

COVID-19 Vaccination Supplemental Funding

Funding for the implementation and expansion of the COVID-19 vaccination program

Supported through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260

Funding provided through NCIRD to the 64 immunization jurisdictions

Guidance for the use of supplemental funding (January 2021) for IP19-1901 Immunization and Vaccines for Children cooperative agreement recipients

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Background and Purpose

On December 27, 2020, the President signed into law the FY 2021 Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260), which includes supplemental funding for coronavirus vaccine activities to support broad-based distribution, access, and vaccine coverage. To date, the resources allocated have been focused on planning and preparing for administration of COVID-19 vaccines; these additional resources will support the implementation of the COVID-19 vaccine program. This requires expanding the existing immunization infrastructure, engaging in additional partnerships, and implementing and evaluating new strategies to reach affected populations (such as those who may be vaccine hesitant, those who are in racial and ethnic or other minority groups).

In addition to this guidance for this round of supplemental funding, recipients should refer to the [COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#) (Playbook) guidance document, as well as supplements and addenda to the *Playbook*, for additional guidance. To successfully implement the COVID-19 vaccine program, these supplemental funds should be utilized to complete phase 1a vaccination activities, and continue planning and implementation of the remaining phases 1b, 1c, 2, and 3 (as described in the Playbook) of the state and local COVID-19 vaccine program plans.

Among other activities, the funds provided through this supplemental award supports vaccine clinics. There are large populations that will be difficult to reach and who will rely on public health clinics as well as satellite, temporary, or off-site settings for vaccine services. Given the disproportionate impact of COVID-19 on certain racial and ethnic groups as well as survey data that suggests vaccine confidence is lower among African American and Hispanic populations, workplans should include activities that are focused on the specific needs of these groups and describe how the jurisdiction will use community leaders, stakeholders, and data to identify and address access and acceptance in these communities (see also [CLAS Standards - Think Cultural Health \(hhs.gov\)](#)).

Efforts to support vaccine clinics include, but are not limited to, reaching out to those for whom vaccine is recommended, training providers and partners on the appropriate storage and handling of the vaccine, equipping health care providers to discuss the vaccine and administer it to patients, ensuring adequate clinic staff availability, and ensuring systems can track vaccines administered and provide recall tracking and notification to complete vaccine series.

Overall, this supplemental funding will be used to support and strengthen critical immunization planning and implementation requirements and activities to ensure effective and efficient COVID-19 vaccination in phases 1 (a, b, and c), 2, and 3.

Funding Strategy

NCIRD is awarding additional supplemental funds totaling \$3 billion (\$3,002,304,336) to our “IP19-1901 Immunization and Vaccines for Children” recipients to support their program needs to focus on the work of implementing and expanding their COVID-19 vaccination program. This funding comes from the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260)

Note that **a minimum of 10% of your total funding** received under this award **must be allocated for high-risk and underserved populations, including racial and ethnic minority populations and rural communities. Activities supporting these efforts should be clearly defined in the workplan and separate reporting requirements on those efforts will be required.** Failure to meet this requirement may result in the application of 45 CFR 75.207 - Special Award Conditions and or 45 CFR 371- Remedies for Noncompliance (e.g., funds restrictions) until satisfactorily addressed. This may include requiring additional reporting, corrective actions, or enforcement actions such as cash restriction, disallowances, whole or partial suspension or termination, withholding further federal funding, or other remedies.

This new funding will be awarded during Budget Year 2 of the cooperative agreement and it will be available through June 30, 2024.

Each current recipient under IP19-1901 will receive funds, and the amount available to each recipient is determined using a population-based formula. Direct assistance (DA) funding is allowable as needed to support existing immunization information system (IIS) contracts and should be addressed in the workplan and budget submitted.

Workplan and Budget Submission

The **funding will be made available** to each awardee **by Jan 18, 2021.**

Within five business days of receipt of this guidance, the Authorized Official is required to acknowledge receipt of this guidance as a grant note. The acknowledgement must be submitted on official letterhead and utilize the attached “Acknowledgement Letter for IP19-1901 – COVID-19 Supplemental Funds” template.

Within 45 days of receipt of the Notice of Award (NOA) the application documents must be submitted in GrantSolutions, as a Budget Revision **Amendment** as part of the applicant’s current award (IP19-1901) Budget Period 02.

Note: If a recipient does not submit the documents listed below and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award will be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient submits the documentation and is approved.

The application package must consist of the following documents:

Application for Federal Assistance -424

- One form for supplemental request - fill out the e-form in GrantSolutions

Budget Information 424a

- Total funding request- for supplemental project- fill out the e-form in GrantSolutions

Detailed Workplan and Budget

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- Detailed workplan and budget describing activities as further set out below. See separate application templates. Note that the workplan must describe the activities planned to complete phase 1(a,b,c) along with the planned activities for phases 2 and 3.
- Except where otherwise authorized by statute, 45 CFR 75 Subpart E – Cost Principles is applicable.
- Term and Conditions Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260), agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

Termination

This award may be terminated in whole or in part consistent with 2 CFR 200.340 and 45 CFR 75.372

(1) by CDC if the recipient or pass-through entity fails to comply with the terms and conditions of the award;

(2) by CDC or pass-through entity for cause;

(3) by CDC to the greatest extent authorized by law, the award no longer effectuates the program goals or agency priorities;

(4) by CDC or pass-through entity with the consent of the recipient, in which case both parties agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;

(5) by the recipient upon sending CDC or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if CDC determines in the case of partial termination that the reduced or modified

portion of the award or subaward will not accomplish the purposes for which the award was made, CDC may terminate the award in its entirety

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

Activities

The activities supported by these funds are described within this section. Unless noted, every activity below is a required activity. Awardees may also propose other additional activities within their submitted workplans. In the application workplan, all activities must be clearly tied to the purpose of this funding as stated on page two of this document. Please speak with your Program Operations Branch (POB) project officer if you have questions about other activities for which you are considering using this funding. Also, please note the above-mentioned requirement regarding the 10% allocation minimum for activities for high-risk and underserved populations.

1. Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations
 - **Increase the number of vaccine provider sites, including through the use of pharmacies.** This can be done through a competitive application process, through enrollment of specific providers into such a program, or through other means
 - **Enroll/train vaccine providers**, including complementary providers, to build capacity to vaccinate pediatric and adult populations in accordance with ACIP recommendations.
 - **Enlist/educate adult providers**, including specialists that see high risk patients, to identify and refer patients to vaccination clinics if they are not themselves vaccinators
 - Fund local health departments to **expand their operations** (e.g., providing vaccinations during evenings, overnight, and on weekends) and to **increase their throughput**
 - Support public health **workforce recruitment and training** including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability. ([CDC's Social Vulnerability Index \(SVI\)](#))
 - Implement **vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics** to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities

2. Ensure high-quality and safe administration of COVID-19 vaccines
 - Implement **site visits** to COVID-19 vaccination clinics to provide monitoring and quality assurance support (supportive supervision) and to promote quality improvement.
 - Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products
 - Provide **supplies (including personal protective equipment (PPE)), equipment, and training** to providers and partners for:
 - ✓ **Vaccine storage and handling**, including monitoring **temperature** of vaccines
 - ✓ **Vaccine transport, including any vaccine-specific considerations**, for temporary mass vaccination clinics.
 - ✓ **Vaccine administration**

- Ensure vaccine administration sites have appropriate capabilities to **address adverse events, including anaphylaxis**
- Support **provider training and reporting of vaccine adverse events** to VAERS

3. Ensure equitable distribution and administration of COVID-19 vaccines

- Monitor **vaccination coverage** among population subgroups, identifying populations and geographic areas with low coverage. **Implement and evaluate interventions** and direct vaccine and vaccination efforts to increase coverage
- Monitor and improve access to vaccinations in communities of high social vulnerability. ([CDC's Social Vulnerability Index \(SVI\)](#))
- Continue and expand on the work of **Vaccine Equity Committees (or similar committees)** to ensure transparency and engagement with the community
- Have a written plan to **address high-risk and specific populations** (including older adults) and how to reach each group, including **congregate settings (e.g. correctional facilities), homeless populations, essential workers**, and others.
- Partner, plan, and implement vaccination activities with **critical organizations**. These organizations could include but are not limited to:
 - ✓ Colleges and Universities
 - ✓ Occupational health settings for large employers
 - ✓ Churches or religious institutions
 - ✓ Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
 - ✓ Pharmacies
 - ✓ Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
 - ✓ Organizations and businesses that employ critical workforce
 - ✓ First responder organizations
 - ✓ Non-traditional providers and locations that serve high-risk populations
 - ✓ Other partners that serve underserved populations
- Plan and implement vaccination activities with organizations and business that employ **frontline essential workers**

“ACIP used CISA guidance to define **frontline essential workers** as the subset of essential workers likely at **highest risk for work-related exposure** to SARS-CoV-2, the virus that causes COVID-19, because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers. ACIP has classified the following non–health care essential workers as frontline workers: **first responders (e.g., firefighters and police officers), corrections officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers.**”

([The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020 | MMWR \(cdc.gov\)](#))

4. Increase vaccine confidence through education, outreach, and partnerships
 - **Enhance/amplify messaging (including through translation)** to promote COVID-19 vaccination, especially among underserved populations (see also [CLAS Standards - Think Cultural Health \(hhs.gov\)](#))
 - Fund local **education campaigns** and approaches to adapting CDC materials to community audiences, including a focus on racial and ethnic minority groups
 - **Share educational, outreach and marketing approaches and materials** with CDC and others engaged in similar activities to allow for national dissemination. Recipients are reminded to be cognizant of the statutory and policy requirements for acknowledging HHS/CDC funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents in accordance with [CDC General Terms and Conditions for Non-research Awards - Acknowledgement of Federal Funding](#) in your base award.
 - Address vaccine education efforts to include addressing possible vaccine **misinformation** and increase **vaccine confidence and vaccine uptake**, including with racial and ethnic minority groups
 - **Fund local health department contracts** to promote COVID-19 and other vaccinations to increase vaccine confidence in racial and ethnic minority groups and to increase accessibility for people with disabilities

5. Develop and implement community engagement strategies to promote COVID-19 vaccination efforts
 - Support broad education efforts that explain to the public options for how/where/when they can get COVID-19 vaccine in their communities
 - Fund partnerships for **community engagement to identify trusted voices that represent the diversity of affected communities** to promote vaccination and have bidirectional conversations in communities with vaccine hesitancy. These partnerships need to reflect the diversity of the jurisdiction's population.
 - Implement a **rapid community assessment** guide to diagnose potential barriers and **identify solutions to low vaccine uptake or vaccine confidence** in specific communities.
 - Fund **community-based organizations** and build local partnerships or coalitions to allow for coordinated activities across community organizations working to **promote vaccine confidence**. Examples of community-based organizations include social service agencies, nonprofit organizations, and formal and informal community groups, like neighborhood groups or recreational or special-interest clubs.

6. Support high vaccination uptake in tribal nations
 - As applicable, provide funding to support **Tribal Health Programs and Urban Indian Organizations** (e.g., for supplies, educational/communication materials, storage and handling equipment).. Any funding provided to Tribal Health Programs and Urban Indian Organizations should complement efforts supported through the Indian Health Service.
 - Collaborate with Tribal organizations to develop **culturally appropriate materials** for their specific American Indian/Alaska Native (AI/AN) populations, as appropriate.
 - **Partners** to consider funding include, but are not limited to:
 - ✓ Tribal Health Programs and Urban Indian Organizations
 - ✓ Tribal Epidemiology Centers (TECs)
 - ✓ Area Indian Health Boards

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- ✓ Tribal WIC programs
- ✓ Tribal daycares
- ✓ Association of American Indian Physicians (AAIP) local affiliates
- ✓ National Association of Indian Nurses of America (NAINA) local affiliates
- ✓ Tribal & Urban Indian Health Immunization Coalition
- ✓ Alaskan Native Tribal Health Consortium (ANTHC)

7. Use immunization information systems to support efficient COVID-19 vaccination

- Promote and implement email and text messaging **reminder/recall** activities at either the state or provider level
- **Monitor** and manage the COVID-19 **vaccine supply** in the jurisdiction and ensure that the vaccine is broadly available across the jurisdiction, including in the places where it is needed most
- **Enhance IIS vaccine ordering and inventory capabilities** including improving business processes and tools for vaccine ordering and tracking inventory, use of the ExIS interface with VTrckS, training of providers, capacity for vaccine order reviews, automated tools to improve data quality (e.g., address validation), and help desk staffing
- **Develop and enhance health information infrastructure and IIS upgrades to improve data quality and ensure robust reporting at the jurisdiction and Federal level** including onboarding to and staff to support ongoing use of the Immunization (IZ) Gateway, COVID-19 Data Clearinghouse, IZ Data Lake, Vaccine Administration Management System (VAMS), VaccineFinder, Privacy Preserving Record Linkage (PPRL) and related systems. Other ideas: Upgrade IIS to the latest version of the platform, support data exchange, enhance IIS analytics and visualization capabilities, move to the cloud. <https://www.cdc.gov/vaccines/covid-19/reporting/requirements/index.html>
- Ensure **timely and accurate reporting** of vaccine administration, demographic, and other data. This includes sharing this information with local health entities and other appropriate partners within the jurisdiction.
- Implement and support systems to provide consumer access to immunization records including methods to securely document COVID-19 vaccination using a “digital vaccination card”.

Performance Measures and Reporting

Performance measures specific to COVID-19 vaccination-related activities will be finalized and provided to recipients within 21 days of award. CDC will utilize existing data sources whenever possible to reduce the reporting burden on recipients and, where appropriate, existing performance measures may be used. While more frequent reporting may be employed within the first year of this supplement, these requirements may be adjusted as circumstances allow. Where it is possible, reporting will be aligned to current performance measure reporting timelines.

- Progress on Milestones will be reported on a quarterly basis. Recipients will be provided 2 weeks to update their progress and note any challenges encountered since the previous update.
- Financial reporting requirements shall be noted and, as necessary, updated in the Terms and Conditions of the award.
- ISD will work with OGS to limit the administrative burden on recipients.

Summary of Reporting Requirements:

1. Quarterly progress reports on milestones in approved workplans.
2. Monthly fiscal reports as defined in REDCap (beginning 60 days after NOAs are issued).

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3. Performance measure data (Vaccine uptake, uptake in sub-populations, timeliness and completion of reporting for example)
4. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

Please also note: Data collected as a part of the activities supported with these funds shall be reported to CDC in a form and fashion to be determined and communicated at a later date.

IP19-1901 Immunization and Vaccines for Children recipients seeking additional information about this funding opportunity are encouraged to contact their CDC Immunization Project Officer.