

INCREASE THE REACH

Grantee Quarterly Activities Report



Introduction

How will this information be used?

The information provided in this report is used by staff at the WSU Community Engagement Institute to review progress on the funded Increase the Reach activities. All report content is shared with the Kansas Department of Health and Environment for reporting to the National Center for Immunization and Respiratory Diseases (NCIRD). Your responses may also be used for Increase the Reach publicity or for planning peer-to-peer support between funded projects.

Explanation of quarterly grant activities report collection schedule

Reports will be submitted on a quarterly basis. Quarters are pre-determined and do not change. Reports are due on the 15th day of the month following the end of the quarter. For example, reports are due on January 15 for the quarter ending on December 31.

Please report on any activities that took place during the last quarter. Please note that grantees who do not submit their quarterly reports may experience a delay in funding. Extensions will be considered. Please contact itrsupport@wichita.edu to request an extension.

Reporting quarters through the end of 2022 are:

October 1, 2021 through December 31, 2021

January 1, 2022 through March 31, 2022

April 1, 2022 through June 30, 2022

July 1, 2022 through September 30, 2022

October 1, 2022 through December 31, 2022

Grantee Information

1. Legal name of organization

2. Organization's grant award number (can be found on Notice of Award)

3. Primary contact

Name _____

Phone _____

E-mail _____

4. Please select the quarter for which you are completing this report.

October 1, 2021 through December 31, 2021

January 1, 2022 through March 31, 2022

April 1, 2022 through June 30, 2022

July 1, 2022 through September 30, 2022

October 1, 2022 through December 31, 2022

Performance Measures

5. Please select all activities included in the approved grant application.

Action area A: Increase COVID-19 vaccination capacity across the community, including among high-risk underserved populations.

(A1) Expand operations (e.g., providing vaccinations during evenings, overnight, and on weekends) to increase their throughput.

(A2) Support public health workforce recruitment and training including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability.

(A3) Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities.

None of the above (If you select this option, you may skip to action area B which begins on page 6)

If you selected activity A1: *Expand operations (e.g., providing vaccinations during evenings, overnight, and on weekends) to increase their throughput.*

Please provide the following numbers related to expanded operations for the past quarter. If you are not tracking a specific metric listed below, you may leave it blank.

Number of sites with expanded operations

Percent of sites with expanded operations (# of sites with expanded operations divided by total sites) (e.g., 76% or 12.5%) _____

Expanded hours of operation (e.g., "Formerly closed at 5pm on weekdays, now open until 6pm", "Formerly closed on Saturdays, now open 12-5pm", etc.)

Number of people served

Number of staff _____

Other metric, please describe:

Other metric, please describe:

If you selected activity A1: *Expand operations (e.g., providing vaccinations during evenings, overnight, and on weekends) to increase their throughput.*

Please describe expanded operations for the past quarter.

If you selected activity A2: *Support public health workforce recruitment and training including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability.*

How many new public health workers have you hired in the past quarter in each of the following categories? Responses should be rounded to one decimal place (e.g., 1.0, 1.5, 2.0).

Full-time equivalent (FTE)

Part-time equivalent (PTE)

Contractor _____

If you selected activity A3: Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities.

How many of the following have you conducted in the past quarter?

	Number of each	
	Total	In underserved communities
Strike teams		
Mobile clinics		
Temporary off-site clinics		

If you selected activity A3: Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings and/or to supplement the work of local health departments in underserved communities.

How many vaccine doses have you provided in the past quarter in each of the following settings?

	Number of doses	
	Total	In underserved communities
Strike teams		
Mobile clinics		
Temporary off-site clinics		

Action area B: Ensure high-quality and safe administration of COVID-19 vaccines.

- (B1) Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products.
- (B2) Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis.
- (B3) Assure provider training and reporting of vaccine adverse events to VAERS.
- None of the above (If you select this option, you may skip to action area C which begins on page 9)

If you selected activity B1: Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products.

Please provide the following numbers related to technical assistance provided to vaccine administration sites in the past quarter. If you are not tracking a specific metric listed below, you may leave it blank.

Number of sites that received TA

Percent of sites that received TA (# of sites divided by total sites) (e.g., 76% or 12.5%) _____

Number of providers who received TA

Percent of providers who received TA (# of providers divided by total providers) (e.g., 76% or 12.5%) _____

Number of trainings provided

Other metric, please describe:

Other metric, please describe:

If you selected activity B1: Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products.

Please describe any technical assistance (TA) provided to vaccine administration sites in the past quarter.

If you selected activity B2: *Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis.*

Please describe how sites' capabilities were assessed in the past quarter, including specific elements assessed.

If you selected activity B2: *Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis.*

Please enter the number and percent of sites whose capabilities were assessed in the past quarter (# of sites whose capabilities were assessed divided by total sites).

Number of sites _____

Percent of sites (e.g., 76% or 12.5%) _____

If you selected activity B3: *Assure provider training and reporting of vaccine adverse events to VAERS.*

Please describe the training or assurance processes undertaken related to VAERS in the past quarter.

If you selected activity B3: Assure provider training and reporting of vaccine adverse events to VAERS.

Please enter the number of sites who received training or technical assistance and the percent of sites who received training or technical assistance (# of sites who received training divided by total sites) related to VAERS in the past quarter.

Number of sites _____

Percent of sites (e.g., 76% or 12.5%) _____

Action area C: Ensure equitable distribution and administration of COVID-19 vaccines.

(C1) Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage. Implement and evaluate interventions and direct vaccine and vaccination efforts to increase coverage.

(C2) Monitor and improve access to vaccinations in communities of high social vulnerability.

(C3) Partner, plan, and implement vaccination activities with critical organizations, high-risk, and specific populations. Plan and implement vaccination activities with organizations and business.

None of the above (If you select this option, you may skip to action area D which begins on page 11)

If you selected activity C1: Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage. Implement and evaluate interventions and direct vaccine and vaccination efforts to increase coverage.

Please describe vaccination monitoring activities undertaken in the past quarter including number of persons involved; number of events/activities; number and description of subgroups/high SVI communities targeted, etc.

If you selected activity C2: Monitor and improve access to vaccinations in communities of high social vulnerability.

Please describe work undertaken in the past quarter to monitor and improve access to vaccinations in underserved communities or communities of high SVI.

If you selected activity C3: Partner, plan, and implement vaccination activities with critical organizations, high-risk, and specific populations. Plan and implement vaccination activities with organizations and business.

Please describe work undertaken in the past quarter to partner, plan, and implement vaccination activities with critical organizations, high-risk, and specific populations, and/or to plan and implement vaccination activities with organizations and businesses. Include the number and type of partner organizations that have implemented vaccination activities.

Action area D: Increase vaccine confidence through education, outreach, and partnerships.

(D1) Enhance/amplify messaging (including through translation) to promote COVID-19 vaccination, especially among underserved populations.

(D2) Provide local education campaigns and approaches to adapting CDC materials to community audiences, including a focus on racial and ethnic minority groups.

(D3) Address vaccine education efforts to include addressing possible vaccine misinformation and increase vaccine confidence and vaccine uptake, including with racial and ethnic minority groups.

(D4) Promote COVID-19 and other vaccinations to increase vaccine confidence in racial and ethnic minority groups and to increase accessibility for people with disabilities.

None of the above (If you select this option, you may skip to action area E which begins on page 13)

If you selected activity D1: Enhance/amplify messaging (including through translation) to promote COVID-19 vaccination, especially among underserved populations.

Please describe COVID-19 communications activities undertaken in the past quarter. Include information regarding type of activity, target audience, and number of participants. Include specific information regarding communications and education among underserved and racial and ethnic minority populations.

If you selected activity D2: Provide local education campaigns and approaches to adapting CDC materials to community audiences, including a focus on racial and ethnic minority groups.

Please describe COVID-19-related education activities undertaken in the past quarter. Include information regarding type of activity, target audience, and number of

participants. Include specific information regarding communications and education among underserved and racial and ethnic minority populations.

If you selected activity D3: Address vaccine education efforts to include addressing possible vaccine misinformation and increase vaccine confidence and vaccine uptake, including with racial and ethnic minority groups.

Please describe work in the past quarter to address vaccine misinformation and to increase vaccine confidence and uptake. Include information regarding type of activity, target audience, and number of participants. Include specific information regarding communications and education among underserved and racial and ethnic minority populations.

If you selected activity D4: Promote COVID-19 and other vaccinations to increase vaccine confidence in racial and ethnic minority groups and to increase accessibility for people with disabilities.

Please describe work in the past quarter to increase vaccine confidence in racial and ethnic minority groups and to increase vaccine accessibility for people with disabilities. Include information regarding type of activity, target audience, and number of participants.

Action area E: Develop and implement community engagement strategies to promote COVID-19 vaccination efforts.

(E1) Participate in partnerships for community engagement to identify trusted voices that represent the diversity of affected communities to promote vaccination and have bidirectional conversations in communities with vaccine hesitancy. These partnerships need to reflect the diversity of the community's population.

None of the above (If you select this option, you may skip to action area F which begins on page 14)

If you selected activity E1: Participate in partnerships for community engagement to identify trusted voices that represent the diversity of affected communities to promote vaccination and have bidirectional conversations in communities with vaccine hesitancy. These partnerships need to reflect the diversity of the community's population.

Please describe work with any funded partnerships designed to engage with trusted voices in communities, promoting COVID-19 vaccination, in the past quarter. Include information regarding the specific activities of the partnership (meetings, coalitions, conversations, etc.).

Action area F: Use immunization information systems to support efficient COVID-19 vaccination.

(F1) Promote and implement email and text messaging reminder/recall activities at either the state or provider level.

(F2) Ensure timely and accurate reporting of vaccine administration, demographic, and other data. This includes sharing this information with other appropriate partners within the county.

None of the above (If you select this option, you may skip to the next page)

If you selected activity F1: Promote and implement email and text messaging reminder/recall activities at either the state or provider level.

Please describe work undertaken in the past quarter to promote and implement email and text messaging reminder/recall activities.

If you selected activity F2: Ensure timely and accurate reporting of vaccine administration, demographic, and other data. This includes sharing this information with other appropriate partners within the county.

Please describe efforts undertaken in the past quarter to ensure timely and accurate reporting of vaccine administration, demographic, and other data. Please include a description of metrics that have been used to measure and monitor improvements. Describe any work undertaken to onboard to the IZ Gateway to ensure IIS access to doses administered from partners and other jurisdictions.

Impact and Reach

Please respond to all questions unless noted as "optional".

6. Please describe the impact your project has had on increasing vaccination participation and/or reducing vaccine hesitancy in the past quarter.

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7. In the past quarter, have you administered COVID-19 or lifespan vaccines as part of your project?

- Yes, we have administered BOTH COVID-19 and lifespan vaccines in the past quarter.
- Yes, we have administered ONLY COVID-19 vaccines in the past quarter.
- Yes, we have administered ONLY lifespan vaccines in the past quarter.
- No, we have not administered COVID-19 or lifespan vaccines in the past quarter.

If you answered 'yes' in any capacity to the previous question, please respond to the following question. If you answered no, please skip this question.

How many people were vaccinated as a result of your efforts? Estimates are acceptable.

- COVID-19 vaccines _____
- Lifespan vaccines _____

8. How many total individuals have been served by your project in the past quarter?
Estimates are acceptable.

This number might include: total participants at all hosted events; total individuals vaccinated; total individuals reached by a communication or education campaign.

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9. Please provide a summary of the populations served by your project in the past quarter.

This summary might include:

- a. Information on how your project *is* or *is not* reaching the priority populations outlined in your grant application.
- b. An overview of any relevant demographic information about the populations reached by your project, including race and ethnicity.

Successes and Challenges

Please respond to all questions unless noted as "optional".

10. Were all funded activities completed according to the original plan this quarter? If not, please explain.

11. Please describe what has gone well for your project during the past 3 months. What has contributed to your success?

12. Please describe any challenges you experienced during the past 3 months.

13. What future challenges do you anticipate, especially related to addressing any barriers to implementing your project or to reaching your target audience?

14. (OPTIONAL) What questions do you have for the Increase the Reach grant team? What information, resources, and/or tools could make a difference for your project?

Financial Status Report

Directions

1. While receipts do not need to be submitted, grantees should keep all receipts for three (3) years in the event of an audit.
2. Refer to information below for category definitions.
3. Please calculate and report totals for all columns and rows.
4. Funds may only be used, and therefore reported, for approved budget items.
5. The amount in Column 1 should be the same on every report unless a budget adjustment has been submitted and approved.

NOTE/REMINDER: Funds **CANNOT** be used for: vaccine; food and drink; purchased vehicles; medical research; contributions to capital campaigns; operating deficits or retirement of debt; construction projects, real estate acquisitions; endowments; grants to individuals; monetary and/or gift card incentives; annual fund drives; fundraising events; lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945 (d)(1) Candidate endorsements.

DEFINITIONS

Salary and fringe benefits: Includes salary, FICA, Retirement, Group Insurance, Workers Compensation, FICA Medicare, State Unemployment, Other Employee Benefits as applicable.

This category does not include consultants or contract workers not considered regular employees of the organization.

Consumable Supplies: Consumable supplies for vaccinations or education events (gloves, syringes, Band-aids, printed materials, imprinted items, etc.)

Mileage: Mileage expense to clinic locations (up to U.S. reimbursement rate)

Contracted services: Must be related to health promotion. Examples include, but are not limited to, specific limited-time services for health promotion activities, such as graphic design for event flyers, electrician services to run temporary electrical supply for an event, and/or a sound technician for a PA system.

Contracted staffing: Vaccine administration staff, data entry, etc.

Leased or rented vehicles: Cars, trucks, vans, enclosed trailers, open trailers, or any vehicle needed to transport supplies to a remote location.

Administrative expenses: Maximum 10% of the total budget request. Expenses that are not project-specific but support the organization's overhead and are necessary to the operation of the project. Reimbursable expenses may include, but are not limited to, postage, telephone bills, printer ink, facility rent/lease, utilities, etc.

Budget Table

Complete each of the applicable budget categories. Include amounts only for activities included in the grant request.

As a reminder, reporting quarters through the end of 2022 are:

October 1, 2021 through December 31, 2021

January 1, 2022 through March 31, 2022

April 1, 2022 through June 30, 2022

July 1, 2022 through September 30, 2022

October 1, 2022 through December 31, 2022

All boxes must contain a numerical value. Please enter a zero (0) for boxes where you had no expenditures.

	Total approved funds for grant period	Approved funds remaining at start of this quarter (This number should match your 'total remaining funds' at the end of last quarter.)	Total expenditures this quarter	Total remaining funds (Column 2 minus Column 3)
	\$ Amount	\$ Amount	\$ Amount	\$ Amount
Salary and fringe benefits				
Consumable Supplies				
Mileage				
Contracted services				
Contracted staffing				
Leased or rented vehicles				
Administrative expenses (10% or less of total funding)				
TOTAL (\$ amount)				

END OF QUARTERLY ACTIVITIES REPORT

This Increase the Reach 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/>. v10/01/21

