TCCN Subaward Application for Additional Support

Tennessee Department of Health Grant No. GR-21-73445, CFDA #93.391

Thank you for completing the Workplan Resource Inventory. You are now ready to complete **stage two** of the TCCN Disparities Grant Subaward Process, the Subaward Application for Additional Support. A pdf version of the application is included in this document to help you prepare, but please complete the final application using the Jotform link: https://form.jotform.com/221245060550039 A budget template is also attached to this email. Please use this excel template for your proposed budget. You will be able to upload your budget template to the Jotform.

The deadline to submit the application for your organization is May 31st.

Completing the application will ensure your organization receives the second payment of $2,500 within 30-40 days of submission. Everyone who completes an application will receive this payment. TCCN will be evaluating applications upon submission and will reach funding decisions in June. The goal is that all organizations will receive funding, however, the amount of funding will be based upon the evaluation of your application and stated needs. Finally, all funding requests are subject to approval from the Tennessee Department of Health (TDH).

While completing your application please keep in mind some of the **goals and restrictions** listed below on the use of this funding. The following strategies were identified by the CDC for this funding. If you have priorities that don't seem to fit in with the following strategies, please include them and we will work with you to see how we can make them align. We are also providing some examples of restrictions on the use of these funds to help you make the most of the funding. However, if you need funding in a category that is restricted to address your identified priorities, please acknowledge this in your proposal as we are actively searching for complementary funding from other sources.

Goals/Strategies

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.

2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.

3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

Restrictions

1. **Fundraising activities cannot be funded by this grant.** This includes expenses related to fundraising events, staff time spent fundraising including soliciting donations or grant writing.

   a. What could be allowed:

      i. Hiring a grant admin or support person. If you would like them to also do grant writing, you would need to fund that percentage of their position with unrestricted funds.

      ii. Paying for leadership development training with a focus on the fundamentals of fundraising (TCCN is looking into setting this up for our members).

2. **Capital Projects cannot be funded by this grant**. This includes purchasing or renovating a permanent asset such as land, a building, a mobile unit, etc.

   a. What could be allowed: (subject to approval by TDH)

      i. *Leasing* a new office space or facility if it is needed to accomplish this project

      ii. *Leasing* a vehicle for clinic use (patient transportation, mobile events, etc.)

3. **Direct Patient Care cannot be funded by this grant.** This includes salaries and benefits for providers, medications, and vaccines.

   a. What could be allowed:

      i. Salaries and benefits are allowable uses of this funding for other staff including those that interact with patients **but do not provide medical care** including:

         1. Community Health Workers

         2. Administrative staff

         3. Interpreters

         4. Data Support

         5. Let's hear your ideas!

4. **Purchasing equipment is subject to prior approval from TDH and CDC.** Equipment is defined as tangible property with a per unit cost exceeding $5,000.

   a. If you plan to propose purchasing equipment with this funding, please be specific about the name and description of the item, its intended use, and the unit cost.

Please direct any questions about this inventory to Mary Moore, TCCN Grants Manager, at marym@tccnetwork.org.

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Name of Organization

Project Information

Project Title

Project Description - include a brief description of how funds requested will be used to execute priorities identified in operational needs assessments, expand access to service delivery and/or otherwise advance the organizational mission.

(300-500 word limit)0/500

Statement of Need – share data or other information that justifies the identified need as a key priority.

(300-500 word limit)0/500

Start Date of Project

Month Day   Year

End Date of Project

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Month   Day   Year

Timeline - outline key phases of project implementation and total cost associated with each phase.

Budget

Key Personnel

Name of Project Director - who will be primarily responsible for overseeing the proposed project?

First Name   Last Name

Project Director's Title

Project Director's Email

example@example.com

Project Director's Phone Number

Please enter a valid phone number.

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any

resulting terms if I accept additional funding. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001).

I agree

Name of Authorized Representative

First Name   Last Name