

## METRO COVID-19 RESEARCH GRANT

**STATUS:** Open

Request for Proposals

### Key Dates

**Release Date:** 8/03/2020

**Application Deadline :** 8/10/2020

### Issued by

San Antonio Metropolitan Health Department (Metro Health)

The Health Collaborative

### Purpose

There is an urgent need for research on the effect of SARS-CoV-2 on marginalized communities and knowledge regarding how the COVID-19 infection exacerbates existing health disparities. As a majority-minority community with deep pre-existing health disparities, the San Antonio and Bexar County population is particularly at risk for severe consequences such as hospitalization, increased ventilator use or even death from the COVID-19 pandemic. However, we can work toward better understanding of the impact of COVID-19 on marginalized communities through investing in COVID-19 research projects. Metro Health supports collaborative efforts that involve San Antonio and Bexar County based scientific researchers across multiple disciplines and local community members as equal partners to address conditions disproportionately affecting marginalized communities. Metro Health will grant \$500,000 of CARES Act Funding to COVID-19 research projects in the areas of:

- COVID-19 Community-Partnered Participatory Research (CPPR)
- Population Epidemiology Research

Metro Health is issuing this call for proposals to highlight interest in receiving COVID-19 Research Grant applications focused in the following area(s):

#### 1) COVID-19 COMMUNITY-PARTNERED PARTICIPATORY RESEARCH (CPPR)

Brown and Black communities are experiencing disproportionate COVID-19 related deaths compared to their White counterparts. Associated with the deaths are higher rates of preexisting health conditions that increase the risk of complications from

COVID-19; social and economic factors that contribute to health risks; and long-standing inequities in health care access and outcomes.

Community Partnered Participatory Research (CPPR) projects are research projects designed by community members and academic researchers as equal partners. Research funded under this interest area should advance our understanding of data, the community experience and history, and perceptions. Applicants must have transparency about how the information is collected, by and for whom the information is collected and assure the work equally benefits the community and academic researchers.

Specific areas of COVID-19 CPPR research interests funded under this opportunity include, but are not limited to, advancing our understanding of the impacts of COVID-19 and:

- Parenting / Childcare
- Mental Health
- Employment
- Housing, Eviction, Relocation
- Trauma (adult or children)
- Economic Impacts of Social Distancing, Face Masks, Home Quarantine
- Education
- Environment
- Healthcare access
- Isolation
- Recovery efforts on Resident Asset Depletion/Building and Economic Mobility

## **2) POPULATION EPIDEMIOLOGY RESEARCH**

Research funded under this interest area should advance our understanding of the epidemiology of COVID-19 in San Antonio and Bexar County, with a specific focus on medically at-risk or marginalized populations, as defined in the San Antonio/Bexar County Health Transition Team report. All proposals must lead to the generation of novel data that will help advance health equity and inform future large-scale population epidemiology studies. Specific areas of research funded under this opportunity include, but are not limited to:

### *Population epidemiology from existing health records and/or cohorts and other large data sets*

- Examine the disparate effect of COVID-19 on marginalized communities, including the development of clinical prediction models to help health systems understand which individuals are at high risk for poor COVID-19 outcomes and prepare to respond appropriately
- Examine the effect of COVID-19 in congregate settings, determine predictors of infection and poor outcomes in clients in these settings, and understand the role of asymptomatic infections in these contexts
- Establish longitudinal cohorts or registries of individuals with COVID-19 for future

- research, with a focus on communities of color
- Explore how geographic and place-based variations in COVID-19 disease interact with known health disparities or other community characteristics

#### *Molecular epidemiology studies*

- Examine serologic prevalence of SARS-CoV-2 infection, with inclusion of marginalized and/or medically at-risk communities
- Explore the effect of asymptomatic infection in our community and its implications for disease transmission
- Use cohort or population-level data to determine the effect of risk mitigation strategies on infection prevalence or transmission in marginalized and/or medically at-risk communities

### **Eligibility**

- Applicants must be 501c3 nonprofit OR community-based research organizations.
- Funding requests must comply with CARES Act guidelines (attached)

### **Application and Submission Information**

Submit applications for this initiative via PDF upload using the Proposal Guidelines.

The complete proposal will consist of four parts:

1. a narrative with supporting information
2. references
3. description of team
4. a budget and budget justification

All application components, including letters of support, must be submitted through the online portal. **All applications must be received by 11:59 pm (Central time) August 10, 2020.** No additional material (e.g. updates, documents, corrections, etc.) will be accepted after the application deadline.

### **Duration of the Award**

The award is for four months, September 1, 2020 – December 15, 2020.

For research projects that will extend beyond the term of this grant, applicants may request in their proposal that awarded funding be used as seed money for continued research. Projects requesting funds for this purpose must have strong potential for garnering future funding from external sources.

## **Progress Reports**

A progress report is due on October 31 during the grant period. The final project and financial report are due December 11 at the end of the grant period. The progress report template will be available at <http://www.growhealthyfund.com>

## **Deliverables**

Reports (2) to The Health Collaborative and participation in community presentation of results, as organized by Metro Health and The Health Collaborative.

## **Grant Review Process**

The Review Committee is responsible for the review of all applications and will make recommendations to The Health Collaborative regarding award recipients. A scoring system considering the overall impact and association with the funding category, feasibility, approach and investigator will be assessed. It is expected that the work will be completed at the close of the grant period. The grant will only be awarded if the Review Committee and The Health Collaborative deems that an applicant worthy of receiving this award can be selected.

## **Notification of Award**

Every effort will be made to notify applicants of their award status by August 20<sup>th</sup>, 2020.

## **Inquiries**

Please direct all inquiries to The Health Collaborative:

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**Coronavirus Relief Fund**  
**Guidance for State, Territorial, Local, and Tribal Governments**  
**April 22, 2020**

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.<sup>1</sup>

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

***Necessary expenditures incurred due to the public health emergency***

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

***Costs not accounted for in the budget most recently approved as of March 27, 2020***

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost

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<sup>1</sup> See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

***Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020***

A cost is “incurred” when the responsible unit of government has expended funds to cover the cost.

***Nonexclusive examples of eligible expenditures***

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
  - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
  - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
  - Costs of providing COVID-19 testing, including serological testing.
  - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
  - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
  - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
  - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
  - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
  - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
  - Expenses for public safety measures undertaken in response to COVID-19.
  - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
  - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
  - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
  - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
  - Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
  - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
  - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
  - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
  - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
  - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

***Nonexclusive examples of ineligible expenditures<sup>2</sup>***

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.<sup>3</sup>
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

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<sup>2</sup> In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

<sup>3</sup> See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.