

August 14, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval to apply to the US Department of Health and Human Services for the Supporting Vaccine Confidence Grant Program. Anticipated grant value is \$750,000 over 3 years. Funding is through the US Department of Health and Human Services. No County General Funds are involved.

Previous Board Action/Review	Briefed at Issues – August 14, 2024		
Performance Clackamas	Ensure Healthy, Safe, & Secure Communities		
Counsel Review		Procurement Review	
Contact Person	Philip Mason-Joyner	Contact Phone	503-742-5956

EXECUTIVE SUMMARY:

The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests approval to apply for the Supporting Vaccine Confidence Grant from the U.S. Department of Health and Human Services Office of Infectious Disease and HIV/AIDS Policy. This funding would expand, plan, implement, and evaluate promising practices to increase vaccine confidence among Clackamas County’s Eastern European communities.

An estimated 100,000+ Eastern European immigrants and their families live in the Portland metropolitan region. Eastern European communities’ historical mistrust of vaccines exists on top of barriers to medical care for recent refugees and for those needing services in a language other than English. This combination of factors has resulted in significantly lower immunization rates than the County average. Specific data are challenging to find since demographic data indicating a person’s membership in an Eastern European community are not often collected. We know that from 2013-2017, only 24.3% of Russian-speaking Health Share members got all the recommended vaccines for their two-year-olds, compared to 72.3% of English-speaking families.

Low childhood vaccination rates put Eastern European residents at high risk for vaccine-preventable diseases like measles, which may result in long-term health complications and costly hospital stays. Increasing vaccine confidence within these communities will increase immunization rates and help protect their most vulnerable members from serious illness.

Clackamas County Public Health Division has existing strong relationships with community-based organizations serving Eastern European communities in the region. With additional funding provided by this grant, CCPHD would be enabled to grow our partnerships and connections within these communities further, helping to establish trust in health care services and local institutions.

Healthy Families. Strong Communities.

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www.clackamas.us

Specific grant activities would include convening a partner network of trusted community leaders; conducting a community needs assessment, identifying specific barriers to vaccine confidence, developing culturally informed educational resources, conducting targeted community outreach, training trusted messengers, and evaluating project outcomes. This work would be funded for up to three years to create a self-sustaining partner network that would continue working to improve the health of Clackamas County's Eastern European residents.

RECOMMENDATION: The Staff respectfully requests that the Board of County Commissioners approve to apply for the Supporting Vaccine Confidence grant.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook
Director of Health, Housing & Human Services

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal, complete sections 1, 2 & 4 only. If direct appropriation, complete page 1 and Dept/Finance signatures only.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

****CONCEPTION****

Section I: Funding Opportunity Information - To Be Completed by Requester

Direct Appropriation (no application)
 Award type: Subrecipient Award Direct Award

Award Renewal? Yes No

Lead Fund # and Department:	240-Health, Housing, and Human Services-PH
Name of Funding Opportunity:	Supporting Vaccine Confidence

Funding Source: Federal – Direct Federal – Pass through State Local

Requestor Information: (Name of staff initiating form)	Kim La Croix
Requestor Contact Information:	klacroix@clackamas.us
Department Fiscal Representative:	Sherry Olson
Program Name & Prior Project #: (please specify)	Access to Preventative Health Program #400402, Immunizations Service Area #40040209

Brief Description of Project:

If awarded, this funding will be used to support work with community- and faith-based organizations serving Clackamas County's Eastern European and Slavic residents, with the goal of increasing vaccine confidence and immunization rates within these communities. Led by partners, we will identify specific barriers to vaccine confidence, plan and implement ways to reduce vaccine hesitancy and build trust, and ultimately evaluate and share the impact of our chosen interventions.

Name of Funding Agency: US Department of Health and Human Services, Office of Infectious Disease and HIV/AIDS Policy

Notification of Funding Opportunity Web Address: <https://www.grants.gov/search-results-detail/349573>

OR

Application Packet Attached: Yes No

Completed By: Bridget Abshear Date: 8/12/24

**** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ****

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

Competitive Application Non-Competing Application Other

Assistance Listing Number (ALN), if applicable:	93,344	Funding Agency Award Notification Date:	07/18/24
Announcement Date:	07/18/24	Announcement/Opportunity #:	NV-VSR-24-001
Grant Category/Title	Health/Supporting Vaccine Confidence	Funding Amount Requested:	\$750,000 (\$250 x 3 years)
Allows Indirect/Rate:	Yes, approved indirect cost rate	Match Requirement:	0
Application Deadline:	08/21/24	Total Project Cost:	\$750,000
Award Start Date:	09/30/24	Other Deadlines and Description:	
Award End Date	3 years max		
Completed By:	Sherry L. Olson	Program Income Requirements:	
Pre-Application Meeting Schedule:			

Additional funding sources available to fund this program? Please describe:

Currently, our LPHA PE43 and county general funds support the Immunization program. This funding will help support current staffing and additional contractual work in the immunization program.

How much General Fund will be used to cover costs in this program, including indirect expenses?

If awarded we'll use FY25 budgeted county general fund in the immunization program to cover unallowable allocated costs. Currently, general fund is covering some personnel costs in the immunization program. This general fund will be reallocated to cover unallowable allocated costs because the grant covers personnel/FTE.

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

NA

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

This grant funding would be used to grow confidence in vaccines among Clackamas County Eastern European communities, thereby increasing immunization rates and reducing rates of vaccine-preventable disease. This culturally specific vaccine confidence work aligns with the following:

Performance Clackamas: Ensure Healthy, Safe, & Secure Communities: Access to Services

H3S Strategic Plan: Goal 3: Equity-driven services

Public Health Strategic Plan: Priority 1: Racial health equity and cultural responsiveness. Priority 2: Communication and community outreach

2. Who, if any, are the community partners who might be better suited to perform this work?

There are several regional organizations that have strong ties to our Eastern European and Slavic residents, such as the Ukrainian Foundation, Slavic and Eastern European Center of IRCO, Lutheran Community Services NW, and Slavic Community Center NW. We believe that Clackamas County Public Health's existing strong ties with these organizations and our ability to convene invested parties from across various sectors puts us in a good position to perform this work. We expect to engage the services of culturally knowledgeable expert consultants like Konev Consulting.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

The objectives are specified in the Notice of Funding Opportunity as follows: Build and maintain partnerships with local community to determine what specific barriers are preventing confidence in vaccine; Develop locally tailored intervention plans to increase vaccine confidence in target populations and evaluation plans; Evaluate project processes and outcomes to ensure project effectiveness; Share information about the project and its findings with the public. We plan to follow these steps as described, building on existing connections and strengths.

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes, the immunizations program of Clackamas County Public Health.

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

Clackamas County Public Health currently has 2 program planner FTEs dedicated to immunizations, and 1 community liaison FTE dedicated to outreach with our Eastern European communities. To lead project work in a culturally responsive manner, CCPHD may engage the services of an expert consultant like Konev Consulting. We expect to be able to engage these services within the appropriate time frame.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

Yes, partnership efforts would play a vital role in the work funded by this grant. A consultant may take the role of convening invested parties from faith-based organizations and regional CBOs like Ukrainian Foundation, Lutheran Community Services NW, Slavic Community Center NW, and Slavic and Eastern European Center of IRCO to create an expert and culturally-informed plan for assessing barriers to vaccine confidence and implementing identified interventions.

Additionally, since our Eastern European and Slavic communities exist across county lines, we expect to collaborate with Marion, Multnomah, and Washington counties.

3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

Ideally this coalition/partnership network is ultimately able to be led by one of our trusted CBO partners and we can support them in growing their capacity. Its focus may change from vaccine-focused work to general health equity and access to preventive services. If lead work cannot be transferred to a partner organization, the project will conclude after 3 years.

The Office of Infectious Disease and HIV/AIDS Policy plans to offer an competitive additional budget period for the purpose of funding selected recipients in transitioning successful projects to sustainability once the award has ended.

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

No, vaccine outreach to our Eastern European communities would fold back into our regular immunizations work.

Collaboration

1. List County departments that will collaborate on this award, if any.
H3S only

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

Grantees are required to submit quarterly performance project reports and quarterly Federal Financial Reports. One final performance report and one final Federal Financial Report covering the entire project are due at the project's conclusion.

In addition, a yearly noncompeting application must be submitted including a summary progress report for the budget period, an updated work plan, and a budget + narrative and justification for the upcoming year.

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

We will use data from the ALERT Immunization Information System. We may request data from CCO partners such as Health Share of Oregon.

3. What are the fiscal reporting requirements for this funding?

Grantees must submit quarterly Federal Financial Reports (FFR) via HHS Payment Management System. FFRs are cumulative and due 30 days after the end of each reporting period. In lieu of the last quarterly FFR, grantees will also be required to submit a final FFR covering the entire award 120 days after the end of the period of performance.

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.
No other revenue sources required

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?
No match requirement

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?
Yes with a copy of approved indirect cost rate

Other information necessary to understand this award, if any.

Program Approval:

Kim La Croix

8/12/24

Kim LaCroix

Name (Typed/Printed)

Date

Signature

**** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR****

****ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Kim La Croix

8/12/24

Kim LaCroix

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Aug 12, 2024

Denise Swanson
Denise Swanson (Aug 12, 2024 15:20 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Aug 12, 2024

Elizabeth Comfort

Name (Typed/Printed)

Date

Signature

EOC COMMAND APPROVAL **WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY**

Name (Typed/Printed)

Date

Signature

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications less than \$150,000:

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

For applications under \$150,000 email form to Christina Fadenrecht at CFadenrecht@clackamas.us for Gary Schmidt's approval.

For applications \$150,000 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

BCC Agenda item #:

Date:

OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department at
and
Grants Manager at financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier: <input type="text"/>
--------------------------------------------------------------------------------------------------------	--------------------------------------------------

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--------------------------------------------------------	-------------------------------------------------------

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
-------------------------------------------------	-------------------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. UEI: <input type="text"/>
---------------------------------------------------------------------------------	-----------------------------------

d. Address:

* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

- * a. Federal
- * b. Applicant
- * c. State
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:
 Prime SubAwardee

* Name

* Street 1 Street 2

* City State Zip

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text"/>	7. * Federal Program Name/Description: <input type="text"/>
	CFDA Number, if applicable: <input type="text"/>

8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
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10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name
* Last Name Suffix

Title: Telephone No.: Date: