuccessful applicants.

Attachments:

1. [Deliverable Payment Schedule](#)