Local Health Jurisdiction (LHJ) Funding Opportunity Application

Regional Representative for Vaccines for Children (VFC) and Assessment, Feedback, Incentives, eXchange (AFIX) Site Visit Activities

December 1, 2017

Application Date:

Name of Organization:

Contact person:

Title:

Phone: Email:

**Instructions:**

Please answer the following questions. Responses should focus specifically on the activities for this project. Please give details on the processes, but limit responses to a maximum of 250 words per question.

1. Please provide a detailed staffing plan that demonstrates an understanding of the expectations and relevant work as described in the Funding Invitation. Please include:
2. Name, title and job description of staff member(s)
3. Existing staff and/or new staff to be hired
4. Percentage of staff members time dedicated to site visit activities
5. Estimated number of visits to be completed by each staff member
6. Plan to address staff turn-over or leave of absence
7. This project will require work in multiple counties and travel outside the boundaries of the local health jurisdiction.
8. Is staff able to travel and conduct work throughout the region, beyond county boundaries?
9. Please describe any barriers this may present and how those barriers will be addressed (e.g.: some LHJs may restrict county vehicle travel outside the county).
10. What strategies will be used to coordinate site visits to minimize unnecessary travel?
11. The Centers for Disease Control and Prevention (CDC) recommends VFC site visits and AFIX visits be conducted separately. What strategies will be used to help meet this goal?
12. Estimated percent of visits conducted separately vs. combined
13. If AFIX visits must be conducted in combination with VFC site visits please describe how AFIX visits will be optimized while still trying to meet the requirements of the VFC site visits
14. How will the CDC requirements to perform all site visits online using the Provider Education Assessment and Reporting (PEAR) system and submit the information at the time of the visit be accomplished?
15. The regional representative for site visit activities will require work with health care providers in multiple counties. Please describe strategies that will be used to build relationships with providers in other counties. What challenges might be presented, and how will those challenges be addressed?
16. All regional representatives will be required to complete annual training for conducting VFC site visits and AFIX visits and participate in quarterly conference calls/webinars. What additional resources will be needed to perform this work?
17. Describe the LHJ’s qualifications to be the representative for the region. Why is the LHJ interested in being the regional representative for the project?
18. The current model uses the Affordable Communities of Health as regional boundaries. We realize there are other options that could be considered. If you are proposing a different regional configuration, please provide responses to the questions below to support your proposal. Please note, we are firm in our decision to have a maximum of 9 regions and will not consider proposals that increase the total number of regions.
19. Describe how you would reconfigure your region, including a justification for the change.
20. Before our office can consider any changes to regional boundaries, it is critical that you have spoken to the affected region about your proposal. Please provide documentation that the affected region is in agreement with your proposal, including written letters of support.
21. Is there anything else your organization would like DOH to consider about your application or the project?

**Budget Summary**

The funding for each region is based on the percentage of providers that are in each region. The table below provides the number and percentage of providers as of November 20, 2017, the counties in each region, and the maximum funding available per region for the initial budget period (July 1, 2018 – June 30, 2019). **Please note: the provider count and percentage will be recalculated prior to the execution of the contract and final funding will be adjusted at that time to account for any increase or decrease in providers for the region.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Region** | **Number of Providers in Region** | **Percentage of**  **Providers** | **Maximum Funding Available per Region** | **Counties in the Region** |
| 1 | 154 | 15% | $74,468 | Island, San Juan, Skagit, Snohomish, Whatcom |
| 2 | 57 | 6% | $27,563 | Clallam, Jefferson, Kitsap |
| 3 | 106 | 10% | $51,257 | Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston,  Wahkiakum |
| 4 | 54 | 5% | $26,112 | Clark, Klickitat, Skamania |
| 5 | 87 | 8% | $42,070 | Pierce |
| 6 | 293 | 28% | $141,683 | King |
| 7 | 48 | 5% | $23,211 | Chelan-Douglas, Grant, Okanogan |
| 8 | 129 | 12% | $62,379 | Asotin, Benton-Franklin, Columbia, Garfield, Kittitas, Walla Walla,  Whitman, Yakima |
| 9 | 106 | 10% | $51,257 | Adams, Lincoln, NE Tri, Spokane |
|  | 1034 |  | $500,000 |  |
|  |  |  |  |  |

**Based on the maximum funding available for your region, please complete the table below with your line-item budget request for this contract. Refer to the Allowable and Non-Allowable Expenses attachment if you have questions.**

Contract Period: July 1, 2018 – June 30, 2019

|  |  |
| --- | --- |
| **Object Class Category** | **Amount Requested** |
| Salaries |  |
| Benefits/Fringe |  |
| Travel |  |
| Supplies (includes equipment <$5,000) |  |
| Other/Miscellaneous  (Rent, printing, communications, etc.) |  |
| Contractual | n/a – this work may not be subcontracted |
| Indirect/Overhead |  |
| **Total Requested for Project**  July 1, 2018 – June 30, 2019 | **$** |

For project questions please contact [Janel Jorgenson](mailto:janel.jorgenson@doh.wa.gov) ([janel.jorgenson@doh.wa.gov](mailto:janel.jorgenson@doh.wa.gov)). For budget or contract questions please contact [Tawney Harper](mailto:tawney.harper@doh.wa.gov) ([tawney.harper@doh.wa.gov](mailto:tawney.harper@doh.wa.gov)).

**Application is due to DOH by February 15, 2018.**

**Please email application to** [**OICPcontracts@doh.wa.gov**](mailto:OICPcontracts@doh.wa.gov)