# TB Elimination Alliance 2023-2024 Mini-Grant Program Application FAQs

1. **Who is eligible to apply?**
   Applicants must be from or working directly with organizations in the U.S. and U.S. Territories (e.g., Pacific Islands) that serve A/AA, NH/PI, non-U.S. born Latino, and/or U.S. born African American communities. Government agencies (i.e. local health departments) may apply. Community-based organizations and community health centers will receive higher priority.

2. **Is it required or preferred for an applicant who is currently or previously been working in the field of TB? Our organization performs other types of health testing and is able to target populations most affected by TB.**
   No, it is not required or preferred for an applicant who is currently or previously been working in the field of TB. We encourage applicants to describe their experience and familiarity with serving AA, NH, and PI, non-U.S. born Latino, and/or U.S. born African American populations and how they plan to incorporate TB in their efforts.

3. **How many mini-grant awards will be provided?**
   Up to 15 mini-grant awards will be provided to selected organizations, and each award amount will be between $10,000 and $30,000.

4. **What should the proposal address?**
   The proposal should address one or more of the five TB Elimination Alliance's priority areas and develop related activities to support community engagement and education, provider education, and/or quality improvement to increase or facilitate access to LTBI/TB testing and treatment.

5. **What are the TB Elimination Alliance's priority areas?**
   a. Raise awareness about the link between LTBI and TB disease, address misperceptions, decrease stigma, and encourage and facilitate testing and treatment for LTBI and TB;
   b. Increase awareness of the recommended shorter treatment regimen for LTBI;
   c. Encourage providers to test and treat LTBI among at-risk populations;
   d. Create culturally and linguistically appropriate LTBI and TB education, training and community engagement resources and activities that resonate with high

> priority A/AA, NH/ PI, non-U.S. born Latino American, and U.S. born African American communities; and

  e. Develop and implement a comprehensive outreach and education campaign focused on reducing the rates of TB disease among non-U.S born Latino American and U.S born African American communities.

6. **What are some example activities that an organization could do to fulfill the requirements of this grant?**

   Example activities are listed in Table 1, as well as on page 3 of the Request for Proposal instructions. TB Free CA also created additional activity ideas that can be found here. For Provider Education proposals, one example activity is to launch a provider education campaign. Please refer to the Centers for Disease Control and Prevention's (CDC) Latent TB Infection Testing and Treatment: Summary of U.S. Recommendations, as well as their resource hub at https://www.cdc.gov/tb/publications/ltbi/ltbiresources.htm. For Community Engagement and Education proposals, one example activity is to translate LTBI resources from English to AA, NH, and PI languages. Please refer to the CDC's Patient & General Public Materials to explore and adapt existing translations.

Table 1. Example mini-grant activities

| Community Engagement and Education | Provider Education | Quality Improvement |
|---|---|---|
| <ul><li>Conducting culturally and linguistically appropriate public education/outreach on LTBI/TB risk, testing and treatment (e.g., traditional and non-traditional outreach methods)</li><li>Developing local partnerships to increase visibility and dissemination of messages regarding stigma related to LTBI/TB in the community</li></ul> | <ul><li>Training clinical and/or non-clinical staff on testing and treating of LTBI and the shorter courses of LTBI treatment</li><li>Addressing misconceptions of TB blood test versus TB skin tests</li><li>Raising awareness of local populations at increased risk for LTBI/TB</li></ul> | <ul><li>For community health centers: Developing or modifying Electronic Health Record system templates to identify high risk patients that require LTBI/TB screening</li><li>For community health centers and/or community-based organizations: Standardizing data collection for LTBI/TB testing and treatment</li><li>For community-based organizations: Developing databases, policies, and procedures for outreach</li></ul> |

7. **Is the focus on widespread community outreach? Is there a minimum number of testing and/or number of people reached for educational efforts?**
No, the focus for the mini-grants proposal is of the applicants' choosing and there is no minimum number required. Please refer to the priority areas in the RFP instructions.

8. **The county I work in does not provide disaggregated data on AA, NH, and PI subgroup populations. Can I identify a high risk subgroup by observing national data on TB burden in AA, NH, and PI communities?**
It is not required, but applicants may use national TB data (e.g., CDC) to identify state-by-state statistics on which AA, NH, and PI populations are disproportionately impacted by TB.

9. **Is there a limit or restriction to the indirect cost rate an applicant can request for this project (i.e. should we use our federally negotiated rate or some other sponsor-prescribed rate)?**
Mini-grant recipients may use the 10% de minimis rate or can submit their federally approved indirect rate. If requesting above 10% and the recipient does not have a federally approved indirect rate, the recipient will be asked to submit a detailed summary of how the proposed indirect rate was calculated. This summary is not required in the grant proposal, but will be requested upon award and may be negotiated, if necessary. Mini-grants will be selected based on the criteria outlined in the RFP instructions; the proposed indirect rate will not impact the selection of proposals.

10. **Are there restrictions to what money can be used for?**
Mini-grant recipients will need to adhere to federal guidelines for allowable and unallowable expenditures. A few notable *unallowable* expenditures include: alcohol, food, entertainment, donations, lobbying. For more information on other allowable and unallowable expenditures, please see [here](#).

11. **Can we use mini-grant funds to support TB blood and/or skin test resources?**
Yes, applicants may use mini-grant funds to support TB blood and/or skin test resources. For recommendations, please refer to the Centers for Disease Control and Prevention's [Latent TB Infection Testing and Treatment: Summary of U.S. Recommendations](#).

12. **In the budget template, what is the unit type?**
The unit type is the basis for which you calculate the cost for an item or resource. One example of a unit type is "FTE" when determining the amount of personnel required to implement the proposed Mini-Grant activities.

13. **What should be covered in Section 3: Budget of the RFP?**
Applicants must submit an itemized budget for the program year with a detailed justification. Applicants must demonstrate activities that can be realistically accomplished within the proposed budget range of $10,000 - $30,000 for one year.

**14. If a state program and community based program are partnering on activities, is it okay to have the state program be the fiscal agent, or is it preferable to have the community organization be the fiscal agent?**

Yes, it is okay for the state program to serve as the fiscal agent. Partnerships are encouraged for proposed activities.

**15. If we have a local TB grant, can we apply for the mini-grant to cover a different activity?**

Yes, applicants are still encouraged to apply and focus on unique activities that align with the mini-grant program's priority areas.

**16. Can we use literature for research and to validate findings?**

Yes, applicants may use literature in their narrative to validate findings, demonstrate needs of AA, NH, and PI, non-U.S. born Latino American, and U.S. born African American communities populations, etc.

**17. What are project site requirements?**

a. Designate a lead point of contact to provide ongoing communication with AAPCHO, including quarterly briefing calls (schedule will be determined at a mutually convenient, regular date) with all grantees.

b. Participate in the Mini-Grants training webinar.
   i. Training Webinar will cover: TB Elimination Alliance, Program Grantees and Expectations, and Important Dates

c. Participate in a spotlight/feature on the TB Elimination Alliance website.

d. Participate in monthly TB Elimination Alliance calls (if applicable) and training webinars.

e. Participate in the 2024 World TB Day activities and TEA Summit in-person in Washington, D.C.

f. Establish and maintain a [system for tracking activities](), reach, and project outcomes and submit regular progress reports to TEA and AAPCHO throughout the grant period at both the midpoint and end of the grant period.

g. Provide a "lessons learned" presentation on a TB Elimination Alliance members call. Monthly calls take place the fourth Wednesday of every month at 11am PT / 2pm ET.

h. Ensure availability and willingness to attend in-person conferences, summits, and other national advocacy campaigns hosted or sponsored by TEA, if invited or if such events are scheduled during the grant period.

i. Engage local/state TB program officials on activities for awareness and support as needed.

**18. How often should an applicant spend time working on their mini-grant activity (i.e. daily, once a week, once a month, more frequently, etc.)?**

There is no expectation for applicants to spend a certain number of hours on a daily, weekly or monthly basis as that will depend on the project. As long as all of the requirements as listed above are met, applicants may spend as much time as they need.

**19. How long is the Mini-Grants training webinar?**

The training webinar should be no longer than 90 minutes. It will be held via Zoom, however the date and time is TBD.

**20. What is the specific time frame for mini-grant activities, and when does this project period year start?**

The time frame for mini-grant activities is one (1) year. Awardee announcements will be made in July 2023 and funds will be distributed in July 2023. The project period will start in August 2023 and end in March 2024.

**21. When is the deadline and where should applicants submit their application?**

The deadline is Friday, June 16, 2024 at 5:00pm local time. Applicants must submit their application at http://bit.ly/21TEAMGRFP. We recommend applicants to review the detailed RFP instructions (posted at www.tbeliminationalliance.org), scoring guide, and type out responses for each section on a separate document before submitting online.

**22. Is this open to collaboration between academia and community partners?**

Yes, we encourage collaboration between academic and community partners. Please indicate this in your application.

**23. Which costs are not allowed; e.g., is Overhead allowable?**

Overhead, or indirect costs, are allowable, but there is a limit. Please see question 9 above.

**24. As you know, TB and Hep B often go hand in hand and we do address both disparities in our organization. Should we talk about both in the two applications or only focus on one disparity per application?**

You can talk about both or other disparities in your organization for instance in question 13, but focus on your plan for TB activities and efforts throughout your application.

**25. When our Application is submitted and reviewed, are we given the chance to make corrections and revisions in our Application?**

Yes, after the review period there will be time for selected proposals to edit and revise their proposals.