**Building Capacity for Tribal Infection Control**

**Request for Applications**

**Applications due: Thursday, February 24, 2022**

**PURPOSE OF PROJECT FIRSTLINE** The project aims to implement a multi-pronged approach to providing infection prevention and control (IPC) training and technical assistance to Tribal health officials and Tribal health systems. The goal is to increase knowledge and improve practice of IPC within Tribal health facilities and among Tribal health staff. The main objectives are: 1.) to implement a training and capacity building assistance program to raise the capacity of Indian health infection control professionals and health providers; and 2) develop and/or adapt existing materials to inform Tribal health professionals about important components of IPC. Activities to aid in building capacity include a mentorship program between infection control professionals and Tribal health officials who are new or expanding their knowledge on infection control practices.



**Objectives of the Infectious Disease Learning Community**:

* Assist in the development and implementation of a training and capacity building assistance program to raise the capacity of Indian health infection control professionals and health providers
* Support the prevention and control of current and future infectious disease outbreaks.
* Contribute to building Tribal capacity to improve Tribal infection prevention and control.

| | **Availability of Funds** | | --- |  * Must be an official Tribal entity defined as a federally recognized Tribal Government, Tribal organization, inter-Tribal consortium, or Tribal health care facilities/health systems as defined in the Indian Self-Determination and Education Assistance Act, as amended   **Eligibility for Infectious Disease Peer Learning Community Partnership** |
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* Must be an official Tribal entity defined as a federally recognized Tribal Government, Tribal organization, inter-Tribal consortium, or Tribal health care facilities/health systemsas defined in the Indian Self-Determination and Education Assistance Act, as amended

| **Expectations and Deliverables** |
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The Tribal sub-awardees will be responsible for completing activities described in their proposals.

The selected Tribal sub-awardees will:

* Sign and return a contract with NIHB that stipulates the amount of funds to be distributed, a schedule of funds distribution, Tribal point(s) of contact, and deliverables. NIHB will furnish the contact after funding decisions are made and announced.
* Designate one main point of contact to serve as the project coordinator. The Tribal partner must designate one individual with whom NIHB will directly communicate with on all matters related to this project. This person will be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.
* Designate one person to attend a 1-day in-person infection control institute coordinated by NIHB.
* Present at a 1-day in-person infection control institute coordinated by NIHB
* Commit to presenting at one peer learning community to engage frontline personnel on a topic relevant to preventing and controlling infections.
* Participate in 4 learning community webinars.
* Develop three infection control job aids
* Choose one staff to complete CBIC certification
* Update NIHB on progress.

| **NIHB Responsibilities** |
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* Provide technical assistance to peer learning community partners
* Will provide $50,000 to assist with setting up a peer learning community
* Coordinate a 1-day in-person infection control institute
* Host webinars/conference calls, as appropriate, to support peer learning among Tribal partners.

| **Project Period** |
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Subawards will begin on March 21, 2022 and will run through July 30, 2022. A workplan that aligns with this timeframe is necessary.

| **Application Process** |
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* Participate in an optional pre-application webinar on February 9, 2022.
* Complete the application package.
  + Section A: Contact Information
  + Section B: Area of Expertise
  + Section C: Interest Statement
  + Section D: Budget
  + Supporting Documentation
* Submit the application and supporting documents to Courtney Wheeler, [cwheeler@nihb.org](mailto:cwheeler@nihb.org), by 11:59 PM EST, Thursday, February 24, 2022. The subject line of the email should read: “Infection Control Sub-award”. NIHB shall confirm receipt of all applications.

| **Selection Process** |
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Each application will be reviewed and rated by a team of qualified public health professionals and infection control subject matter experts. Proposals will be rated on the following criteria:

* Completeness (include all required components). Incomplete application packages will not be reviewed.
* Appropriate budget request
* Reasonableness of project scope and feasibility of project success

NIHB shall notify all applications of the status of their application by March 10, 2022.

| **Additional Information** |
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For questions about this RFA, contact:

Courtney Wheeler

Public Health Program Manager

National Indian Health Board

910 Pennsylvania Ave., SE

Washington, DC 20003

Telephone: 202-507-4070 (main)

Telephone: 202-507-4081 (direct)

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

**Building Capacity for Tribal Infection Control**

**Deadline: Thursday, February 24, 2022**

**Instructions**: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single Microsoft Word document) to Courtney Wheeler, at [cwheeler@nihb.org](mailto:csanders@nihb.org). The subject line of the e-mail should read: ‘‘Infection Control Subaward”.

| **SECTION A (required): CONTACT INFORMATION** | |
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|  | |
| **Today’s Date**: Click here to enter a date. | |
| **Contact Information**  Contact information for the individual to be contacted for notification of application status: | **Name**: Click here to enter text. |
| **Title**: Click here to enter text. |
| **E-mail Address**: Click here to enter text. |
| **Phone Number**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Tribal Affiliation (if applicable):** | Click here to enter text. |
| **IHS Service Area where you primarily work:** | **IHS Area**: Click here to enter text. |
| **Employer:** | **Name**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Job Title/Occupation:** Click here to enter text. |
| **What is your primary practice setting:** ☐ Small hospital ☐ Large hospital ☐ Critical Access Hospital  ☐ Long-term Acute Care ☐ Long-term Care ☐ Ambulatory Care ☐ Pediatrics ☐ Behavioral Health  ☐ Dental care setting ☐ Other If Other, please list here: Click here to enter text. | |
| | **SECTION B (required): AREAS OF EXPERTISE** | | | | --- | --- | --- | | Infection Prevention Programs | Infection Prevention Essentials | ☐ | | Infection Prevention Program Management and Leadership | ☐ | | Exposure Management (e.g., HIV, HCV, Meningococcal disease) and Occupational Health | ☐ | | Clinical Practice Settings | Ambulatory Care | ☐ | | Post-Acute Care | ☐ | | Adult Acute Care | ☐ | | Pediatric Acute Care | ☐ | | Dental Care Setting | ☐ | |  | Other: Click here to enter text. | ☐ | | |
| **SECTION C (required): INTEREST STATEMENT (*500 words maximum*)** | |
|  | |
| **Please add a brief description of your interest in establishing an infectious disease learning community within your healthcare setting for healthcare workers, a brief description of your peer learning community, and how it can contribute to** **increasing knowledge and improving the prevention and control of current and future outbreaks.**  Click here to enter text. | |

| **SECTION D (required): BUDGET** |
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| **Please submit a budget. The budget must include expenditures for all activities (this can be added as a separate document or PDF).**  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 workplan.  **Awards may not** be used to: provide direct support to external individuals (e.g., delivery of patient care), construction projects, purchase large equipment, pay for food or beverages, support ongoing general operating expenses or existing deficit, endowment or capital costs, or support lobbying of any kind.  **Awards can** be used to: disseminate infection control materials, implement infection control training(s), or complete other activities in the workplan. The focus of this project is Tribal frontline healthcare workers, therefore, any training materials created should be for healthcare workers and/or a healthcare setting.  Click here to enter text. |

| **SUPPORTING DOCUMENTATION (required)** |
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| **Please include**:  ☐ **A Letter of Support from Tribe/Tribal organization representing** (this can be added as a separate document or PDF). The signed letter of support must be from the Tribal health department’s director, health facility director or CEO, the chair of the Tribal health committee, Tribal Chairperson, or other Tribal official that oversees all or a portion of the health activities. The letter should include the governing body’s awareness of and/or commitment to the project activities and support for completion of deliverables.  ☐ A **copy of your most recent financial audit**. |

| **Table 1. PROPOSED SCOPE OF WORK for the infection control award (some portions of the workplan are pre-filled, there are blank rows for additional activities to be added)** | | | | |
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| **Feel free to add additional rows and/or tables if needed.** | | | |  |
| **Goal**: | | | | |
| **Objective 1**: By July 30, 2022, | | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person(s) Responsible** | **Budget Amount** |
| Activity 1.1 | Click or tap to enter a date. |  |  |  |
| Activity 1.2 | Click or tap to enter a date. |  |  |  |
| Activity 1.3 | Click or tap to enter a date. |  |  |  |
| Activity 1.4 | Click or tap to enter a date. |  |  |  |
| Activity 1.5 | Click or tap to enter a date. |  |  |  |
| Activity 1.6 | Click or tap to enter a date. |  |  |  |
| Activity 1.7 | Click or tap to enter a date. |  |  |  |
| Activity 1.8 | Click or tap to enter a date. |  |  |  |

| **Objective 2**: By July 15, 2022, will participate in project activities to ensure effective and successful project implementation | | | | |
| --- | --- | --- | --- | --- |
| **Activities** | **Deadlines** | **Deliverables** | **Person(s) Responsible** | **Budget Amount** |
| Activity 2.1: Attend monthly check-in calls with NIHB | 7/30/2022 | At least 5 monthly calls |  |  |
| Activity 2.2: Attend Tribal infection control learning community (TICLC) webinars | 7/30/2022 | At least 4 TICLC webinars |  |  |
| Activity 2.3: Present at one TICLC webinar | 7/30/2022 | 1 TICLC webinar presentation |  |  |
| Activity 2.4: Attend one in-person infection control institute coordinated by NIHB | 7/30/2022 | 1 IC institute |  |  |
| Activity 2.5: Present at one in-person infection control institute coordinated by NIHB | 7/30/2022 | 1 presentation |  |  |
| Activity 2.6: Create 3 infection control job aids for the Tribal clinic or healthcare facility | 7/1/2022 | 3 job aids |  |  |
| Activity 2.7: Choose one staff to complete CBIC certification | 3/10/2022 | 1 staff chosen to complete CBIC certification |  |  |
| Activity 2.8: Chosen staff will complete CBIC certification | 7/30/2022 | 1 staff CBIC certified |  |  |
| Activity 2.9: Submit a mid-year progress report to NIHB | 5/2/2022 | 1 mid-year progress report |  |  |
| Activity 2.10: Submit a year-end report to NIHB | 7/30/2022 | 1 year-end report |  |  |