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**Tribal Zika Response and Planning**

**Request for Applications**

**“Never before in history has there been a situation where a bite from a mosquito could result in a devastating malformation.”**

–Dr. Tom Frieden, Former CDC Director, Fortune, April 13, 2016

**Background**

The [National Indian Health Board (NIHB),](https://www.nihb.org/public_health/tribal_zika_response_and_planning.php) with support from the [Center for Disease Control and Prevention (CDC)](https://www.cdc.gov/zika/index.html) is pleased to announce a call for applications for a *Tribal Zika Response and Planning* award. Designed to enhance the capacity of Tribes, **this funding will provide awards up to $5,000 to** **ten (10) Tribes** with the opportunity to prepare for the possibility of Zika transmission in Tribal communities. Applicants will select up to two (one or two) activities from the provided list to be funded which includes capacity building on topics such as: Zika preparedness planning, vector control, risk communication, partnership building, and stakeholder engagement[[1]](#footnote-1).

Zika concerns multiple stakeholders within Tribal systems – along with other public health allies from state and local health departments – including emergency management, environmental health, and public health, as well as arenas within healthcare systems such as maternal child health, behavioral health, community health, and primary providers.

Considering the unique ways that the Zika virus is transmitted, NIHB encourages **all tribes** to remain vigilant in their Zika preparedness efforts, regardless of geographic proximity to vector range and local transmission. Travel-associated cases bring another avenue for possible local transmission through human to human contact (via blood transfer and sexual transmission), human to baby in utero, and human to mosquito (via the bite of a Zika infected person).

**The completed application is due by 11:59 PM EDT on Friday July 28th, 2017.**

The project period will run from approximately August 11th, 2017 through February 28th, 2018.

**Tribal Zika Response and Planning**

**Request for Applications Informational Webinar**

Tuesday, July 11, 2017 4:00 pm ET

**Register** [HERE](https://nihb.webex.com/nihb/onstage/g.php?MTID=e7d47a239463a15ec37cec0784f72e5cb)

Call-in toll-free number (US/Canada): 1-877-668-4493

Access code: 732 260 990

**Selection Criteria**

This funding is open to all Tribes who are ready to engage in Zika preparedness as a full-community responsibility. Priority will be given to Tribes that commit to completing a Zika Action Plan[[2]](#footnote-2) by the end of the project year. The following Tribal Zika Risk Criteria will be considered.

**Tribal Zika Risk Criteria[[3]](#footnote-3)- Ranked in priority order**

1. Tribal communities within the *Aedes* *aegypti* estimated range
2. Proximity to local transmission
3. Tribal location (risk highest for most southern tribes under 6000’ elevation)
4. U.S. Mexico border proximity and travel/migration pattern risk related
5. Population density
6. Presence and density of vectors
7. Ongoing vector control efforts
8. Weather patterns (e.g., rainfall and temperature)

NIHB stresses the importance of community-responsibility in protecting the next generations from the harmful effects of the Zika virus. This means projects should encompass all community members in their efforts to engage in Zika preparedness. This includes male and female residents traveling back from Zika-present areas, the elderly, children, and visitors. To best prepare for Zika planning, CDC outlines 6 target areas in their Zika CDC Interim Response Plan: communications, pregnant women outreach, vector control, surveillance, laboratory testing, and blood safety.

**Eligibility**

To be eligible, the Tribal applicant must:

* Be from a federally recognized Tribe.
* Have the capacity to engage in Zika Response in topic areas such as, but not limited to, public health, environmental health, emergency management, epidemiology, entomology, community health representatives or related programs.
* Include a letter of commitment demonstrating project support from an authorized tribal official or department leader. If using a letter of commitment, the letter must be signed by an individual authorized to represent the Tribe in such matters.
  + - Propose a project that is reasonable in scope, complements current activities at the Tribe, and has activities that are not duplicative of other sources of funding or support.
    - Be willing to share resources and lessons learned with NIHB, CDC, IHS, and other Tribes, Tribal organizations, and key stakeholders.
    - Dedicate staff and the resources necessary to complete all approved activities.
    - Tribes that choose to engage in consultant or contractor services must provide a letter of support from said contractor for their Zika preparedness project and be prepared to share administrative documentation with CDC project officers.

**Additional Information**

For questions about this RFA, contact:

**Angelica Colagreco**

Public Health Project Coordinator

National Indian Health Board

Telephone: 202-507-4070 (main)

Email: [acolagreco@nihb.org](mailto:acolagreco@nihb.org)

**Project Activities Funded**

Planning for Zika Response involves communicating and coordinating with multiple stakeholders. Projects should cover one or more of the following CDC topical target areas in communication, pregnant women outreach, vector control, surveillance, blood safety, and laboratory testing[[4]](#footnote-4).

Please choose 1-2 activities from the following list:

**Zika Target Areas and Accompanying Activities**

**Partnership Building and Tribal Stakeholder Engagement**

* **1. Partnership Meeting Planning and Convening:** In order to engage in meaningful partnerships, Tribes are encouraged to have their own Tribal departments coordinate with each other **and** with outside jurisdictions such as city, county, state, and federal departments. The purpose of these meetings would be to engage in emergency preparedness and action planning. Funding includes space rental, travel and per diem, material preparation, and other appropriate fees pertaining to event planning. Meetings that engage in Zika Action Planning[[5]](#footnote-5) will be given priority. Technical assistance is available in developing cross-jurisdictional agreements and memorandums of understanding/agreement. Due to federal funding guidelines, this funding cannot cover the cost of food for meetings.

**Risk Communication**

* **2. Education Campaign:** Information is key to public health communication. This funding will support communications to the community on the risks of Zika, prevention efforts, and appropriate response. Examples can include, but are not limited to: material printing, Public Service Announcement production, advertising fees, outreach efforts[[6]](#footnote-6), and Zika prevention kits. Emphasis should be placed on whole-community responsibility and how to protect from mosquito bites, mother to child transmission, through sexual activity, and other exposure pathways[[7]](#footnote-7).
* **3. Communication Training:** Residents listen to community health professionals they trust. This means Tribal employees who interact with Tribal members should be able to relay information that is consistent, up-to-date, and culturally appropriate through training programs, workshops, or certification activities[[8]](#footnote-8). This can include Tribal providers, Community Health Representatives, and other public health stakeholders for screening, outreach, communication best practices, and culturally appropriate responses. Creativity in who should be trained to reach the full community is encouraged.

**Vector Control and Surveillance**

* **4. Preparedness and Mitigation:** Plan preparedness and mitigation activities to reduce the likelihood of transmission from mosquitos, include the following: reduce habitat/potential breeding sites, initiate Zika-specific community clean-up efforts, initiate public information campaigns encouraging yard clean up, use of insecticides, encourage placement of window screens, creating and distributing Zika prevention kids and other source reduction activities[[9]](#footnote-9).

**Vector Control (continued)**

* **5. Vector Surveillance:** Tracking the presence of Zika-carrying mosquitos such as the *Aedes aegypti* and *A. alpobictus* species require a robust vector surveillance model. This funding can be used towards training and implementation of *Aedes*-specific mosquito control training and surveillance and equipment. Applicants are encouraged to develop or build upon vector surveillance programs to trap[[10]](#footnote-10) and identify species in the area in order to identify areas that require additional targeting and also help to report presence of species to elucidate the *Aedes* range within Tribal communities.

**Zika Transmission Response**

* **6. Local Transmission Response:** In the event of a local transmission case, Tribal jurisdictions should be prepared to respond and act to contain and investigate. Funding for this activity can include identifying laboratory testing and blood safety protocols within the Tribal setting, establishing a phone tree for response communication, applying for CDC Emergency Response Team (CERT) assistance, practicing response exercises, and other Zika response phase 2-3 activities (local transmission and multiple jurisdiction local transmission) as outlined in the CDC Zika Interim Response Plan[[11]](#footnote-11).

**Expectations and Deliverables**

The Tribal sites receiving the funds will be responsible for completing activities described in their proposals. The selected Tribal sites will:

* 1. Develop strategies and programs to help communities prepare for possibility of local transmission of the Zika Virus.
  2. Provide written mid-year and final reports that include a project description, activities, outcomes, contacts and collaborations, issues/concerns and recommendations for improvement of the project. NIHB will supply a template for both the mid-year and final report.
  3. Participate in one in-person meeting and/or site visit.
  4. Participate in monthly technical assistance and project progress calls with NIHB.
  5. Participate in monthly peer-group calls hosted by NIHB.
  6. Tribes that choose to engage in consultant or contractor services must provide a letter of support from said contractor for their Zika preparedness project.
  7. Compile findings, promising practices and lessons learned for distribution to other Tribes, Tribal organizations, and key stakeholders. Materials will be posted on NIHB’s website, and disseminated to the NIHB public health listserv and through other NIHB platforms.

**Technical Support**

NIHB is available to provide technical assistance to awarded Tribal sites in order to achieve deliverables or advance the program and collaboration with stakeholders at no cost during the project period as long as the technical assistance is deemed reasonable and relevant. CDC staff are also available via phone or email for technical assistance. Such requests will be vetted and organized by NIHB, CDC, and Tribal site staff in order to ensure effectiveness.

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**Tribal Zika Response and Planning**

**Request for Applications**

Instructions: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single PDF document), the letter of support (as a PDF document), and additional materials, such as Project leader resume, letter of support from a consultant or outside contractor (as a PDF document) to Angelica Colagreco, [acolagreco@nihb.org](mailto:acolagreco@nihb.org) by 11:59 PM EST on Friday, July 28, 2017.

The subject line of the e-mail should read: ‘Tribal Zika Response Application – [Tribe Name].’ No applications will be accepted by fax or postal mail.

**SECTION A: TRIBE AND CONTACT INFORMATION**

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| **CONTACT INFORMATION** | |
| Contact information for the individual to be contacted for notification of application status: | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Fax Number: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Tribe: |  |
| Total Tribal enrollment |  |
| Resident population |  |
| Size of reservation (sq. mi.) |  |
| Project Name |  |

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| **PROJECT COORDINATOR CONTACT INFORMATION** | |
| Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank). This person will be the main point of contact and be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities. | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Fax Number: |
| Mailing Street Address: |
| City, State, Zip Code: |

**SECTION B: APPLICATION NARRATIVE AND SCOPE OF WORK**

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| **APPLICATION INFORMATION** | |
| Is the Tribal community located within the range of the ***Aedes******aegypti*** mosquito? (see supporting documents in footnotes[[12]](#footnote-12),[[13]](#footnote-13)) | Yes  No  Not sure |
| Does the Tribe intend to create a Zika Action Plan (ZAP) before the end of the project year- February 28, 2018? | Yes  ZAP already created  No  Not sure |
| What is your Tribe’s proximity to the U.S. Mexico border? (miles) |  |
| What is the average elevation of your Tribal residential area? | Under 6000’  Over 6000’ |
| Has there been reported local transmission of the Zika virus near your Tribe? If yes, where? | Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Not sure |
| For which Zika preparedness activity/activities are you applying for? (choose one or two activities only) | **Partnership Building and Tribal Stakeholder Engagement**  1. Partnership Meeting Planning and Convening  **Risk Communication**  2. Education Campaign  3. Communication Training  **Vector Control and Surveillance**  4. Preparedness and Mitigation  5. Vector Surveillance  **Zika Transmission Response**  6. Local Transmission Response |
| Amount being requested | $ |

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| **CURRENT AND PAST VECTOR CONTROL EXPERIENCE (*250 words maximum)*** |
| Please describe your Tribe’s capacity and past and current experience in working on vector-borne diseases, surveillance, and control. |

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| **MOSQUITO SEASON BACKGROUND (*100 words maximum)*** |
| The *Aedes aegypti* mosquito is known as a container breeder and can lay eggs in containers as small as a bottle cap. Please describe your community’s seasonal weather patterns, including mosquito season time-frame rainfall estimates, and temperatures. Explain why your community is vulnerable to a container breeder. |

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| **PROJECT SUMMARY *(250 words maximum)*** |
| Based on the funding category(ies), provide a general description of the work the Tribe intends to undertake in the proposed project, the resources the Tribe will tap into to operationalize the plan, and how the work will be sustained beyond the project period, if applicable. Moreover, please describe how this funding and the work you will undertake will result in measurable progress in the Zika response preparedness of the Tribe. This should be a concise summary; details on activities and deliverables will be reported in the table below*.* |

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| **SUPPORTING DOCUMENTATION** |
| Please select the corresponding box for all support and ancillary materials being submitted with the application package (they can be added as additional pages to this document or as a separate PDF).  Letter of Support from Tribal Department Leader/Official (mandatory, as a separate PDF)  Project Leader Resume (mandatory)  Letter(s) of Support from Other Entities (optional)  Other (please identify:      ) |

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| **PROPOSED SCOPE OF WORK** |
| In the table below, detail your proposed work in terms of these components.   * **Objectives:** Objectives are the specific aims for your work and should be written so that they are “SMART” (specific, measurable, achievable, relevant, and time-based). You might have several different or related objectives, or only one main objective. * **Expected Outcomes:** Please develop anexpected outcome(s) for each objective written in the work plan. Consider what you anticipate to change as a result of achieving your objective(s) (such as increase in efficiency, increase of leadership buy-in, what additional benefits were gained). Each objective should have at least one expected outcome. * **Activities & Deadline:** Activities are the specific tasks and work that you will engage in to accomplish your objectives. You will have more than one activity per objective. Each activity should include an expected deadline for completion, such that while the overall objective may not be completed until February 28, 2018, the activities will likely occur throughout the project period. * **Deliverables:** Deliverables are what you will physically submit to NIHB to demonstrate achievement of your objectives (e.g., Zika Action Plans, Meeting agendas, Meeting reports, Meeting evaluations, training rosters, communication publications). You should have at least one deliverable per objective, and may have smaller deliverables for some activities (not all activities will have a deliverable though). In considering your proposed deliverables, think about how the achievement of your objective will result in progress in terms of the Tribe’s Zika preparedness, and how to measure and demonstrate that to NIHB. In addition, if your major deliverable for an objective will not be completed until the end of the project period, consider what interim deliverables for the related activities might be submitted to demonstrate progress.   Additional Guidance / Information   * Use one table per objective, and number each objective accordingly. Each outcome and all activities for that objective will be listed within that same table. * Add additional rows to the tables below as needed to list out more activities. Be sure to represent the full scope of your proposed work. * Please note that selected Tribal partners will have the following activities added to their memorandum of agreement (MOA) as requirements for this project: * Provide information and feedback on project activities as requested via questionnaires and/or conversations with NIHB and CDC staff. * Participate in the NIHB site visit. * Complete a mid-year and final report documenting the development of deliverables, improvements gained, changes in infrastructure and capacity, work with supported agencies and lessons learned throughout the project. * Permission for NIHB to view contractor/consultant agreements and be prepared to share any administrative documents with CDC project officers for review. * Submit deliverables for consideration in NIHB’s documentation repository. |

**TABLE 1. PROPOSED SCOPE OF WORK [Limit 4 pages]**

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| Objective 1: | | | |
| Expected Outcome 1: | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person(s) Responsible** |
| Activity 1.1: |  |  |  |
| Activity 1.2: |  |  |  |
| Activity 1.3: |  |  |  |

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| --- | --- | --- | --- |
| Objective 2: | | | |
| Expected Outcome 2: | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person(s) Responsible** |
| Activity 2.1: |  |  |  |
| Activity 2.2: |  |  |  |
| Activity 2.3: |  |  |  |

**SECTION C: BUDGET PROPOSAL**

These funds will be provided as agreements for goods and services, and will paid in two installments (an initial disbursement and a final payment upon receipt of deliverables). The requested award amount should be appropriate to the level of effort required to engage in the proposed scope of work and produce the deliverables outlined in the next table.

NIHB is seeking to maximize the reach and effectiveness of these funds, and as such may fund applicants at a slightly lower or slightly higher amount than requested in the application.

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| **AWARD AMOUNT REQUEST AND PROPOSED BUDGET** |
| **Requested Funding Amount** ($2,500-$5,000): **$** |
| Please provide an estimated line item budget that illustrates the funding needed to produce the deliverables outlined in the table in Section B. Awards **may not** be used to: purchase large equipment; pay for food or beverages; support ongoing general operating expenses or existing deficits, endowment or capital costs; or support lobbying of any kind. Due to the size of the award, funds are not eligible to support indirect costs.   * Wages and Salaries: * Fringe Benefits: * Contractual Costs (include type or name of potential contractor[s]): * Supplies: * Staff Travel: * Other Direct Costs (describe):   Please list any additional in-kind contributions that will be made by the Tribe to support the work: |

[Tribe Name]

[Street Address 1]

[Street Address 2]

[City]

[Zip Code]

[Date]

To: National Indian Health Board

From: [Tribal official’s name, title]

Re: Tribal Zika Response and Preparedness Application

**DISCLAIMER**: The National Indian Health Board (NIHB) has provided this form letter for applicant convenience purposes. This template does not supersede the authority of said Tribe’s governing officials and does not establish precedent to circumvent normal Tribal business operations. Use of this form is not required for application submission. Tribes are always welcome to submit letters of support using official Tribal community letterhead and formatting.

To Whom it May Concern,

This letter is signed to verify official Tribal support of the award application, “Tribal Zika Response and Preparedness.” This signature confirms that the application requirements have been reviewed and approved by a Tribal official or department leader authorized to represent the interests of the Tribe as it pertains to this project.

[Tribe Name/Department] is committed to fulfilling a community-wide Zika preparedness and response effort to protect the interest of current and future generations. The department office applying for this award is overseen by [Office/Department/Official], who have been informed of this project and are in support of its success and sustainability beyond project year funding.

For comments and/or questions, please use the provided contact information below.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Office/Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail

1. <https://www.cdc.gov/zika/public-health-partners/cdc-zika-interim-response-plan.html> [↑](#footnote-ref-1)
2. https://www.cdc.gov/zap/actionplan-template.html [↑](#footnote-ref-2)
3. Tribal Zika Risk Criteria in accordance with *Aedes aegypti* species preparedness recommendations [↑](#footnote-ref-3)
4. <https://www.cdc.gov/zika/public-health-partners/cdc-zika-interim-response-plan.html> [↑](#footnote-ref-4)
5. <https://www.cdc.gov/zap/actionplan-template.html> [↑](#footnote-ref-5)
6. <https://www.cdc.gov/zika/comm-resources/index.html> [↑](#footnote-ref-6)
7. <https://www.cdc.gov/zika/transmission/index.html> [↑](#footnote-ref-7)
8. <https://tinyurl.com/ydbax6cb> [↑](#footnote-ref-8)
9. <https://www.cdc.gov/zika/prevention/controlling-mosquitoes-at-home.html> [↑](#footnote-ref-9)
10. <https://www.cdc.gov/zika/transmission/index.html> [↑](#footnote-ref-10)
11. <https://www.cdc.gov/zika/public-health-partners/cdc-zika-interim-response-plan.html> [↑](#footnote-ref-11)
12. <https://www.cdc.gov/zika/vector/range.html> [↑](#footnote-ref-12)
13. <https://tinyurl.com/y9w735bs> (see journal article for county-level detail) [↑](#footnote-ref-13)