1. **Do incentives need to follow the same guidance as COVID supplemental funding in terms of percent allocated for equity?**

   The intended use of incentives is to increase overall vaccination coverage. There is no funding mandate to reach certain populations tied specifically to the use of incentives.

   Please note, the funding mandates associated with the COVID-19 supplement projects remain intact. For example, under “COVID 4,” 60% of the funding must still support local communities through local health departments (LHD), community-based organizations (CBO), and/or community health centers (CHC); and 75% of “COVID 4” funding must focus on activities to ensure equity.

2. **Can some of the funds spent on incentives be used from the funds allocated for equity if they are spent on underserved populations?**

   The 60% of the COVID 4 funds that must support local communities through local health departments (LHD), community-based organizations (CBO), and/or community health centers (CHC) should still go to those entities. Those entities may propose an incentive plan, if desired.

3. **I know there is a cap per person for the incentives, but is there an overall cap?** *(UPDATED 7/30/21)*

   There is a $100 per person cap for incentives, but no overall threshold for the total amount of supplemental funding that can be used. In crafting plans, please ensure incentive plans reflect a reasonable and responsible use of federal funds.

4. **Are we required to use the CDC template?**

   No, you are not required to use the CDC template for your incentive plan, but the plan must address the 8 required elements and be signed by the program manager and agency Authorizing Official.

5. **Is there a page limit to the plan we submit?**

   No, there is no page limit as long as the 8 required elements are met.
6. Can we offer a gift card to the vaccine recipient and enter that person in a raffle?

Raffles, or games of chance, are not a permissible use funds. A vaccine recipient can receive multiple incentives if the combined total cost does not exceed the $100 dollar per person value associated with the use of IP19-1901 funds.

7. Can incentives be given retroactively to individuals who have already been vaccinated?

The intent for incentives is to get those currently unvaccinated to become vaccinated. Awarding retroactive incentives to those who are already vaccinated is not aligned with the purpose of guidance requirements and is not permissible.

8. Can individuals who already received a $25 incentive be retroactively given an incentive under the new $100 cap? [NEW 7/30/21]

The $100 incentive per person cap is effective as of July 30, 2021. Those currently unvaccinated against COVID-19 as of July 30, 2021 are eligible to receive the up to $100 incentive. Those previously vaccinated or in the middle of a vaccination series would not be eligible for the new incentive offering.

9. Does CDC want us to submit a plan from each local health department who submits a proposal to us, or should we summarize all the proposals in one request to CDC? [UPDATED 7/30/21]

All plans must be approved by your POB Project Officer. It is recommended that the awardee submit one plan for review, rather than individual incentive plans for subrecipients (e.g., local health department, community-based organization, etc.).

IP19-1901 recipients are recommended to create a statewide plan with a menu of allowable incentives for which local partners may choose from. This approach, referred to as the ‘hybrid plan’, allows CDC to review and approve one overall approach that still provides flexibility at the local level to select incentives.

Please follow-up with your POB Project Officer for additional information about the ‘hybrid plan’.

10. Can you provide a list of approved incentives (e.g., wristbands, t-shirts, buttons, gift cards, etc.)?

A list of generally allowable incentives is being developed and will be distributed to IP19-1901 recipients.

11. Is there a due date for the incentives plan?

An incentive plan is not required and thus does not have a due date. It may be submitted at any time the recipient would like to exercise this option.
12. Does the $100 per person cap apply only to gift cards or to the value of any incentive, or can it be an average value? **(UPDATED 7/30/21)**

The guidance establishes a $100 per person cap that applies to the total value of any item(s) given out to an individual. Incentives funds cannot be pooled to create one, or limited opportunity, incentive(s). If your program believes there is a reasonably justifiable need for an incentive that exceeds the cap, this information should be included in your submitted incentive plan. Determination of the appropriateness of this would be made during the review of your plan.

13. Does the $100 cap refer to the maximum value per individual or per event (i.e., the 2-dose series)? **(UPDATED 7/30/21)**

The intended purpose of the incentives is to encourage people to become fully vaccinated with a COVID-19 vaccine. Therefore, the incentive should be issued to individuals who become fully vaccinated due to the incentive (e.g., 2 doses of Pfizer or Moderna, 1 dose of Johnson & Johnson, etc.). It would be acceptable to “split” an incentive on a two-dose series to ensure individuals return for the second dose or delay distribution of the incentive until after the second dose has been administered. The total value of the incentive in these cases should still be $100.

PLEASE NOTE: Provision of incentives to individuals who were fully vaccinated prior to the implementation of the approved incentives plan is not allowable.

14. If an intended geographic population has 1M people with incentive costs at $100 per person, can a $100M lottery be offered? **(UPDATED 7/30/21)**

Lotteries, raffles, or other games of chance are not allowable uses of funds.

15. Would a door raffle of a big-ticket item be allowable, if the total cost of the item was equal to $100 per eligible individual within a community? **(UPDATED 7/30/21)**

Lotteries, raffles, or other games of chance are not allowable uses of funds.

16. Are there established performance measures for the incentives?

No.

17. What does the incentive evaluation need to entail?

There are no specific requirements for the incentive evaluation beyond a description of the population(s) being offered the incentive(s) and the type of incentive(s) being offered, with provision of quantifiable information as is feasible (e.g., number of incentives offered/received, number of persons being offered/receiving incentives, number of vaccines being administered in connection with incentives). PLEASE NOTE: CDC strongly encourages incentive evaluation plans be prepared.
The following are examples of other approaches to consider implementing depending on feasibility and jurisdiction interest:

- Assessment of the impact and effectiveness of incentives on COVID-19 vaccination decision-making and receipt. This could be done by conducting surveys of either persons who have received or been offered incentives or persons who have been vaccinated. Questions could assess the relative importance of factors influencing vaccination behavior and decision-making, such as the incentive, recommendation of healthcare provider, friends/family, the ability to travel or engage in other activities without wearing a mask if fully vaccinated.
- Assessment of incentive-related process measures, such as the administrative burden of offering and managing incentives. This could be done via focus groups or surveys of involved staff.
- Cost of providing incentives. This could be done by estimating the total cost of the incentives and resources necessary to manage the incentive program, to include staff time.

POB staff are available to provide support for designing and/or implementing an evaluation of COVID-19 vaccination incentives. Please reach out to your POB Project Officer for more information.

18. Which round of supplemental funding is the incentive funding coming from?

Incentives can be purchased with any of the COVID funding awarded to date except for the COVID 4 Addendum (vaccine confidence strategies).

19. Are these incentives restricted to incentivizing COVID-19 vaccination or can they be used for any recommended vaccination?

Incentives can only be used for COVID-19 vaccination.

20. Can incentives be used to pay for music at events?

No. Entertainment cost are not an allowable use of funds.

21. Can incentives funds be used to provide food and beverage at a vaccination event?

No. Food and beverages are not an allowable use of federal immunization funding.

22. Is a gift certificate for food the same or different from providing a meal?

Store vouchers or generic gift cards are an allowable incentive including those for grocery stores.
23. My program has contracted “outreach activities” to CBO’s/contractors. Who is responsible for the dispensing and tracking of individuals who receive the incentives?

If the awardee has contracted with CBOs or other local organizations to conduct vaccination activities, and these organizations wish to provide incentives, their plans must adhere to the same requirements listed in the policy and must be approved by the POB project officer prior to implementation, including obligation of funds.

It is the responsibility of the contracted agency to administer and track the incentives program and ensure that they follow the policy guidance. However, the awardee, as the direct recipient of the federal funds, is ultimately accountable for ensuring their partners and partners’ plans adhere to the policy guidance.

24. What level of detail is required to document/track the person receiving the incentive (e.g., are name and phone number needed)?

At this time, CDC has not defined specific data elements that must be collected for tracking purposes. Awardees must develop a tracking system to minimally ensure that the appropriate individuals receive an incentive, individuals do not get more than one incentive, and that the incentive(s) are not otherwise misused. The tracking system should provide enough documentation to withstand formal auditing.

25. Do incentives get put under contracts?

Inclusion of incentives in the budget will vary depending on the intended mechanism for how they will be procured and distributed. Generally, the most appropriate budget category may be ‘Other’.

26. What is the difference between a marketing/promotional item and an incentive item?

For the purpose of this policy and creation of a recipient incentive plan, an incentive is a tangible item that is given to an individual who is fully vaccinated against COVID-19. Marketing/promotional items are intended to reach a broad target population to increase awareness of COVID-19 vaccination but in which vaccination is not a stipulation to receipt.

27. Does the incentives plan have to be included in the COVID workplan or can it be a separate document?

The incentive plan is a standalone document that can submitted separately than any of the COVID project workplans (i.e., COVID 3 or COVID 4). However, the incentive plan must reference your COVID workplan. It is also likely that you may have to adjust your budget(s) to document how the incentive funds are being spent.

For any awardee that has been approved for an extension to your COVID 4 plan, you can include your incentive plan as an addendum to the workplan and incorporate the costs in your budget.
28. Per the guidance, incentive costs can be used with previously awarded COVID-19 funding. How do we go about incorporating this new initiative into the budget(s) if we have to move funds around a previously approved budget? How do we notify you that we are doing this?

The desired action being described is a budget redirection. Guidance for redirections can be found here: https://www.cdc.gov/vaccines/covid-19/redirections-faq.html

29. Can someone get an incentive for getting vaccinated AND transporting individuals for vaccination?

The intended target of the incentive initiative is the vaccine recipient. Transportation vouchers, or gas gift cards, are allowable incentives for people for whom transportation is a barrier to vaccination. There are also transportation companies, such as Uber/Lyft, that are providing free transportation to vaccination clinics.

To fund transportation (public transportation or ride share services) for the public to receive COVID vaccine, submit a plan to your POB Project Officer that covers the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount, (d) qualifications for issuance, & (e) method of tracking.

Depending on the transportation company, awardees may also be able to establish interagency agreements with their Department of Transportation or create contracts/MOUs with other appropriate partners and have an established documented reimbursement rate. In this instance travel would be covered on the front end and the awardee would reimburse the company.

30. Can we purchase stickers or buttons/pins that say “I got vaccinated” to encourage other people to get vaccinated?

Buttons, pins, or stickers, that say “I got vaccinated” or something similar that are not promoting an organization or cause are allowable. An incentive plan is not needed for this; however, the budget must be updated (as necessary) for appropriate inclusion.

31. Can federal funds be used to cover the costs of incentives that have already been provided?

The incentive(s) cannot be retroactively applied; therefore, eligibility begins once the approved incentive plan is in place and ready to be executed by the recipient.

32. Can incentives be given to providers to encourage them to vaccinate?

No, COVID-19 supplement funds cannot be used to incentivize providers. Vaccine providers are encouraged to use established mechanisms to receive compensation for administering vaccinations. Administration fees are reimbursed by the patient’s public or private insurance company or, for underinsured and uninsured patients, by the Health Resources and Services Administration’s Provider Relief Fund. Please let your project officer know about challenges or barriers not providing additional incentives to providers may pose to maintaining adequate vaccinator capacity.