

UPDATED RFA RELEASE DATE: FEBRUARY 25, 2022

REQUEST FOR APPLICATIONS



DATE ISSUED: February 15, 2022

DUE DATE: March 18, 2022

Notice of Issuance RFA for:
COVID-19 Health Literacy Project

Introduction

The King County Health Literacy Project builds on existing work at Public Health Seattle & King County (PHSKC) that dates to 2008 and the formation of an Equity & Social Justice initiative. The onset of COVID-19 in February 2020 and concurrent demands for racial justice in Seattle and across the country galvanized PHSKC's commitment to social justice. This commitment resulted in the formation of the Equity and Community Partnerships team (ECP), which is comprised of PHSKC community engagement staff, community navigators (trusted community messengers), priority populations taskforces, and the language access program. With PHSKC's declaration of Racism is a Public Health Crisis and the disproportionate impact of COVID-19 on Black, Indigenous, and People of Color (BIPOC) communities, it has deepened its community engagement efforts during the pandemic. ECP cultivates and deepens relationships and gains vital feedback from community stakeholders most impacted by COVID-19, racial equity, and social determinants of health. This feedback leads to community driven COVID-19 mitigation and health education efforts including the King County Health Literacy Project.

The Health Literacy Project is a partnership between HealthierHere and Public Health Seattle & King County (PHSKC). This effort is funded by the Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19 project, which is resourced through the federal Office of the Assistant Secretary for Health (OASH) and the Office of Minority Health (OMH). The Health Literacy Project is currently funded through July of 2023.

King County is diverse, with over 170 different languages spoken and over 40% of the County's population are people of color. King County's BIPOC and low-income populations are experiencing disproportionate impacts of COVID-19. Based on [COVID data analyzed](#) by Public Health-Seattle King County, American Indian/Alaska Native (AI/AN), Black/African American, Latinx, and Native Hawaiian/Pacific Islanders (NHPI) populations in King County are experiencing COVID-19 rates that are 2 to 5 times higher than those in non-Hispanic white people. In addition, South King County has the highest COVID-19 positivity rates.

The Health Literacy Project will focus primarily on South Seattle and South King County - areas with high proportions of people of color and low-income residents. These areas correspond to census tracts in the highest (top 4th) social vulnerability based on the [2018 CDC Social Vulnerability Index](#).

Health Literacy Project Goals

The Health Literacy Project aims to advance organizational health literacy strategies to assure that communities are reached effectively with public health messaging about COVID-19 mitigation strategies in a way that is culturally and linguistically responsive to communities disproportionately impacted by health disparities. The goal of the Health Literacy Project is to improve the system of developing and disseminating health information and materials. Culturally responsive and evidence-based organizational and personal health literacy strategies will be implemented by partners to assure that COVID-19 mitigation strategies are shaped and owned by impacted communities. The development of strategies for health literacy system change will be community centered and informed, using a co-design process between partners, HealthierHere, and Public Health Seattle & King County.

The Health Literacy Project will accomplish the following:

1. Develop and disseminate culturally appropriate COVID information and materials to communities disproportionately impacted by COVID to improve their health outcomes.
2. Develop a community informed approach to improve the processes, systems, and thinking currently used within PHSKC and healthcare organizations to develop health literacy materials related to COVID mitigation.
3. Evaluate and analyze the impacts of community informed health literacy materials while scaling and sustaining system transformation efforts.
4. Develop and disseminate training curriculum that teaches how to improve health literacy systems to achieve culturally responsive practices within PHSKC and health care organizations.

Public Health – Seattle and King County & HealthierHere

The role of PHSKC in this project is to be an institutional partner in co-creation, development, and dissemination of culturally appropriate and responsive health literacy materials to address COVID health disparities and improve COVID health outcomes.

HealthierHere is a non-profit regional collaborative committed to reducing health disparities, advancing equity, and improving the well-being of all people in King County through innovative, cross-sector collaborations. We partner with community members and leaders from diverse sectors (health providers, social service agencies, community organizations, and consumers) to develop, test and invest in new and better ways to address health and social need so that all people can get the care they need, how they need it, when they need it. The role of HealthierHere in this project is to convene, host, and facilitate dialogues across sectors to address the goals of health literacy system change on a local level. HealthierHere will directly contract with partnering organizations, with a goal of reducing barriers for participation in a federally funded project.

1. Types of Participation

Applicants can apply to be a Project Partner and/or an Advisory Group member. **Please note that if you apply to be on the Advisory Group you are required to also apply to be a Project Partner.** However, if you apply to be a Project Partner, you are **NOT** required to be an Advisory Group member. Further information related to the forms of participation are detailed below.

Participation Type	Project Partner	Advisory Group Participant
Description	Organizations that are seen as Trusted Community Advisors who community members rely on to receive culturally appropriate information about health.	Organizations which demonstrate expertise on culturally appropriate and community-led information-sharing within the communities of focus for this project.
Participation Requirements	N/A	Must also apply as a Project Partner.
Required Deliverables	<ul style="list-style-type: none"> Disseminate information about COVID-19 to community members. Informational materials will be provided by PHSKC and distributed by partners. Gather data about number of people and populations reached through information-sharing efforts. Document feedback about COVID materials received from community members to inform the development of improved materials. Contribute to the improvement of health literacy materials to become more culturally and linguistically appropriate for effective communication about COVID-19. Inform the development of a training curriculum that will be used to improve health literacy practices within health care entities including clinical providers and Public Health department staff. Submit all required reporting and attend all required meetings hosted by HealthierHere and PHSKC Submit quarterly reports (using provided template) Attend quarterly meetings with HH and PHSKC. 	<ul style="list-style-type: none"> Completion of all Project Partner required deliverables, and. Attend up to two (2) Advisory Group meetings per month for the first six (6) months of the project and one meeting per month subsequently. Co-design the development of health literacy training curriculum. Create multiple feedback loops for training curriculum by co-facilitating a minimum of six (6) health literacy training curriculum and subsequent coaching to health care audiences. Document and report training participation and observations. Provide guidance and accountability to PHSKC on the development of new policies and protocols for improving health literacy systems and implementation of project goals in an equitable and community-centered way. Contribute to the ongoing evaluation and quality improvement cycle for this project. Provide presentations about this project in the broader community. Respond to email correspondence between meetings. Submit required reporting.

2. Opportunity Details

Applicants to the COVID-19 Health Literacy Project are invited to submit an application as either: (1) a Project Partner; or, (2) a Project Partner **AND** an Advisory Group Participant. Both columns will be applicable for applicants who are selected as a Project Partner AND Advisory Group Participant.

Funding Details	Project Partner	Advisory Group Participant
Available Funds	For each successful applicant, up to \$40,000 in funding is available during the project timeline between April 1, 2022, through June 30, 2023. Funding and payments to support the innovations will be based on completion of project milestones, as identified within the contract. Actual budgets and funding levels will be reviewed and approved by HealthierHere.	For each successful applicant for the Advisory Group, organizations will receive an additional \$40,000, in addition to Project Partner funds (for a total of up to \$80,000) in funding during the project timeline between April 1, 2022, through June 30, 2023. Funding and payments to Advisory Group participants will be based on the provision of guidance, the review and dissemination of health information materials, and successfully serving as co-facilitators of the project training.
Timeline for Funding	Successful applicants are required to launch approved projects as soon as they have the capacity to do so, but no later than April 1, 2022, with all approved funds expended no later than June 30, 2023. Payment terms will be detailed in the contract between the successful applicant and HealthierHere.	Successful applicants are required to participate in Advisory Group activities no later than April 1, 2022. These payment terms will be detailed in the contract between the successful applicant and HealthierHere.
Allowable Uses of Funds	Awarded funding should be utilized towards gathering perception and experience qualitative data from focus populations, ground truth community-informed strategies to improve health literacy and reviewing and disseminating COVID-19 health information materials.	Awarded funding should be utilized towards obtaining guidance and oversight for project implementation, gathering perception and experience qualitative data from focus populations to inform the development of the Health Literacy Plan, reviewing, and disseminating COVID-19 health information materials, and serving as co-facilitators of the health literacy training.
Payment Terms/ Requirements	Award amount estimated not to exceed twenty-six (26) contracts at an “up-to” amount of \$40,000 per award. Funds will be distributed to successful applicants with recognition of start-up funding and on-going quarterly funding based on actual expenditures which will be submitted to HealthierHere for review and approval. HealthierHere	Award amount estimated not to exceed ten (10) contracts, at an “up-to” amount of \$80,000 per contract (Project Partner Funds up to \$40,000 + \$40,000 for AG participation) Funds will be distributed to successful applicants based on monthly time and material invoiced amounts, which will be submitted to HealthierHere for review and approval. HealthierHere reserves the

	reserves the right to determine the final award amount.	right to determine the final award amount.
Funding Details	Project Partner	Advisory Group Participant
Documentation and Reporting*	Successful applicants are required to submit the following documentation and reporting in conjunction with the implementation of the innovation strategy: 1. Quarterly Expenditure Report and Expenditure Variance Report: a quarterly review of budgeted to actual expenses, with a narrative detailing the causes/drivers of any budget variances identified. 2. Quarterly Narrative and Activity Report: quarterly description of project progress and identification of challenges or barriers encountered.	Not applicable – documentation is based on attendance and participation in identified Advisory Group meetings and activities. Documentation and Reporting requirements outline for Project Partners still must be completed.

* Organizations who do not submit the required documentation in a timely manner, or organizations who do not spend the award in alignment with the funding's intended purpose, will be subject to fund recoupment. Note that reporting template contents and requirements may be subject to change during the duration of the funding period.

HealthierHere reserves the right to schedule project progress check-ins during the funding periods. Organizations receiving funds from HealthierHere are subject to audit by HealthierHere (or a third party engaged by HealthierHere for such purposes) to confirm compliance. Awardees should retain all appropriate supporting documentation (e.g., invoices, receipts, timesheets, etc.). All such audits will be conducted during regular business hours and with reasonable prior notice.

Opportunity Reporting Requirements and Timeline

The following prospective project timeline identifies an overview of the timing of reporting requirements for community grant partners, as well as the timing of Advisory Group meetings and reporting requirements (note that this timeline is for information purposes only, and is subject to change):

Activity	2022												2023					
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Project Partner Participation																		
Quarterly Reporting							X			X			X			X		
Quarterly Meeting							X			X			X			X		
Advisory Group Participation																		
Monthly Meetings				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

3. Application Process

A. Eligibility Requirements

Applications will only be eligible for this award if they meet the requirements listed below. Please read closely before applying.

Eligible organizations must:

- Include South Seattle and/or South King County in communities served; and,
- Have experience providing culturally and linguistically responsive outreach services; and,
- Be viewed as Trusted Community Advisors within the communities they serve; and,
- Take a community-led and community-centered approach to information-sharing, outreach, and engagement.

Requirements for eligible applicants include status as one of the following:

- Community Based Organization (CBO) with 501(c)3 status; or
- Community Based Organization (CBO) with 501(c)6 status; or
- Community Based Organization (CBO) under fiscal sponsorship with a 501(c)3 status organization; or
- Federally Qualified Health Center (FQHC) – **Note:** FQHC applicants are REQUIRED to apply as both a Project Partner AND Advisory Group Participant

Eligible organizations must serve one or more of the following communities:

- Individuals who identify as American Indian/Alaska Native; and/or
- Individuals who identify as Latina/o/x; and/or
- Individuals who identify as Black/African American; and/or
- Individuals who identify as Native Hawaiian/Pacific Islander

Other communities disproportionately impacted by COVID-19 – applicant must include a description of the identified community and supporting information using observations (narrative) and/or numeric data that describes disproportionate impact(s).

B. Application Components

Based on your organization's anticipated level of project participation, specific Exhibits have been prepared for use in the application submission. Please utilize the table below to identify which Exhibits are required to be completed in your submission:

Application Type	Required Attachments
Project Partner	Attachments A, B, C, E
Project Partner + Advisory Group Member	Attachments A, B, C, D , E

Please note that all required Exhibits identified above are required to be included within the application submission in order for the submission to be considered complete. Incomplete applications will not be considered.

C. Selection Criteria

HealthierHere will review applications based on multiple factors, including, but not limited to the following considerations identified by partner type:

Partner Type	Review Consideration
Project Partner	<ul style="list-style-type: none">• Application completeness and timeliness (submission in by application deadline and inclusion of all required materials).

	<ul style="list-style-type: none"> • Activities proposed align with project goals and expectations, outlined in this RFA. • Services are provided to South Seattle and/or South King County communities. • Services are provided to one or more of the focus communities and/or another community not listed (must include description of need). • Applicant is viewed as Trusted Community Advisors within the communities they serve. • Applicant clearly demonstrates deep understanding of accessible, culturally appropriate and responsive methodologies for engagement and information-sharing with the community/communities that would be served through this project. • Ability to specify examples of work the organization has already done with those specific communities will be a significant factor for selection.
Advisory Group Participant	<ul style="list-style-type: none"> • All selection criteria for Project Partner (as listed above) are met. • Applicant demonstrates experience and interest in providing guidance that is authentically community-centered and culturally responsive. • Experience conducting trainings, presentations, and/or facilitation for groups on topics related to health, equity, community engagement. • Applicant demonstrates a commitment to and interest in culturally responsive health literacy work.

D. King County Executive Order ACO-8-28-EO: Order Pursuant to Proclamation of Emergency

Order ACO-8-28-EO, Section 1: Order, requires that “all county contractors...be fully vaccinated if the work is required to be performed in person and on site including, but not limited to, on county property or in county facilities, or requiring interaction with the general public regardless of frequency...whether or not other workers are present, or any contingent nature of that requirement, including indoor and outdoor worksites” (full Executive Order text found in Exhibit E below).

A signed Exhibit E: Contractor Attestation is a required component of the Project Partner application.

E. Application Scoring Rubrics

Project Partner Application Scoring Rubric

The following will be used in the evaluation of the Project Partner applications; identified criteria, each with a distinct weight attached. **Note that immediate disqualifications of a Project Partner application will occur if the applicant both has no experience with and does not plan to serve South Seattle and/or South King County, does not have previous experience with serving the community/communities that they plan to serve, does not provide a supported description of community if applicant plans to serve those outside of the four communities of focus (identified in Section 3a above), and/or the application is submitted late, using any method outside the submission directions in this RFA, or is found to be incomplete.**

Criterion	1 Needs Improvement	2	3 Average	4	5 Exceptional
Project/Work Description (20%)	<ul style="list-style-type: none">- Description of project/work is vague and/or unclear- The goal(s) outlined in RFA are not clearly addressed- The goal(s) of the project/work do not align with the stated need.- Does not include description of key activities and timelines				<ul style="list-style-type: none">- Description of project/work is very clear and detailed- Project/work is clearly tied to the goal(s) of the RFA- Project/work is clearly tied to the stated need(s) of identified communities (i.e. culturally responsive methods of engagement)- Includes description of key activities that seem complete and feasible
Relevant Health Literacy Experience (20%)	<ul style="list-style-type: none">- Did not clearly describe how they will provide culturally responsive health literacy services.- Did not clearly describe their approach to adapting/editing/developing culturally and linguistically responsive health information materials.- Little/no relevant experience in conducting culturally responsive health literacy activities within the community/communities applicant would serve. Vague/no articulation of experience implementing culturally appropriate strategies to disseminate information.				<ul style="list-style-type: none">- Clearly describes experience with adapting/editing/developing culturally and linguistically responsive health information materials.- Clearly describes their approach to adapting/editing/developing culturally and linguistically responsive health information materials.- Demonstrated experience conducting culturally responsive health literacy activities (i.e. outreach, engagement, information-sharing) within the community/communities applicant would serve. Clear articulation of experience implementing culturally appropriate strategies to disseminate information.
Community Knowledge/Experience (40%)	<ul style="list-style-type: none">- Little/no experience working with the stated community/communities applicant would serve.- Description of culturally responsive methodology for engagement does not demonstrate an understanding of the unique needs of community/communities served.				<ul style="list-style-type: none">- Applicant is from and/or directly and closely engaged with community/communities they indicated serving.- Applicant demonstrates meaningful understanding of culturally responsive methods for engaging with each community they will serve through this project.
Proposed Budget (10%)	<ul style="list-style-type: none">- Broad/vague completion of budget template and/or narrative- Does not follow instructions for template and/or narrative- Includes costs that are not allowable- Falls outside of relevant benchmarking/reasonableness estimates				<ul style="list-style-type: none">- Detailed completion of budget template and narrative- Adherence to template/narrative instructions- Adherence to allowable cost rules from RFA- Alignment with relevant benchmarking/reasonableness estimates
Staffing Plan (10%)	<ul style="list-style-type: none">- Did not articulate clear staffing plan and/or demonstrated capacity to implement the activities of this project.				<ul style="list-style-type: none">- Clearly articulated staffing plan and/or demonstrated capacity to implement the activities of this project.

Advisory Group Participation Scoring Rubric

The following rubric will be used in the evaluation of the Project Partner applications; identified criteria, each with a distinct weight attached, will be assigned a reviewer score. **Note that immediate disqualifications of an Advisory Group Participation application will occur if the applicant is not selected as a Project Partner, the application is submitted late, using any method outside the submission directions in this RFA, and/or is found to be incomplete.**

Criterion	1 Needs Improvement	2	3 Average	4	5 Exceptional
Project Partner application meets requirements (35%)	<ul style="list-style-type: none">- Applicant not selected as a Project Partner- Applicant scored below average Community Knowledge/Relevant Experience section in Project Partner application				<ul style="list-style-type: none">- Applicant selected as a Project Partner- Applicant scored above average on Community Knowledge/Relevant Experience section in Project Partner application
Demonstrated experience with advocacy for system change (35%)	<ul style="list-style-type: none">- No experience with providing advocacy for system change in a community-centered way.- No experience with developing community informed strategies and practices for improving health outcomes.				<ul style="list-style-type: none">- Applicant demonstrates extensive experience with providing advocacy for system change in a community-centered way.- Strong experience with developing community informed strategies and practices for improving health outcomes.
Experience with project monitoring/outcome management (15%)	<ul style="list-style-type: none">- Has little/no experience monitoring project processes and/or outcomes- Has little/no experience supporting the planning and implementation of evaluation activities				<ul style="list-style-type: none">- Has demonstrated experience monitoring project processes and/or outcomes- Has demonstrated experience supporting the planning and implementation of evaluation activities
Experience with facilitation (5%)	<ul style="list-style-type: none">- Little/no relevant experience in facilitation- Does not meet qualifications described in RFA				<ul style="list-style-type: none">- Extensive and demonstrated relevant facilitation experience- Meets or exceeds qualifications described in RFA
Clarity of staffing plan (10%)	<ul style="list-style-type: none">- RFA response is not clear about who from the organization will serve on the Advisory Group				<ul style="list-style-type: none">- RFA response clearly states who from the organization will serve on the Advisory Group, including title and qualifications

F. Application Timeline

Description	Date
RFA Released	February 15, 2022
Applicant Information Session Webinar	February 22, 2022
Final date to submit questions and requests for additional information*	February 23, 2022
Posting of question responses	February 25, 2022
Applications Due	March 18, 2022
Fund Award Announcement	April 1, 2022
Estimated Contract Start Date	April 8, 2022

*Please send questions and requests for additional information to Thuy Hua-Ly, HealthierHere Chief Financial Officer (email: thua-ly@healthierhere.org). Questions and responses that are relevant to the general applicant pool will be communicated to all prospective applicants.

G. Submission Instructions

Applicants should submit an electronic copy of the materials outlined in Section 3B, as one PDF document, to Thuy Hua-Ly (email: thua-ly@healthierhere.org) on or before 11:59 pm on March 10, 2022.

Applications will be reviewed on a rolling basis; applicants can choose to submit before the deadline.

Any application that is submitted (1) without all required materials, and or (2) not following submission instructions, and/or (3) be an entity that does not meet eligibility requirements from Section 3A above, will not be considered for this funding opportunity.



Application Packet

Attachment A: Request for Applications Cover Sheet

Applicant Name	
Contact information	Primary Organization Contact: Title: Organization: Email: Phone Number:
Organization Type <i>(check all that apply)</i>	<input type="checkbox"/> Community Based Organization (CBO) with 501(c)(3) status <input type="checkbox"/> Community Based Organization (CBO) under fiscal sponsorship with a 501(c)(3) status organization <input type="checkbox"/> Federally Qualified Health Center (FQHC) – <i>FQHC applicants are required to apply as both Project Partner AND Advisory Group Participant</i>
Applying For	<input type="checkbox"/> Project Partner <input type="checkbox"/> Advisory Group (must also apply as a Project Partner)
Project Partner Funding Request Amount (up to \$40,000)	\$
Primary Geographies Served with this Funding <i>(check all that apply)</i> . *Applicants must serve at least one of the bolded geographies to be eligible for funding	<input type="checkbox"/> Central/South Seattle* – South of the Ship Canal -- including Downtown, Pioneer Square, Magnolia, Beacon Hill, Delridge, etc. <input type="checkbox"/> South King County* – including Burien, Tukwila, Federal Way, Kent, etc. <input type="checkbox"/> North Seattle – North of the Ship Canal – including Fremont, Ballard, University District, Northgate, Greenwood, etc. <input type="checkbox"/> North King County – including Shoreline, Lake Forest Park, Mountlake Terrace, etc. <input type="checkbox"/> East King County – including Bellevue, Issaquah, North Bend, etc.
Primary Populations/Communities Served with this Funding <i>(check all that apply)</i> . *Priority will be given to bolded communities, but all communities will be considered. Applicants who serve communities NOT bolded, or communities not listed, MUST submit a narrative description of the community and information (either observational and/or numeric) describing need(s).	<input type="checkbox"/> Individuals who identify as American Indian/Alaska Native* <input type="checkbox"/> Individuals who identify as Latina/o/x* <input type="checkbox"/> Individuals who identify as Black/African American* <input type="checkbox"/> Individuals who identify as Native Hawaiian/Pacific Islander* Applicants who select any of the following must include a description of how this community/communities have been disproportionately impacted by COVID-19. In the narrative description, please provide information about <u>how</u> you know they have been disproportionately impacted (observational and/or numeric information). Option to include link to any relevant data source(s) (can be quantitative or qualitative data) for informational purposes. <input type="checkbox"/> Individuals who identify as Asian <input type="checkbox"/> Individuals who identify as Middle Eastern/North African <input type="checkbox"/> Individuals who identify as LGBTQ+ <input type="checkbox"/> Elders <input type="checkbox"/> Individuals with limited English proficiency <input type="checkbox"/> Refugee/immigrant communities <input type="checkbox"/> Individuals with disabilities <input type="checkbox"/> Individuals experiencing mental health/behavioral health needs <input type="checkbox"/> Individuals experiencing substance use disorder <input type="checkbox"/> Individuals with chronic illness

	<ul style="list-style-type: none"><input type="checkbox"/> Individuals experiencing homelessness<input type="checkbox"/> Veterans<input type="checkbox"/> System involved youth (including child welfare, behavioral health, and/or juvenile justice systems)<input type="checkbox"/> Individuals who have been formerly incarcerated<input type="checkbox"/> Other populations/communities experiencing health disparities, please describe: <p>Include description of community and supporting information (observations and/or numeric) below:</p>
--	---

Attachment B: Narrative Responses

Directions

Please provide your organization's responses to the questions below. All applicants must complete responses to the Project Partner questions – if your organization is also applying for the Advisory Group, then you must also answer the Advisory Group questions (Attachment D). Please limit each of your responses to 500 words or less per question.

The Health Literacy Project envisions “COVID health literacy services” or “health literacy services related to COVID health and safety” as outreach, engagement, and information-sharing related to isolation & quarantine, safety behaviors, testing, and vaccinations. Please answer the questions below to help us better understand your organization's relevant experience. To support the work of the Health Literacy Project, Project Partner applicants should demonstrate experience with providing culturally responsive COVID health literacy services to one or more of the communities identified in Section 3A of this document.

Project Partner Question 1:

Please describe 1-3 examples of what your organization has **already done** to provide culturally responsive COVID health literacy since February 2020 for each of your proposed communities of focus identified in Attachment A. If you indicated serving more than one community of focus in Attachment A, please be sure to provide specific examples for EACH community you propose to serve with this funding. The purpose of this question is to better understand your organization's expertise in providing health literacy services in culturally responsive ways that honor the needs of specific communities.

Project Partner Question 2:

As a partner on the HLP project, what culturally appropriate strategies will your organization use to disseminate information about COVID to community members and gather feedback from community members about the materials you are distributing? Activities can be similar to what you have done in the past, but please specify what you anticipate doing for this project specifically.

Project Partner Question 3: Please specify the number of individuals within each of the communities that will be reached on a monthly basis through your efforts over the contract period (April 2022 – June 2023). This number should be an estimate of the average number of people reached per month within ALL of the populations that will be served (as identified in Attachment A).

Partner Project Question 4: Please describe the staffing that your organization would utilize to conduct the activities associated with this project including disseminating COVID information to community members, gathering feedback on materials, and sharing feedback with PHSKC and HH through meetings and reports. This response should include position types/titles, the category of staff (temporary, part-time, full-time), and if the position is currently filled or is vacant/will be new.

In addition to your response to Question 4, please utilize Attachment C: Budget Request, to identify your organization's anticipated project facilitation costs.

ATTACHMENT C: Budget Request

Budget

Please use the budget template, found on Page 2 of this Exhibit, to identify the cost components of your organization's proposed Health Literacy Plan activity.

Cost Reasonableness

In general, an underlying methodology is required to support the reasonableness of an identified cost. The budget template requests a detailed breakout of costs to gain an understanding of the composition of the costs, as well as the overall budget, that your organization is submitting.

Cost Definitions

Employee: All salaries and benefits paid currently or accrued by the organization for employees working on the project during funding period.

Consultant: Costs of professional and consultant services provided by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the performing organization.

Volunteer stipend: direct costs for items such as stipends.

Materials and supplies: purchases of less than \$5,000 is allowable for materials and supplies consistent with the scope of work.

Not Allowable Uses of Funds

Impermissible uses of funding include, but are not limited to direct payments to individuals or families (e.g. cash assistance, rental payments, utility assistance, etc.), video or audio production and media campaigns inconsistent with the scope of work included in this funding opportunity, real estate investment, real estate developments, capital projects, salary support for executive leadership (indirect costs related to running the company, but if your Executive role is linked to the direct services provided to clients that is permissible), debt restructuring and/or bad debt, defense and prosecution of criminal and civil proceedings and claims, political donations and/or contributions, entertainment, alcoholic beverages, furniture, fines and penalties, fundraising and investment management costs, idle facilities and idle capacity, interest expense, lobbying, research and/or assessment and evaluation activities.

Directions

Utilizing the cost definitions identified above, please identify cost components (as applicable) of the following budget categories:

- a. Employees, consultants, and volunteers:** For each intended staff for this project, please list the position title, check one option under the “Worker Category” section (employee, consultant, or volunteer), the number of individuals intended to fill each position type (quantity), and the hourly rate and # of hours anticipated over the course of the grant.
- b. Materials and supplies:** Please identify the supplies and their use, quantity to be purchased, and cost per unit.
- c. Contracts:** provide a brief description of subcontracts that will be used to complete work associated with this funding (as applicable), and associated subcontract amounts.
- d. Indirect rate:** provide a brief description of identified indirect rate components and associated budgeted indirect rate amount.

Organization Name								
Employees, Consultants, and Volunteers	Worker Category (please identify the type of worker below)				Worker Hours and Rate			
	Position Title	Employee	Consultant	Volunteer	Quantity	Hourly Rate	# of Hours	Total
								\$
								\$
								\$
								\$
								\$
Materials and Supplies	Supplies Description and Use					Cost		
	No.	Description			Quantity	Cost/Unit	Total Cost	
	1					\$	\$	
	2					\$	\$	
	3					\$	\$	
	4					\$	\$	
	5					\$	\$	
Contracts								\$
Indirect Rate	(Calculated indirect rate, Federally approved indirect rate, or a minimum rate of 10% of modified total direct cost (MTDC))							\$
TOTAL*								\$

*Total of Budget Request must match requested amount in Attachment A. **Note:** Applicants selected as Advisory Group participants will receive a flat rate of \$40,000 in addition to the amount allocated to the organization as a Project Participant.

ATTACHMENT D: Advisory Group Supplemental Questions

The role of the Advisory Group is to guide the project's processes and outcomes to be equitable and community-centered. Applicants should be deeply grounded in community and have expertise in serving communities in a culturally responsive way. Advisory Group members must be interested in contributing to the improvement of health literacy systems by elevating community voice into the process and design. Please answer the questions below to help us better understand your organization's relevant experience.

For organizations that are applying to participate as an Advisory Group member, please provide responses to the questions below (in addition to Project Partner application materials).

Directions

Please provide your organization's responses to the questions below. Please limit each of your responses to 500 words or less per question.

Advisory Group Question #1

Please describe the staffing that your organization would utilize to conduct activities associated with this project. Please provide the name and position of the staff person who would be serving on the Advisory Group.

Advisory Group Question #2

How will your organization contribute to the Advisory Group in an authentic way to hold the project's processes and outcomes accountable to its goals? As an Advisory Group member, what approach would you take to ensure that you are providing culturally appropriate, community-centered guidance on the implementation of project goals, the co-design and co-facilitation of health literacy training curriculum, and the ongoing project evaluation?

Advisory Group Question #3

What experience and/or interest do you have conducting trainings, presentations, and/or facilitation for groups on topics related to health, equity, and/or community engagement? One of the potential roles of Advisory Group members will be to conduct trainings as co-facilitators with PHSKC staff.

Advisory Group Question #4

What interests you about culturally responsive health literacy work?

Advisory Group Question #5

What experience do you have with advocating for system change in a community-centered way? Please provide one example.

Advisory Group Question #6

Please describe your experience with developing community informed strategies and practices for improving health outcomes. Please provide one example.

ATTACHMENT E: Executive Order

Document Code No.: ACO-8-28-EO**Title:** Order Pursuant to Proclamation of Emergency**Keywords:** Health Emergency, COVID-19, Vaccination, Contractors, Volunteers**Sponsoring Agency:** Office of the Executive**King County**

ORDER PURSUANT TO PROCLAMATION OF EMERGENCY

WHEREAS, on March 1, 2020, in my capacity as King County Executive, I issued a Proclamation of Emergency regarding the significant health emergency caused by novel coronavirus, or COVID-19, in King County; and

WHEREAS, the State of Emergency continues to exist in King County; and

WHEREAS, RCW chapter 38.52, and King County Code chapters 2.56 and 12.52 authorize me to exercise the emergency powers vested in me as King County Executive; and

WHEREAS, King County provides essential services to the public; and

WHEREAS, response to the emergency has required and continues to require King County employees to provide important governmental services, often in-person, including but not limited to those that protect life, health and safety; and

WHEREAS, after months of improving COVID-19 epidemiological conditions in Washington State, the emergence of highly contagious COVID-19 variants, including the "delta variant" that is at least twice as transmissible as the virus that emerged in late 2019, coupled with the continued significant numbers of unvaccinated people, have caused COVID-19 cases and hospitalizations to rise sharply among unvaccinated populations and have resulted in breakthrough infections in some fully vaccinated individuals; and

WHEREAS, variants are more likely to develop when disease is widespread, the threat of even more harmful variants emerging is increasing, and the key to ending the pandemic is for as many people as possible to be fully vaccinated; and

WHEREAS, COVID-19 vaccines are effective in reducing infection and serious disease, and widespread vaccination is cost-effective and the primary means we have as a state to protect everyone, including persons who cannot be vaccinated for medical reasons, youth who are not eligible to receive a vaccine, immunocompromised individuals, and vulnerable persons including persons in health care facilities, and other congregate care facilities from COVID-19 infections; and

WHEREAS, although COVID-19 continues as an ongoing and present threat in King County, the measures King County employees and residents have taken together over the past 18 months, including the willingness of most King County employees and residents to take advantage of the remarkable, life-saving vaccines being administered throughout the region, have made a difference and have altered the course of the pandemic in fundamental ways; and

Document Code No.: ACO- 8-28-EO**Title: Order Pursuant to Proclamation of Emergency**
Page 2 of 4

WHEREAS, widespread vaccination is also the primary means we have as a state to protect our health care system, to avoid the return of stringent public health measures, and to put the pandemic behind us; and

WHEREAS, COVID-19 vaccines are readily available throughout King County; and

WHEREAS, it is imperative that all King County Executive branch employees be vaccinated to stop the spread COVID-19; and

WHEREAS, certain contractors work with county employees, the public, or enter county facilities to provide essential goods and services; and

WHEREAS, on-site volunteers or monitors and similar individuals work with county employees, the public, or enter county facilities to provide essential services or oversight; and

WHEREAS, as the King County Executive, I have the authority under King County Charter 320.20 to supervise the Executive branch and its employees and to establish conditions of employment for Executive Branch employees.

NOW THEREFORE, I, DOW CONSTANTINE, AS KING COUNTY EXECUTIVE, DO PROCLAIM AND ORDER AS FOLLOWS:

SECTION 1: ORDER

It is hereby ordered that all county contractors and volunteers working onsite (Workers) at Executive branch agencies (Agency/Agencies) be fully vaccinated if the work is required to be performed in person and on site including but not limited to on county property or in county facilities, or requiring interaction with the general public regardless of frequency, except as noted below, whether or not other workers are present, or any contingent nature of that requirement, including indoor or outdoor worksites.

"Worker" includes:

- A person engaged to work as an employee, temporary staff, on-site volunteer, or an onsite contractor for a county Agency;
- **The following exceptions apply to the definition of "Worker":**
 - Visitors and patrons are not Workers.

This order does not include:

- Workers who are present at a site for only a short period of time and have a fleeting physical presence with others. Examples include contractors delivering supplies by truck to a construction site where they remain physically distanced from others on the site, refuse pickup or a driver for a contracted shipping and delivery service briefly entering a site to pick up parcels for shipping.
- Recipients of funds distributed by an Executive branch agency, but where work is always performed at a different physical location.

Unless approved by the county due to business necessity, no contractors or Workers who have not been fully vaccinated may perform work that is required to be performed in person and on site for the county as described above.

Document Code No.: ACO- 8-28-EO**Title:** Order Pursuant to Proclamation of Emergency
Page 3 of 4**SECTION 2: EVIDENCE OF VACCINATION**

a. A Worker is not fully vaccinated until 14 days after the last shot required in any vaccination series and the Worker must have received any vaccinations as may be recommended by the Centers for Disease Control and Prevention (CDC). Workers must provide proof of full vaccination against COVID-19 by providing one of the following:

- CDC COVID-19 Vaccination Record Card or photo of the card;
- Documentation of vaccination from a health care provider or electronic health record; State immunization information system record; or
- For an individual who was vaccinated outside of the United States, a reasonable equivalent of any of the above.

b. A county Agency must obtain an attestation declaration from contractors or a copy of or visually observe proof of full vaccination against COVID-19 for every Worker who is engaged in work for them and require Workers to provide such proof under this Order.

c. Although a contractor may provide an attestation for all Workers that will work on-site for an Agency, the contractor may not verify individual Worker vaccinations by obtaining only a personal attestation rather than verification of COVID-19 vaccination records as described above.

SECTION 3: EVIDENCE OF VACCINATION – ATTESTATION

Election to Require Contractors to Assume Responsibility for Vaccination Verification and Accommodation Requirements

a. Notwithstanding anything to the contrary in this Order that allows an Agency to review individual Worker vaccination records, a county Agency may elect to require a contractor who is subject to this Order to assume responsibility for the vaccination verification requirements in this Order. This election may be made with respect to any or all of a contractor's Workers who are subject to this Order.

b. If such an election is made, after October 18, 2021, the contractor's Workers are prohibited from engaging in work for a county Agency, and a county Agency is prohibited from permitting such a Worker to engage in work for them, unless the following requirements are met:

- By October 18, 2021, the contractor must obtain a copy of or visually observe proof of full vaccination against COVID-19 for every current employee who is subject to the vaccination requirement in this Order;
- The contractor must obtain a copy of or visually observe proof of full vaccination against COVID-19 for every employee hired after October 18, 2021 who is subject to the vaccination requirement in this Order;
- By October 18, 2021, a contractor currently providing goods or services to the county that are subject to this order must submit to the county Agency a signed attestation declaration in a form prescribed by the county declaring that the contractor has met the above requirements unless provided with a limited time extension by the county if the contractor has documented it is necessary to come into full compliance;

c. The contractor must submit additional signed attestation declarations upon the request of and by the date designated by the county Agency;

Document Code No.: ACO- 8-28-EO

Title: Order Pursuant to Proclamation of Emergency
Page 4 of 4

d. The contractor must cooperate with any investigation or inquiry the county Agency makes into the contractor's compliance with these requirements, including by providing information and records upon request, except any information or records that the contractor is prohibited by law from disclosing.

e. Contractors are prohibited from providing attestations of vaccination that contain insufficient information or that they know are based on false, misleading, or dishonest grounds or information.

SECTION 4: RESTRICTIONS BY ANOTHER GOVERNMENTAL AGENCY

Nothing in this order exempts a contractor or Worker from complying with more restrictive requirements from the state or federal government or other governmental agency. Contractors and Workers must comply with the measures in this order, even if more restrictive than requirements from another governmental agency.

SECTION 5: FAILURE TO COMPLY

a. Failure by a contractor to comply with this order may result in the termination of a contract or debarment from future contracts with the county.

b. Failure of a Worker to comply with this order may result in barring onsite work by a Worker or dismissal from their role at the county.

SECTION 6: ADDITIONAL ORDERS

I further reserve the right to issue additional orders as authorized by K.C.C. chapter 12.52 as may be necessary to respond to the emergency proclaimed March 1, 2020.

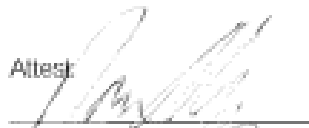
SECTION 7: NOTICE

A. A copy of this order issued hereunder shall be delivered to the Clerk of the Council and each King County Councilmember by email. A copy of this order issued hereunder shall also be filed with the Clerk of the Council by no later than 10:00 a.m. on the next business day after issuance. To the extent practicable, a copy of this emergency order issued hereunder shall be delivered to all news media within King County and made available to the general public.

DATED this 22 day of September, 2021.



Dow Constantine
King County Executive

Attest: 

Norm Alberg
Director, Records and Licensing Services Division, Department of Executive Services

**CONTRACTOR ATTESTATION
KING COUNTY
COVID-19 VACCINATION REQUIREMENTS**

Contractor Name: _____

Contract Number, if applicable: _____

Contractor named above must complete the section below and return via email to: King County: procurement.web@kingcounty.gov on or before October 18, 2021. If you are unable to comply with the requirements of this notice, you must immediately notify King County in writing at the above email address.

By this Attestation, I, _____, the _____ at
(name) (title)
_____ the "Contractor" named above, affirm that I am the authorized
(company name)

representative of the named contractor of the contract identified above, and acknowledge that I have received, reviewed, and understand the following King County COVID-19 Vaccine Mandate Executive Order ("Vaccine Mandate"), as well as Governor Inslee's Proclamation 21-14.1 ("Proclamation") and agree to comply with the Order and Proclamation.

1. A contractor (defined to include all vendors and suppliers, as well as subcontractors) shall assume responsibility of verifying full COVID-19 vaccination for each of its own workers (including workers of subcontractors) by manually reviewing a paper or digital copy of the worker's COVID-19 vaccine record card. As the principal contractor, if you do not receive the requisite paper or digital proof of vaccination from your worker, that worker is considered unvaccinated.
2. Workers for any contractor who are not fully vaccinated may not enter a King County operated facility.
3. Workers for any contractor who test positive for COVID-19 may not enter a King County operated facility until 5 days after symptoms have ended.
4. Workers for any contractor must wear an appropriate face mask while at a King County operated facility.
5. It is the responsibility of the contractor to ensure there is no interruption of service to King County if the contractor, or any personnel of the contractor, are precluded from working at a King County operated facility due to non-compliance with the requirements outlined above.
6. Contractors are responsible for contacting any subcontractors and informing them of the Vaccine Mandate and Proclamation requirements, and contractors are responsible for either providing an attestation covering any subcontractors or for providing separate subcontractor attestations or proof of subcontractor worker vaccination consistent with these requirements.
7. The contractor agrees to submit additional signed declarations upon request of and by the date designated by King County.
8. The contractor further agrees to cooperate with any investigation or inquiry King County makes into the contractor's compliance with the Vaccine Mandate as required by the Order.

**CONTRACTOR ATTESTATION
KING COUNTY
COVID-19 VACCINATION REQUIREMENTS**

This includes providing information and records upon request, except any information or records that the contractor is prohibited by law from disclosing.

For the purposes of this attestation, a contractor's worker is considered "fully vaccinated" when it has been at least two weeks since receiving the final dose, as recommended by the manufacturer, of a vaccine that has been authorized by the FDA for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization.

I declare under penalty of perjury under the law of the Washington that the foregoing is true and accurate.

Signed on this ____ day of _____, 202__, at _____, _____.
(city) (state)

Contractor Signature

Print Name

Title

Company/Contractor Name

Street Address

Email address

City, State, Zip

This page is intentionally left blank