



**Request for Proposals (RFP) Support Rural Local Health Department Sub-Award  
Recipients with Technical Assistance in Creating Health Equity Sustainability  
Plans**

**Applications due by, March 15<sup>th</sup>, 2024, at 11:59 EST**

## Summary Information

**Project Title: Rural Health TA Provider**

**Proposal Due Date and Time: 03/15/2024 11:59 pm ET**

**Selection Announcement Date: on or around 03/22/2024**

**Source of Funding: Centers for Disease Control and Prevention (CDC)**

**NOA Award No. 5 NU38OT000306-05-00**

**Maximum Funding Amount: up to \$150,000.00 per award**

**Estimated Number of Awards: One (1)**

**Estimated Period of Performance: April 22, 2024 - July 31, 2024**

**Point of Contact for Questions Regarding this Application: Lluvia Botello**

**([hesj@naccho.org](mailto:hesj@naccho.org))**





## Overview

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 3,300 local health departments (LHDs) across the country. These city, county, metropolitan, district, and Tribal departments work to protect and improve the health of all people and all communities. NACCHO provides resources to help LHD (Local Health Departments) leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

NACCHO is pleased to offer a funding opportunity for a consultant(s) to provide expert training and technical assistance (TTA) to build the health equity capacity of local health departments and their community partners, as a part of the CDC's *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities Department of Health and Human Services* ([CDC-](#)

[RFA-OT21-2103](#)), hereafter referred to as the COVID Health Equity Initiative. The purpose of this initiative is to address COVID-19 related health inequities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and services.

The intended outcomes of the 2103 grant are to: reduce COVID-19-related health disparities, improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities, and improve state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

 <p><b>1. Expand existing and/or develop new mitigation and prevention resources and services</b></p> <ul style="list-style-type: none"><li>• <b>Expand testing and contact tracing</b></li><li>• Vaccine coordination, quarantine and isolation options, and preventive care and disease management</li><li>• Tailor and adapt evidence-based policies, systems, and environmental strategies</li><li>• Identify and establish collaborations with critical partners to connect community members to programs/resources and lessen adverse effects of mitigation strategies</li></ul>	 <p><b>3. Build, leverage, and expand infrastructure support</b></p> <ul style="list-style-type: none"><li>• <b>Expand the infrastructure to improve testing and contact tracing</b></li><li>• Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions</li><li>• Convene and facilitate multi-sector coalitions or advisory groups</li><li>• Update jurisdictions' COVID-19 plans and health equity plans</li><li>• Build and expand an inclusive public health workforce</li></ul>
 <p><b>2. Increase/improve data collection and reporting</b></p> <ul style="list-style-type: none"><li>• <b>Improve data collection and reporting for testing and contact tracing</b></li><li>• Build on plans for collecting and reporting timely, complete, representative, and relevant data</li><li>• Develop strategies to educate providers, community partners, and programs on the importance of data and how to collect it</li><li>• Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive</li><li>• Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data</li><li>• Ensure adequate resources for data infrastructure and workforce</li></ul>	 <p><b>4. Mobilize partners and collaborators</b></p> <ul style="list-style-type: none"><li>• <b>Build community capacity to reach populations that are disproportionately affected with effective culturally and linguistically tailored programs and practices</b></li><li>• Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions</li><li>• Develop mechanisms such as community advisory groups</li><li>• Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications</li><li>• Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners</li><li>• Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19</li></ul>

The national CDC-funded partners for this initiative are NACCHO (supporting LHD grant recipients), the Association of State and Territorial Health Officials (ASTHO; supporting State and US Territorial grant recipients), and NNPHI (National Network of Public Health Institutes; supporting the identification and sharing of evidence-informed practices). The focus of this RFP is to support a sub-cohort of rural and frontier LHDs by strengthening their knowledge, understanding, and technical capabilities in developing and creating health equity focused sustainability plans. NACCHO seeks an applicant that can provide a wide range of technical assistance on this topic. The focus of this RFP is to provide NACCHO with support in the delivery of TA to a sub-cohort of up to 15 rural and frontier LHDs in creating sustainability programs that focus on health equity in their jurisdiction. The level of TA may vary between health departments but should include 1:1 meetings (2 per location twice through the funding period), providing Ad Hoc TA when requested, and the distribution of existing resources to support LHDs. Applicants should also have experience managing large-scale projects, project management, and service delivery analysis to better obtain program objectives.

As a part of this project, all TA Providers will work with a third-party TA Coordination team identified by and supporting the NACCHO team. TA Providers will collaborate with the TA Coordination team when developing, scheduling, and managing TA provisions from initiation to evaluation closeout. The TA Coordination team will also facilitate bi-monthly meetings with all TA Providers to support coordination, group learning, and collaboration across the fully NACCHO OT21-2103 portfolio. The scale and type of engagement with the TA Coordination team is dependent on the type of activity carried out by the TA Provider and adjusted on a case-by-case basis. For scheduled workshops, all TA Providers will be required to submit a session agenda with learning objectives and skills 14 days before the scheduled session. The TA Coordination team will provide feedback and coaching based on the agenda, and coordinate with the NACCHO team for promotion and evaluation activities. For asynchronous resources, all TA Providers should account for two months of review processes, which the TA Coordination team will help guide.

One (1) award of up to \$150,000.00 is available. Selections will be made on or around March 22<sup>th</sup>, 2024, and the project period will run from the date of contract execution to 07/31/2024. Applications must be submitted no later than **03/15/2024, 11:59 pm ET**. Finalists may be contacted for an interview before the contract is awarded. All necessary information regarding the project and proposal process may be found in this Request for Proposal (RFP). Consultants may pose individual questions to NACCHO at any point during the application process by e-mailing Lluvia Botello with a subject line of “Rural Health TA Provider RFP Question” ([hesj@naccho.org](mailto:hesj@naccho.org)).

## Eligibility and Contract Terms

Consultants with demonstrated experience providing training and technical assistance (TTA) to build the capacity of a diverse cohort of rural and frontier local health departments are encouraged to apply. Community organizations, or communities are also eligible to apply. Preference (via proposal scoring, see **PROPOSAL RESPONSE FORMAT & SELECTION CRITERIA** below) will be given to those with experience building capacity of rural and frontier local health departments. All TTA provided must include culturally responsive practices and be centered in racial and health equity, delivered to a sub cohort of up to 15 rural and frontier health departments, with deliverables that are more broadly relevant to NACCHO’s membership and their cross-sectoral partners.

The selected applicant will enter into an agreement with NACCHO using the NACCHO contract (terms and conditions) attached as appendix B below. Agreement with most NACCHO standard contract terms and conditions is a requirement and part of the application. The contractor will be asked to verify that he has read [NACCHO’s standard contract agreement](#) and confirmed in agreement with the terms and conditions.

Agreement with majority of NACCHO standard contract terms and conditions is a requirement and as part of the application, the contractor will be asked to verify that they have read NACCHO’s standard contract language and confirmed in agreement with the terms and conditions. Should your organization need to propose any changes to the terms and conditions, please inform us immediately, however, NACCHO reserves the right to accept or decline such changes. Significant changes or delays providing required contract documents, including providing proof of an active SAM.gov registration, may impact your selection as a successful applicant. **SAM.gov registration must be active at the time the contract is signed.** Agreeing to NACCHO’s Resolution of Disputes and Governing Law is expected and aside from those two clauses, **limited modifications to the terms or contract language can be accommodated.** **Contractors that cannot agree to the majority of NACCHO’s contract language should not apply for this initiative.**

If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.

Consultants should note that the intent of this RFP is to provide training, technical assistance, and to develop resources for use by NACCHO, CDC OT21-2103 grant recipients and their partners, and NACCHO’s broader membership for use both during and beyond this period of performance. Please see the **OWNERSHIP OF MATERIALS section of NACCHO’s standard contract agreement.**

**Allowable Expenses**

Funds may not be used for equipment purchases. Per HHS (Health and Human Services) requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (\$203,700 as of publication of this RFP). **See Appendix A for a full list of restrictions.**

**Schedule of Events**

Please note the following deadlines and events for this application:

Event	Date/Time
<b>Submission Deadline</b>	<b>03/15/2024, 11:59 pm ET</b>
<b>Select Applicant Interviews</b>	<b>TBA</b>
<b>Award Notification Date</b>	<b>On or around 03/22/2024</b>
<b>Contract Execution and Onboarding</b>	<b>The week of 04/22/2024</b>
<b>Anticipated Contract Start Date</b>	<b>The week of 04/22/2024</b>

<b>Anticipated Contract End Date</b>	<b>July 31, 2024</b>
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## Project Activities, Deliverables and Expectations

The TTA elements of this RFP will support LHD grantees in the development and implementation of plans for building, leveraging, and expanding jurisdiction-specific organizational infrastructure support in sustaining health equity in the rural and frontier context. Applicants should have expertise and experience in equipping LHDs, and local public health agencies and organizations specifically in rural and frontier health with the knowledge and skills needed to address health equity, engage residents and other stakeholders, and communicate effectively in their communities. Applicants should also possess experience working with at least one of the following population groups: Black/ African Americans, Indigenous people or tribes, Hispanic or Latino/a/e, Persons with Disabilities, Persons who are Houseless, LGBTQ+, or refugees, immigrant, and migrant populations (RIM (Refugee, Immigrant, and Migrant)).

## Scope of Work

**The applicant(s) for this RFP should have expertise with the following:**

### **Goals and Objectives**

1. Expand existing and/or develop new mitigation and prevention resources and services in preparation for future public health emergencies, and to reduce health disparities in rural and frontier communities in populations at higher risk and that are underserved because of COVID-19.
2. Increase/improve data collection and reporting to guide public health response for rural populations disproportionately burdened by health inequities related to COVID-19 and other health threats.
3. Build, leverage, and expand health equity infrastructure support for COVID-19 and other communicable diseases to minimize impact among rural and frontier populations.
4. Mobilize partners and collaborators to develop relevant strategies that nurture health equity and address social determinants of health as they relate to COVID-19 and other communicable diseases, as well as other health disparities among rural and frontier populations.
5. Connect health departments with existing data sharing partnerships, data hubs, or data intermediaries where applicable (e.g., National Neighborhood Indicators Partnership, Community Indicators Consortium, Data for Black Lives, etc.).
6. Elevate engagement and inclusion of underserved populations and communities including BIPOC (Black, Indigenous, and People of Color), Persons with Disabilities, Persons who are Houseless, LGBTQ+, and Refugee, Immigrant, and Migrant populations.
7. Coordination of 1:1 meetings (can be monthly and up to three meetings) and Ad Hoc (on request) TA with up to 15 Rural and Frontier recipients

8. Provide NACCHO and recipients with pre-existing resources, including links, PDFs, toolkits, infographics, and any other relevant resources.

**The following table outlines the major tasks and deliverables** described above expected of the selected contractor, including an estimated timeline and suggested payment schedule.

Activity	Deliverable	Anticipated Date of Completion
Project Kick-off meeting with NACCHO Team	<ul style="list-style-type: none"> <li>• Meeting agenda and list of attendees</li> </ul>	The week of 04/22/2024
Review and summary of draft Rural Cohort Sustainability Plans	<ul style="list-style-type: none"> <li>• Summary of review</li> </ul>	04/30/2024
Monthly project management calls with NACCHO Team	<ul style="list-style-type: none"> <li>• Meeting agendas and notes</li> </ul>	Monthly through July 2024
Monthly TA 1:1 coaching (up to 2) per partner LHD	<ul style="list-style-type: none"> <li>• List of delivered hours and attendees</li> <li>• Meeting agendas and notes</li> </ul>	07/31/2024
Compilation of at least 3-5 resources (toolkits, infographics, etc.)	<ul style="list-style-type: none"> <li>• Shareable files of resources</li> </ul>	07/31/2024
Monthly Summaries	<ul style="list-style-type: none"> <li>• Monthly progress summaries from each LHD site (NACCHO to <a href="#">provide template</a>)</li> </ul>	Monthly through July 2024
Ad-hoc TA (up to 20 hours)	<ul style="list-style-type: none"> <li>• List of delivered hours and attendees</li> <li>• Meeting agendas and notes</li> </ul>	Monthly until 07/15/2024

## Method of Payment

**NACCHO will pay the selected contractor in installments upon receipt of deliverables per the following payment schedule. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.**

Invoice Schedule			
Invoice Date	Activity	Deliverables	Amount

<p>05/31/2024</p>	<ol style="list-style-type: none"> <li>1. Project Kick-off meeting and onboarding with NACCHO Team</li> <li>2. Monthly check-ins with NACCHO</li> <li>3. Create a kick-off call agenda and slide deck</li> <li>4. Review of Sustainability Plan</li> <li>5. Monthly 1:1 TA meetings; up to 15 (April - May)</li> <li>6. Ad-hoc TA request up to 10 hours (April - May)</li> </ol>	<ol style="list-style-type: none"> <li>1. Onboarding meeting agenda</li> <li>2. Summary of meetings and meeting agendas</li> <li>3. NACCHO Kick-off call agenda and slide deck</li> <li>4. Summary of Review of sustainability plans</li> <li>5. Monthly 1:1 summary in provided template (April-May)</li> <li>6. List of hours of TA delivery, attendees Meeting agendas and notes (April - May)</li> </ol>	<p>TBD</p>
<p>07/31/2024</p>	<ol style="list-style-type: none"> <li>1. Monthly 1:1 TA meetings up to 15 per month (June-July)</li> <li>2. Ad-hoc TA hours up to 10 hours (June-July)</li> <li>3. Delivery of 3-5 resources</li> </ol>	<ol style="list-style-type: none"> <li>1. Monthly 1:1 summary in provided template (June -July)</li> <li>2. List of hours if TA delivery and attendees Meeting Agendas and Notes (June - July)</li> <li>3. Shareable resources compiled for TA</li> </ol>	<p>TBD</p>

***\*Note: Proposals may have deliverables costs that vary from those suggested in this RFP but may not total more than the \$150,000.00 maximum total possible award.***

## NACCHO SUPPORT

**NACCHO staff will serve as a resource to the contractor to ensure adequate completion of the SOW (scope of work) and achievement of project goals by fulfilling the following responsibilities:**

- Provide background information related to the project, including access to NACCHO reports, data, and other resources necessary to complete the tasks above.
- Provide use of NACCHO's Zoom video conferencing and webinar platform.
- Provide input, guidance, and oversight of execution and completion of tasks, including through regular project planning and coordination communications (video conferencing, emails, phone calls, etc.).
- Promote consultant's funded efforts in coordination with project funder, as relevant and appropriate, to project grant recipients and NACCHO's broader membership.

## Proposal Response Format & Selection Criteria

The proposal narrative (6-page limit) must outline the following content and should use single-spaced, Times New Roman, 12-point font, with 1" margins.

**Cover Letter (5 maximum points not included in the 6-page limit, template below)**, which includes the name and contact information of the main point of contact and fiscal point of contact for contract execution and payment purposes, if selected.

**Organization Background, Qualifications & Experience (35 maximum points)** – Describe your organization's mission and structure and explain why your organization qualifies to be responsive to the requirements of this RFP.

Describe your organizational and staff qualifications and experience providing similar goods or services related to building community LHD health equity capacity, as required in this RFP. Identify key staff responsible for completing proposed work and provide sufficient detail to demonstrate knowledge, skills, and abilities to perform the functions outlined in the RFP. While not a requirement, preference is for organizations with experience building the capacity of local health departments.

Include three references for which you have performed similar work to the requirements of this RFP, and include (as an attachment, which is not counted towards the 6-page count) and at least two examples of previous work that demonstrates the organization's capability to produce the work outlined in the Scope of Work. Additionally, acknowledge that you have reviewed [NACCHO's standard contract language](#) and confirm agreement with the terms and conditions. See "Eligibility and Contract Terms" above for details.



**Methodology, Project Deliverables and Timeline (45 maximum points)** – Describe, in detail, your proposed methodology for meeting all project requirements and provide a realistic work plan including intermediate steps for achieving project requirements, expected product deliverables, and timeline for completion, based upon this RFP’s Scope of Work.

**Budget Proposal (15 maximum points, not include in the 6-page limit)** – In the Budget Template (**see Required Documents**), provide a line-item budget, not to exceed \$150,000.00 and containing no unallowed expenses (**see Allowable Expenses, in Appendix A**), which clearly outlines proposed costs. Additionally, complete the budget narrative template (**see Required Documents**) with a written justification for each line item.

Please note the following guidance for completing the Budget Template:

- The funding amount, percent of total budget, and a narrative cost justification for each line item
- Personnel (number of staff, percent effort to the project and salary wages or hourly fees)
- Funds to be provided to other consultants/firms working on the project, if applicable
- Other costs associated with the project

The following items are NOT allowable expenses:

- Alcoholic Beverages
- Bad Debts
- Contributions and donations
- Entertainment Costs
- Fines and penalties
- Goods and services for personal use
- Lobbying
- Losses on other awards

## Submission Instructions

### **Applicants should:**

Review the requirements and expectations outlined in this RFP.

Read [NACCHO’s standard contract](#) and provide a copy to the consultant’s individual with signing authority for the entity that would be contracting with NACCHO, including any relevant financial or legal offices for advanced consideration. The selected contractor must: **Agree to the contract language as indicated (i.e., no modifications or limited modifications) and be able to sign and return a contract to NACCHO within approximately 30 days of receiving it. No modifications will be made; or submit a written request for any limited, proposed changes to**

the terms and conditions within five (5) business days of award notification for NACCHO's review and negotiations, noting that proposed changes that significantly delay contract execution may result in an alternative consultant being selected.

The submitted application must include the following items to be deemed completed:

- A cover page that contains the information outlined above.
- Narrative (no more than 6 pages) that addresses the Organization Background, Qualifications & Experience, as well as Methodology, Project Deliverables and Timeline sections described above.
- Required attachments listed above
- Required Documents
  - Required: Complete and submit a [Budget Template](#) and [Budget Narrative](#)

Required: Complete and submit the [Vendor Information Form](#)

Required: Complete and submit the [Certification of Non-Debarment](#)

- Required: Signed [W-9](#) dated within the past year
  - Required: Complete and submit the [FFATA data collection form](#) (This form will be required for all contracts over \$25,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline.)
  - Proof of active SAM.com (PDF of the SAM.gov active status report is preferred)
- Applications are to be emailed to [hesj@naccho.org](mailto:hesj@naccho.org) in one e-mail, please note all required documents (Budget Narrative, Budget template, Certificate of Non-Debarment, Vendor Information Form, W-9, FFATA Data Collection Form) should be sent as separate files; the proposal narrative can be sent as a single file **by 11:59PM ET on 03/15/2024 with the subject line: Submission Rural Health Cohort TA RFP.**
  - Submissions after this deadline or incomplete submissions will not be considered.
  - Hard copy (mailed, faxed) submission will not be considered.

NACCHO will confirm receipt of all applications within two business days, however, confirmation of receipt does not guarantee verification of completeness. If you do not receive confirmation within 2 business days, please contact Lluvia Botello at [hesj@naccho.org](mailto:hesj@naccho.org). All applicants will be notified of their status on or around 03/22/2024. All questions may be directed to Lluvia Botello ([hesj@naccho.org](mailto:hesj@naccho.org)).

### Submission Template (optional):

<b>A. COVER LETTER/ CONTACT INFORMATION</b>
<b>Consultant Name:</b>
<b>Street Address</b>

**City/State/Territory**

**Lead project contact** (*agency-designated project contact for all matters pertaining to the project*):

Name

Email

Phone

**Lead finance contact** (*agency-designated finance contact for all matters pertaining to processing contracts and invoices*):

Name

Email

Phone

**Contact List for Core Team:** The three to six persons core planning team– these partners should be actively engaged to achieve the goals. *\*Note can include more than one person for each category.*

Name	Title	Organization	Email	Phone

**NARRATIVE (Not to exceed 6-pages)**

**B. Organization Background, Qualifications & Experience**

**C. Methodology, Project Deliverables and Timeline**

<b>D. Budget Proposal</b>
<p>Attach completed budget template</p> <p>Attach completed budget narrative template</p> <p><b>Include responses to the following two questions at the end of your budget narrative:</b></p> <ol style="list-style-type: none"> <li>a. Do you have prior experience in Federal Contracting? <i>(Yes/No)</i></li> <li>b. Have you completed a Single Audit? <i>(Yes/No)</i></li> </ol>

**Attachments (not counted toward the narrative 6-page limit)** - Please include the following attachments with your application:

Required: Complete and submit a [Budget Template](#) and [Budget Narrative](#)

Required: Complete and submit the [Vendor Information Form](#)

Required: Complete and submit the [Certification of Non-Debarment](#)

- Required: Signed [W-9](#) dated within the past year
- Required: Complete and submit the [FFATA data collection form](#) (This form will be required for all contracts over \$25,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline.)
- Required: Proof of active DUNS number and active registration with SAM.gov
- Resumes/CVs – Provide resumes/CVs for each staff member responsible for project implementation, project management, or other positions identified in the requirements of the RFP.

## Response to Draft Contract

Selected applicant(s) will enter into an agreement with NACCHO. Draft agreements are available [here](#). Review the agreement’s terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting, and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will be prepared to enter into the agreement with NACCHO or identify and include any proposed changes with your proposal application. NACCHO reserves the right to accept or decline any proposed changes to the terms and conditions.

Significant proposed changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant.

## Funding and Disclaimer Notices

This project is supported by a grant from the Centers for Disease Control and Prevention (CDC) (NOA 5 NU38OT000306-05-00). CDC does not endorse any product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC or Health and Human Services.

This RFP is not binding on NACCHO, nor does it constitute a contractual offer. Without limiting the foregoing, NACCHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall NACCHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.

For any questions on any of the above, please contact Lluvia Botello at [hesj@naccho.org](mailto:hesj@naccho.org)

## Appendices

### Appendix A.

#### Funding Restrictions

- Please note that the federal government has implemented a prohibition against using federal funds to purchase telecommunications and video surveillance equipment and services from certain Chinese companies. This regulation is being incorporated into federal grants and contracts received NACCHO through [2 CFR 200.216](#) and/or Federal Acquisition Regulations (FAR) clause [52.204-25](#).
- The federal regulation specifically prohibits the purchase of telecommunications equipment and services from: Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities defined below); Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities). The definition of "Affiliate" can be found in [FAR 2.101](#). The list of subsidiaries and affiliates of Huawei and ZTE can be found in [Supplement Number 4 to 15 CFR Part 744](#).

Restrictions, which must be taken into account while writing the budget, are as follows: In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGO's that receive

funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the sources of fund, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

- Recipient may not use funds for research
- Recipients may not use funds for clinical care
- Recipients may only expend funds for reasonable program purposes including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out our project objectives and not merely serve as a conduit for an award to another party or provide who is ineligible.
- 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](#).

### **Regarding Purchase of General (i.e. non-specialized) and Specialized Equipment**

Requests to use awarded funding to purchase general equipment (excluding vehicles) on behalf of Jurisdiction Health departments or other beneficiary organizations outlined and approved in the associated Work Plan may be considered. Such spending must be identified and itemized, in the budget narrative, explained and justified in the narrative and is subject to review and approval by the Grants Management Official. Costs for purchase of general equipment (excluding vehicles) without approval by the Grants Management Official may be disallowed. Costs for purchase of general vehicles are not allowed.

Requests to use awarded funding to purchase specialized equipment (including specialized vehicles) on behalf of Jurisdictional Health Departments or other beneficiary organizations outlined and approved in the associated narrative may be considered. Such spending must be identified and itemized in the budget narrative, explained and justified in the Work Plan and is subject to review and approval by the Grants Management Official. Costs for purchase of specialized equipment (including specialized vehicles) without approval by the Grants Management Officials may be disallowed. The recipient can obtain guidance for completing a detailed justified budget on the CDC website at the following Internet address:

<http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html>

Please see CDC terms for non-research activities under the contract eligibility on the attached document: <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>. For further guidance on the salary cap information <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/EX.pdf> in the budget guidelines.

### **Unallowed Expenses**

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$203,700).