

PAVE: Pandemic Assistance & Vaccine Equity Grants

Apply for up to \$10,000 to support vaccination efforts in Kansas communities
PAVE@ks.gov

What is this grant program?

Overview. The Federal COVID-19 Pandemic Vaccination Equity Supplemental Funding (PAVE) program provides funding for Kansas to support local efforts to increase vaccine uptake by expanding COVID-19 vaccine programs and ensuring greater equity and access to vaccines by those disproportionately affected by the pandemic, including high-risk and underserved populations such as racial and ethnic minorities and rural communities.

Who can apply?

Applicant Eligibility. Local government groups, colleges/universities, tribes, clinics, medical and nurse associations, pharmacies, nonprofits, community organizations, and faith-based organizations are encouraged to apply. County Health Departments are not eligible to apply. Contact Kansas Governor Laura Kelly's Grants Office at 785-291-3205 or PAVE@ks.gov regarding questions about applicant eligibility.

What are the timelines?

Application Deadline. Applications (included below) must be emailed for consideration to Kansas Governor Laura Kelly's Grants Office, PAVE@ks.gov, between June 2021 and December 31, 2021. Applications will be considered in the order in which they are received. Awards will be made to applicants that meet all requirements until all funds are expended or December 31, 2021, whichever occurs first.

Funding Period. All activities funded by the PAVE program must occur between June 1, 2021, and December 31, 2023. *Note: Activities that meet eligibility requirements can be retroactively reimbursed to June 1, 2021.*

What can these funds support?

Allowable Activities. Requested funds must be utilized to support and strengthen critical immunization planning and implementation requirements and activities to ensure effective and efficient COVID-19 vaccination distribution. This includes expanding the existing immunization infrastructure, engaging in additional partnerships, and implementing and evaluating new strategies to reach affected populations (such as those who may be vaccine hesitant, those who are in racial and ethnic or other minority groups).

Examples of allowable PAVE costs include, but are not limited to:

- Local education campaigns to increase vaccine confidence and combat misinformation;
- Support to adapt materials for target audiences, including language translation;
- Media buys, such as radio and television ads;
- Sessions with trusted leaders among underserved and/or affected communities to better understand community needs (e.g. town hall meetings, focus groups, round table discussions, etc.);

- COVID-19 vaccination supplies (including personal protective equipment, sanitation, oxygen tanks/bottles, and injection site medical supplies) for vaccine events;
- Space rental for vaccine events, training, education, and focus groups;
- Assistance in providing access to vaccination activities, including transportation and mileage reimbursement (reimbursement will be provided at the federal rate or according to agency policy, whichever is less);
- Coverage of transportation costs (e.g. bus fare vouchers, ride share programs, and taxi fare)
Note: Uber and Lyft offer free ride programs for vaccination; and
- Personnel (e.g. meeting facilitators, vaccinators, translators).

Unallowable Activities. PAVE funds are not allowed to be used for food or drinks, construction costs, purchase of vehicles, personal care outside of vaccination events, and vaccine incentives.

Unallowable Costs. PAVE funds cannot replace other federal, state, or local funds that would otherwise be available for the proposed COVID-19 related activities. Applicants may not reduce or reallocate federal, state, or local funds for a particular activity or purchase specifically because PAVE funds are available. Please contact the Grants Office with any questions.

What reporting requirements are associated with the PAVE program?

A completed PAVE POST-PROJECT IMPACT REPORT is required to be submitted once awarded grant funds are spent. Additionally, monthly Financial Status Reports are required on the 15th of each month and must include supporting documentation in order to be reimbursed for expenses. Financial Status Reports will no longer be required once the project incurs no further costs. *Note: Both reports are included in this packet for reference.*

What compliance requirements are associated with the PAVE program?

All award recipients must comply with the PAVE program requirements and related federal award guidance. Recipients must comply with the applicable provisions of the Federal Office of Management and Budget's Uniform Guidance for Federal Awards, [2 CFR Part 200](#), which includes maintaining appropriate programmatic and financial records. PAVE funds must be tracked and accounted for separate from an organization's general operating funds. Please contact the Grants Office with any questions.

How will the funds be dispersed?

Payments are issued on a quarterly advance basis, with the first payment equal to 25 percent of the awarded amount. The amount of subsequent payments is determined by reported expenditures. Recipients may request a specific advance for PAVE payment if needed to meet immediate obligations.

An applicant must have a Federal Employer Identification Number (FEIN) or a Taxpayer Identification Number (TIN) to receive payments.

Have any questions? Contact Kansas Governor Laura Kelly's Grants Office at 785-291-3205 or PAVE@ks.gov.

This Pandemic Assistance and Vaccine Equity Grant program is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$79,278,482 with 100 percent funded by the CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the CDC/HHS, or the U.S. Government. For more information, please visit <https://www.cdc.gov/>. Revision 10/1/21

GENERAL INFORMATION FORM

* Denotes required information

KGGP USE ONLY	Date Received:	Application Number:
APPLICANT IDENTIFICATION		
* Organization Name:		
* Street Address:		
* City:	* Zip:	* County:
Website:		
Federal Employer Identification Number (FEIN)/Taxpayer Identification Number (TIN):		
PRIMARY CONTACT FOR PROPOSED WORKPLAN		
(The primary contact listed will receive ALL correspondence from this office.)		
* Name:		
* Title:		
* Phone:		
Fax:		
* Email:		
* PROPOSED WORKPLAN INFORMATION Funding Period: June 1, 2021 to December 31, 2023		
* What is the problem/issue/barrier to healthy behavior the proposed project seeks to address? Select all that apply.		
Issue		Check box in applicable rows
Vaccine uncertainty		<input type="checkbox"/>
Physical barriers to access (location of providers, hours of operation)		<input type="checkbox"/>
Informational barriers to access (internet access / technology comfort, language, literacy levels)		<input type="checkbox"/>
Other (Specify)		<input type="checkbox"/>
* Please write a brief description of proposed workplan:		
* These funds are to support equitable distribution and administration of COVID-19 vaccines (for rural communities, communities of color, and/or communities of high social vulnerability). Please briefly explain how this proposal supports equity:		
* City(ies) or County(ies) in which proposed workplan will operate:		
* Estimated start date / Timeline of activities:		
* Primary Target Audience/Communities:		
* Estimated Number of People to be Served:		

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WORKPLAN PROPOSED BUDGET

Please identify budget costs in the applicable category and line item(s). Include a brief rationale for each line item, for example with a calculation or other reason for your stated number. Please utilize the text box below each line item for the rationale.

BUDGET CATEGORY	PAVE		KGGP USE ONLY
PERSONNEL			
<i>List line item cost by title (e.g., nurses), including fringe benefits as applicable</i>			
A.	\$		
<i>Explanation / rationale:</i>			
B.	\$		
<i>Explanation / rationale:</i>			
C.	\$		
<i>Explanation / rationale:</i>			
SUBTOTAL		\$	
TRAVEL/TRAINING			
A. Travel Costs	\$		
<i>Explanation / rationale:</i>			
B. Training Costs	\$		
<i>Explanation / rationale:</i>			
SUBTOTAL		\$	
SUPPLIES AND COMMUNICATIONS			
A. Supplies	\$		

<i>Explanation / rationale:</i>			
B. Communications	\$		
<i>Explanation / rationale:</i>			
SUBTOTAL	\$		
CONTRACTUAL SERVICES			
A. Please describe:	\$		
<i>Explanation / rationale:</i>			
B. Please describe:	\$		
<i>Explanation / rationale:</i>			
SUBTOTAL	\$		
OTHER			
A. Please describe:	\$		
<i>Explanation / rationale:</i>			
B. Please describe:	\$		
<i>Explanation / rationale:</i>			
SUBTOTAL	\$		
TOTAL REQUEST	\$		

Signature of Authorized Certifying Official

This is the end of the PAVE application – rest of the materials are required if applications are approved.

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KANSAS GOVERNOR'S GRANTS PROGRAM

PAVE: Pandemic Assistance & Vaccine Equity Grants

Email Report to: PAVE@KS.GOV

PAVE POST-PROJECT IMPACT REPORT

This is NOT part of the application; you will be required to fill this out 30 days AFTER the use of allocated funds

The information provided on this report is used by Kansas Governor Laura Kelly's Grants Office staff to review progress on the funded PAVE activities. The information in this report is shared with the Kansas Department of Health and Environment for reporting to the U.S. Department of Health and Human Services.

1. NAME AND ADDRESS OF ORGANIZATION	2. PAVE AWARD NUMBER
	3. PAVE AWARD AMOUNT
4. DATE OF REPORT	5. PHONE NUMBER

6. SIGNATURE

PLEASE RESPOND TO THE FOLLOWING QUESTIONS. A SEPARATE WORD DOCUMENT MAY BE ATTACHED IF NECESSARY.

7. List the primary activities as stated in the approved application and report the accomplishments achieved during the current reporting period (or cumulative progress IF this is the FINAL progress report). Explain any significant changes in approach or methods from the approved workplan.

8. What impact has the PAVE program had on increasing vaccination participation?

9. Were all PAVE approved activities completed according to original timeline? If not, please explain.

10. Please describe actual challenges experienced or future challenges anticipated in addressing the proposed barriers and/or reaching the target audience.

Approved by the Kansas Governor's Grants Program:

Date:

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FINANCIAL STATUS REPORT

(Due 15 Days After Close of Each Month)

This is NOT part of the application; you will be required to fill this out 15 days after close of each month (if application approved)

The information provided on this report will be used to monitor grantee expenditures. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations.

1. NAME AND ADDRESS OF ORGANIZATION	2. PAVE AWARD NUMBER	3. ORGANIZATION IDENTIFICATION NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	4. FINAL REPORT Yes <input type="checkbox"/> No <input type="checkbox"/>
	5. BASIS OF ACCOUNTING Cash <input type="checkbox"/> Accrual <input type="checkbox"/>	6. PROJECT PERIOD FROM: 06/01/2021 TO: 6/30/2024	7. REPORT PERIOD (MO, DAY, YR) FROM: TO:

GRANT FUND EXPENDITURES AND OBLIGATIONS BY BUDGET CATEGORY

BUDGET CATEGORY	APPROVED BUDGET	PERIOD EXPENDITURES	TO DATE EXPENDITURES	CARRY-OVER	OBLIGATIONS	FUNDS REMAINING
A. Personnel Expenditures						\$0
B. Travel/Training Expenditures						\$0
C. Supplies and Communications						\$0
D. Contractual Services						\$0
E. Other Expenditures						\$0
F. Total Expenditures	\$0	\$0	\$0	\$0	\$0	\$0

CERTIFICATION

CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS WITHIN THE BELIEF THIS REPORT IS CORRECT AND COMPLETE AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS WITHIN THE APPROVED BUDGET, FOR THE PERIOD COVERED, AND FOR THE GRANT FUNDS TO DATE.	AUTHORIZED CERTIFYING OFFICIAL (Type or Print)	TELEPHONE NUMBER		
	SIGNATURE _____ DATE _____	AREA CODE	NUMBER	EXT.
		FOR KGGP USE		
		APPROVED BY KGGP	DATE APPROVED	

See next page on instructions for Financial Status Report.

Have any questions? Contact Kansas Governor Laura Kelly's Grants Office at 785-291-3205 or PAVE@ks.gov.

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Instructions for Financial Status Report:

1. Name and address of organization.
2. Grant Project Number: Use the number given to the organization from the Kansas Governor's Grants Program in the Grant Assurances.
3. Organization Identification Number or Federal Employer Identification Number: City or county vendor number, if government organization. Federal employer identification number, if not for profit organization.
4. Final Report: Mark "Yes" only when submitting the last monthly Financial Status Report for the entire grant project period.
5. Basis of Accounting: Indicate whether the organization's accounting system is cash or accrual basis for recording transactions related to this grant award.
6. Grant Project Period: Dates of the funding cycle, June 1, 2021, through December 31, 2023.
7. Report Period: Month in which the organization is reporting financial information.

Budget Category

Approved Budget: List approved grant amount for each budget category, per the Budget Summary Form. This column represents the total grant award. Refer to the Budget Revision Requests policy within the Reporting Requirements to address any changes made to this column.

Period Expenditures: Amount of grant funds spent in each budget category during the month in which the organization is reporting. This includes only cash expenditures, not accruals or obligations incurred.

To-Date Expenditures: Amount of grant funds in each budget category spent since grant project period began including the current reporting period, or the accumulated total of Period Expenditures reported as of this date.

Carry-Over: Any grant funds received but not yet spent, meaning cash on hand at the end of the month. Only a total is required, not a break-down per budget category. This should be zero unless the organization requested and received an advance prior to the report period.

Obligations: Any expense that was incurred during the month in question, but not yet paid. Only report information in this column if the organization uses accrual basis accounting, and only report expenses that will be paid in the next month with grant funds.

Funds Remaining: Amount of funds in each budget category that have not been expended or obligated as of this date. Total all columns and sign. There must be a signature on the Financial Status Report or it will be returned to the organization.