

2022 Request for Applications

Summary

While the COVID-19 pandemic has impacted the mental and physical health of every person across the United States, it has disproportionately impacted individuals from specific populations, particularly those who are Black, Indigenous, People of Color (BIPOC), those who have low resources, people experiencing mental health conditions, people experiencing homelessness, people with substance use disorders, people with disabilities, and people with undocumented status¹²³⁴⁵⁶. In Michigan, there are five major ethnic minority populations (African American, Arab and Chaldean American, Asian American and Pacific Islander, Alaska Native and American Indian, and Hispanic American) and many have experienced the disproportionate burden of this disease.

COVID-19 has illuminated the systemic and institutionalized laws, policies, and procedures that drive inequity among these groups, and as such, federal, state, and local public health organizations have come together to develop funding opportunities to build community capacity to meaningfully address disparities related to COVID-19. With funding from the Centers for Disease Control and Prevention

¹ Tai, D., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2021). The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*, 72(4), 703–706. <https://doi.org/10.1093/cid/ciaa815>

² Centers for Disease Control and Prevention. (2022, Feb 22). *People with Certain Medical Conditions*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

³ Perri, M., Dosani, N., & Hwang, S. W. (2020). COVID-19 and people experiencing homelessness: challenges and mitigation strategies. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, 192(26), E716–E719. <https://doi.org/10.1503/cmaj.200834>

⁴ Jemberie, W. B., Stewart Williams, J., Eriksson, M., Grönlund, A. S., Ng, N., Blom Nilsson, M., Padyab, M., Priest, K. C., Sandlund, M., Snellman, F., McCarty, D., & Lundgren, L. M. (2020). Substance Use Disorders and COVID-19: Multi-Faceted Problems Which Require Multi-Pronged Solutions. *Frontiers in psychiatry*, 11, 714. <https://doi.org/10.3389/fpsy.2020.00714>

⁵ National Council on Disability. (2021). *The Impact of COVID-19 on People with Disabilities*. https://ncd.gov/sites/default/files/NCD_COVID-19_Progress_Report_508.pdf

⁶ Hasan Bhuiyan, M. T., Mahmud Khan, I., Rahman Jony, S. S., Robinson, R., Nguyen, U., Keellings, D., Rahman, M. S., & Haque, U. (2021). The Disproportionate Impact of COVID-19 among Undocumented Immigrants and Racial Minorities in the US. *International journal of environmental research and public health*, 18(23), 12708. <https://doi.org/10.3390/ijerph182312708>



(CDC), the Michigan Department of Health and Human Services (MDHHS) Office of Equity and Minority Health (OEMH) in partnership with the Michigan Public Health Institute (MPHI) are offering a unique opportunity for local community organizations to serve as backbone organizations (BBO) for future Regional Health Equity Councils. The BBOs will act as conveners and fiduciaries for the Councils and will continuously support them in building and strengthening the capacity of local communities to develop, adopt, and implement priorities and strategies aimed at decreasing disparities associated with COVID-19 and other health outcomes for racial ethnic minority populations.

This Request for Applications is open to organizations with well-established connections to the racial and ethnic minority populations in their community to act as a BBO and convener to form a Regional Health Equity Councils. Organizations must have demonstrated experience convening community members and other organizations serving racial and ethnic minority populations. Organizations may include grassroots organizations, community based organizations, tribal organizations, local health and human service providers, health plans, local governments, health care centers (federally qualified health centers (FQHC), hospital systems, etc.), cross-sector partners (education, transportation, housing, employers), and other entities that can demonstrate experience and relationships in working with one or more of Michigan’s racial and ethnic minority populations: African American, American Indian/Alaskan Natives, Arab and Chaldean American, Asian American and Pacific Islanders, and Hispanic/Latinos.

This initiative will engage a BBO to support each of the following fourteen (14) regions where the majority of Michigan’s racial and ethnic minority populations reside and are highly impacted by COVID-19:

- City of Detroit
- Chippewa County
- Genesee County
- Ingham County
- Isabella County
- Kent County
- Mackinaw County
- Macomb County
- Muskegon County
- Oakland County
- Ottawa County
- Saginaw County
- Washtenaw County
- Wayne County

Awards will be provided for fourteen (14) community organizations to serve as regional BBOs that will act as fiduciaries and conveners for their Regional Health Equity Councils. The total amount awarded to each organization will be determined based on demonstrated need, to include a base level of \$250,000 and a ceiling of \$675,000. Base funding can be used to:

- Fund a coordinator and support staff to convene the Council
- Support needs related to data access and utilization, communications, and project reporting
- Provide financial support to community members to serve as Council members

- Provide financial support to community organizations that serve as Council members to support activities to address COVID-19 disparities
- Fund resources to support convening (e.g., virtual meeting platform)
- Complete data collection, evaluation activities, and required reporting

The BBOs will establish a Regional Health Equity Council made up of community organizations serving populations disproportionately impacted by COVID-19. The BBO is expected to act as the fiduciary and subcontract most of the remainder of its award to members of the Regional Health Equity Council to support activities to address COVID-19 and other disparities impacting racial and ethnic minority populations in the community. The goal of this approach is to ensure the organizations best situated to meet the needs of Michigan's racial and ethnic minority populations receive funding to implement community identified and defined strategies.

The BBO will continuously support the Regional Health Equity Councils in accomplishing five (5) key goals:

- A reduction in COVID-19 disparities in impacted communities, specifically among Michigan's five racial ethnic minority populations
- Planned reduction of community identified priority risk factors
- Development and implementation of practices and policies to reduce health disparities and improve health outcomes
- Equitable distribution and efficient use of resources to support affected communities
- Community-driven, not agency driven, decision-making and priority setting

The funding for these activities was established by the Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M) provided funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are disproportionately affected and underserved, including racial and ethnic minority groups and people living in rural communities.

- Proposed activities must focus on one or more of the following strategies
 - Strategy 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
 - Strategy 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
 - Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
 - Strategy 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

Eligible applicants must submit a completed application by 5:00 pm EST on April 14, 2022. There will be an informational webinar on March 24, 2022, from 9:00 am to 10:00 am to go over the components of this request for application (RFA) and answer questions. Interested parties can register for the webinar at <https://bit.ly/3CKKuOy>. It is recommended but not required that agencies submit a letter of intent via email to Danuelle Calloway (dcallowa@mphi.org). Letters of intent can be submitted beginning March 24, 2022. The project period will run from 6/01/2022 to 5/31/2023.

NOTE: If you have questions pertaining to this RFA, please submit questions via email to Danuelle Calloway (dcallowa@mphi.org) by 5:00 pm on March 29, 2022. A list of questions and answers will be emailed on April 4, 2022, to all organizations that submit a letter of intent.

Eligibility

Applicant organizations must:

- Be an established and respected community organization that has demonstrated commitment to improving equity and health outcomes within one of the fourteen Michigan regions outlined above.
 - Provide a minimum of three (3) Health Equity Council Commitment Forms from community agencies, including grassroots organizations, that would be willing to participate in a Regional Health Equity Council. The commitment form may be from, but are not limited to the following organizations:
 - Community based organization
 - Local health department
 - Local human services provider
 - Other trusted community entity, serving one or more of Michigan’s racial and ethnic minority populations
 - Highlight evidence of commitment to eliminating health disparities and past and/or planned activities that align as such.
 - Must demonstrate experience conducting outreach to one or more of Michigan’s five racial ethnic minority populations.
 - The BBO will assist the Council in developing a sustainability plan to maintain the Council’s work, including the Council’s ability to serve as part of a statewide advisory in the event of another public health emergency
- Demonstrate internal capacity to act as a fiduciary and convener for community organizations serving underrepresented and marginalized communities that will make up the Regional Health Equity Councils by performing the following six major functions of a BBO. (Functions of BBO outlined by FSG and Collective Impact Forum: [Backbone Starter Guide](#).)
 1. Guiding vision and strategy through an equity lens: The BBO works together with the regional council to prioritize equity in the development of the guiding vision and strategy through the acquisition and use of data, prioritization of opportunities for action, and

adaptation to changing context and systems. It is critical that the BBO ensures that the regional councils and group members keep equity at the center of their strategies and actions.

2. Supporting aligned activities: The BBO facilitates dialogue between partners, provides direct support for Councils as needed, and generally helps to coordinate the actions across the effort to ensure that community-prioritized outcomes are achieved.
3. Establishing shared measurement practices: The BBO manages data collection among partners and supports the use of data for learning and evaluation of the effort.
4. Cultivating community engagement and ownership: The BBO cultivates broad relationships throughout the community, including traditional and non-traditional partners, seeking to build an inclusive effort that authentically engages and fosters ownership within the community over the long term. The BBO ensures that relationships include grassroots organizations that serve traditionally marginalized and underrepresented groups and also serves as a mentor-organization for these smaller grassroots organizations to build capacity.
5. Advancing policy and equitable systems change: As the collective impact effort matures, the BBO supports an equity-centered policy agenda that impacts large systems and institutions in support of the effort's overall goal to improve health outcomes and dismantles structural barriers for regional minority populations.
6. Mobilizing resources: The BBO plays a key role in developing resources for the initiative's sustainability, including fundraising and recruiting volunteers, identifying and leveraging community assets, and providing other non-monetary support for the initiative.

Grant Period

Grants will begin June 01, 2022. Funded activities must be completed by May 31, 2023.

Project Goal

- 1) Reduce and eliminate COVID-19 inequities in impacted and at-risk populations in each region to be accomplished by:
 - a) The formation of a Regional Health Equity Council comprised of community organizations that are actively engaged with the five minority populations (African American, Arab and Chaldean American, Asian American and Pacific Islander, Alaska Native and American Indian, and Hispanic American) most impacted by COVID-19
 - b) Community-driven decision-making and priority setting
 - c) Development of an action plan to address and reduce community priority risk factors and needs related to COVID-19 and other root causes of health inequity in the region

- d) Development and implementation of practices and policies to reduce health disparities and improve health outcomes
- e) Equitable distribution and efficient use of resources to support affected communities
- 2) Development of a sustainability plan to maintain the Regional Health Equity Council's work, including the Council's ability to serve as part of a statewide advisory in the event of another public health emergency

Project Requirements

Each community organization selected to serve as a BBO will be required to do the following:

Project Management

- Hire a coordinator for the following purposes:
 - support and monitor project activities
 - monitor and track council activities
 - support the allocation of resources to member organizations and council activities
 - track and coordinate council membership and involvement
- Maintain consistent engagement and convening of community partners monthly to determine activities and implement an action plan. Ensure meetings are documented through attendance lists, agenda, and meeting notes.
- Coordinate Council activities in a timely and supportive manner
- Develop appropriate business processes and pursue necessary training to carry out project activities.
- Accurately track project budget, expenditures, and progress towards required deliverables.
- Ensure that all required CDC reporting (narrative, fiscal, data) is provided on a quarterly basis. Required data will include the number and types of new, existing, and expanded partnerships engaged each quarter.
- Ensure completion and submission of data collection along program evaluation indicators. Funded organizations will be required to identify evaluation metrics.

Project Activities

- Establish membership for Regional Health Equity Councils and identify community needs of the region.
- Participate in all required activities: project calls, quarterly learning meetings, trainings and technical assistance (TTA) to increase organizational capacity to serve as BBO.
- Connect with other Councils, BBO's, and MDHHS OEMH to share updates and support cross regional collaboration and learnings in meetings.

- Convene a Regional Health Equity Council with community organizations, focusing on non-traditional partners such as grassroots organizations, to serve the racial and ethnic populations most adversely impacted by the COVID-19 pandemic.
 - Each Regional Health Equity Council must include a minimum of three (3) community members, meaning that the individuals live within the region and are not employed by the BBO or a partner organization. Community members must be financially compensated for their time.
- Implement best-practices to create inclusive and engaging sessions that minimize power differentials and encourage participation from all council members.
- Serve as a mentor organization for grassroots organizations that are members of the Health Equity Regional Council. Assist with capacity building to foster their leadership and growth.
- Facilitate Council meetings to assess community strengths, barriers, and needs. Help lead a review of policies and practices that inadvertently create barriers or inequities in access to services at the organization level and community level.
- Assist the Council in establishing community goals, objectives, and action plans that prioritize reducing health disparities and improve health outcomes the minority populations within the region (African American, Arab and Chaldean American, Asian American and Pacific Islander, Alaska Native and American Indian, and Hispanic American).
- Track project activities and progress towards goals. Report monthly to MPHI and MDHHS OEMH.
- Act as a fiduciary for the Council through grant budget tracking and funding project activities. Ensure distribution of resources is equitable and efficient.
- Guide Council through final reporting process, evaluation, and planning for sustainability.

Training and Technical Assistance

- To support the efforts of the Regional Health Equity Councils and BBOs, MDHHS OEMH, MPHI, and other entities will offer technical assistance as requested for activities such as: action planning, sustainability planning, data access and analytic capacity, grant reporting, identification of promising practices, media and communications outreach, etc.

Review Criteria

All applications will be reviewed by a selection committee comprising staff from MPHI and MDHHS OEMH.

Applications will be rated based on the following criteria:

- ✓ The degree to which the organization demonstrates connectedness with community organizations, especially grassroots organizations that serve racial and ethnic minority populations in the region

- ✓ The degree to which the organization is representative of the racial and ethnic minority populations in the community and region
- ✓ Demonstrated experience conducting outreach to one or more of Michigan’s five racial ethnic minority populations (African American, Arab and Chaldean American, Asian American and Pacific Islander, Alaska Native and American Indian, and Hispanic American)
- ✓ The demonstrated capacity of the organization to perform required functions as described in this RFA
- ✓ The applicants demonstrated capacity for rapid responsiveness and ability to act quickly to the needs and activities outline in project activities section of this RFA
- ✓ The degree to which the application meets all RFA requirements

Program Direction and Contact Information

The Michigan Office of Health Equity and Minority Health (OEMH) is the lead agency for this project. The Michigan Public Health Institute (MPHI) will administer and manage this project.

Responsible staff at OEMH:
Afton Shavers
Grant Manager
shaversa@michigan.gov

Responsible staff at MPHI:
Danuelle Calloway
Project Coordinator
dcallowa@mphi.org

Timeline*

Date	Due
March 17, 2022	Release of the Request for Applications
March 24, 2022	Pre-application webinar at 9:00-10:00 am
Beginning March 24, 2022	Send letter of intent by email to dcallowa@mphi.org
March 29, 2022	Questions due by email to dcallowa@mphi.org
April 4, 2022	List of questions and answers sent to all agencies that submitted a letter of intent.
April 14, 2022	Deadline for receipt of applications. Applications must be submitted electronically to dcallowa@mphi.org , and must be received by 5:00 pm, EST .
May 6, 2022	Announcement of awards
June 1, 2022	Project begins, begin planning for regional council, planning, hiring, and recruiting activities occur
August 1, 2022	Develop regional council and hold first council meeting,
May 31, 2023	Project ends
June 30, 2023	Final report due

*Dates and deadlines may shift according to awardee needs, project progress, and evaluation requirements

Available funding

Total funding available for this project is \$10 million. The intention of OEMH and MPHI, is to fund no more than 1 (one) BBO in each of the identified regions. A maximum of fourteen (14) community organizations will be awarded through this opportunity. Funded grant awards will range from \$250,000 to \$675,000 per region with all required funds allocated and spent by **May 31, 2023**. Grant recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and service delivery.

Applicants may apply to serve as the BBO for multiple regions. Should an applicant choose to do so, the applicant is required to provide a separate application and the requested Health Equity Council Commitment Forms for each region demonstrating the applicants experience and existing partnerships within the additional region(s).

How to Apply

The completed application must be received by MPHI via email (dcallowa@mphi.org) on or before **5:00 pm EST on April 14, 2022**. Please indicate in the subject line of your email: Application for COVID-19 Health Disparities Project.

The project narrative may not exceed seven (7) single-spaced pages. Please use Times New Roman 12 pt. font and 1-inch margins on all sides. The project narrative must be responsive to this RFA. The Cover Page, Attachment A: Health Equity Council Commitment Form, Attachment B: Budget Template, and Attachment C: IRS W-9 Form must be submitted with the application and will not be included in the page limit.

Note - Incomplete applications will not be reviewed.

Application Sections:

- **Cover Page:** On the cover page please indicate
 - Agency Name
 - Street Address
 - Name of organization's director
 - Official project contact – name, title, email address, and phone number
 - Project lead (if different from project contact) – name, title, email address and phone number

- **Project Narrative:** Briefly address each component below
 - Community Need

- Describe how the COVID-19 pandemic has impacted the racial and ethnic minority populations in the region.
- Describe the potential priority needs that would be addressed by the Regional Health Equity Council.
- Project Approach
 - An overview of established community partnerships and how they would be leveraged to create a Regional Health Equity Council.
 - A description of how community members will be recruited and supported as equal members of the Regional Health Equity Council.
 - A description of strategies the BBO and Regional Health Equity Council would propose to address priority needs.
 - An overview of how the identified project activities align with one or more of the CDC strategies found on page 3.
- Background and Experience
 - The organization’s capacity and experience to act as a BBO, a fiduciary and convener for the Regional Health Equity Council, specifically mentioning skills and capacity for convening organizations that serve excluded and marginalized communities, as well as community members.
 - The organization’s level of experience partnering to address community needs through the lens of health equity among Michigan’s racial ethnic minority populations, including experience subcontracting to organizations serving racial and ethnic minority populations.
 - Project staff roles, qualifications, and how your workforce is reflective of the community served.
- Attachment A: Health Equity Council Commitment Form
- Please provide a minimum of three (3) completed forms from regional organizations, including grassroots organizations serving communities that have been disproportionately impacted by COVID-19 to demonstrate your organization’s valued and respected standing within your community.
- Completed forms should affirm your organizations’ capacity to serve as a BBO and be from organizations interested in participating in the Regional Health Equity Council.
- Attachment B: Budget Proposal

Please use the provided template for your budget proposal.

Appendix B: Budget Proposal Template

Budget Category	Cost	Budget Explanation and Details
A. Salaries and Wages		
B. Fringe Benefits		
C. Travel/Meetings/Workshops		

D. Supplies and Materials		
E. Consultant Costs		
F. Sub-contracts		
G. Other		
Total Direct Costs (Sum of A-F)		
H. Indirect Costs*		
Total Project Costs (Sum of A-G)		

- Attachment C: IRS W-9 Form

Agreement with the Michigan Public Health Institute & Use of Grant Funds

To participate in this grant opportunity, each of the fourteen selected organizations will be required to enter into a contractual agreement with the Michigan Public Health Institute. Funds will be contracted within two periods: 6/1/2022-9/30/2022 and 10/1/2022-5/31/2023.

Grant funds may be used for project staff salaries, supplies, project-related travel, and other direct expenses. All deliverables, including documents resulting from grant activities must be developed during the grant period.

Grant funds may **not** be used to substitute for or replace funds already allocated or spent for the same activity. Grant funds may **not** be used for equipment, to construct or renovate facilities, for lobbying, for travel unrelated to the project, or as a substitute for funds currently being used to support similar activities.

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may not use grant funds for vaccine administration. However, coordination activities that support vaccine administration are allowable.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

MDHHS OEMH and MPHI reserve the right to:

- a) Establish the criteria by which it will evaluate each applicant's response, and by which it will determine the most responsive capable and qualified applicants. Make funding decisions based on, but not limited to the following:
 - i) Project Variables (scope, requested amount, and potential for sustainability)
 - ii) Applicant Variables (demonstrated capacity, established coalitions, and experience serving one or more of Michigan's racial and ethnic minority populations, including Black/African Americans, Asian Americans, Pacific Islanders, Hispanic/Latinos, Arab/Chaldean Americans, and/or Native Americans/American Indians)
 - iii) Region Population Characteristics (population size, proportion of racial and ethnic minorities, Minority Social Vulnerability Index (SVI))
 - iv) COVID-19 Variables (completed vaccination rates, COVID cases and mortality rates, and comorbid conditions)
- b) Discontinue the RFA process at any time for any or no reason. The issuance of an RFA, preparation and submission of an application, and MDHHS OEMH and MPHI's subsequent receipt and evaluation of an application does not commit MDHHS OEMH and MPHI to award an agreement, even if all the requirements in the RFA are met.
- c) Consider late applications if: (i) no other applications are received or (ii) no complete applications are received.
- d) Consider an otherwise disqualified application, if no other qualified applications are received.
- e) Disqualify an application if it is determined that an applicant purposely or willfully submitted false information in response to the RFA. The applicant will not be considered for award, the State may pursue debarment of the applicant, and any resulting agreement that may have been established may be terminated.
- f) Consider prior performance with the State in making its award decision.
- g) Consider overall economic impact to the State when evaluating the application pricing and in the final award recommendation. This includes but is not limited to: considering principal place of performance, number of Michigan citizens employed or potentially employed, dollars paid to Michigan residents, Michigan capital investments, job creation, tax revenue implications, economically disadvantaged businesses.

- h) Consider total cost of ownership factors (e.g., transition and training costs) in the final award recommendation.
- i) Refuse to award an agreement to any applicant that has failed to pay State taxes or has outstanding debt with the State of Michigan.
- j) Enter into negotiations with one or more applicants on price, terms, technical requirements, or other deliverables.
- k) Award multiple agreements, or award by agreement activity.
- l) Evaluate applications using a method that establishes the relative importance of each deliverable.