

State Contract Language

Period of Performance: January 1, 2023 – July 31, 2023, with possibility of a no cost extension (NCE) through December 31, 2023, pending CDC approval

Purpose of the agreement

The purpose of this agreement is to execute a working contract agreement with the vendor to continue Year 3 implementation of the Building Resilient Inclusive Communities (BRIC) program. Specifically, the vendor will identify an activity or set of activities from their Year 3 action plan(s) to complete in the last year of program implementation. The selected activity(s) must:

- Be community centric; it may include state-level activity(s), but also include some element of community-level work as reflected in their Year 2 Community Action Plan(s) (i.e., Vendor must continue to work with at least one community from Year 2; Vendor is not required to work with all Year 2 communities);
- Address food and nutrition security and/or improve safe access to physical activity opportunities and/or reduce social isolation and loneliness through a policy, systems, and environmental change lens; and
- Reflect social determinants of health, health equity, and social justice principles, in addition to account for the impact of the COVID-19 pandemic.

Depending on the activity(s), the vendor will support an aspect/combination of the following state- and community-level outcomes utilizing a policy, systems, and/or environmental change approach:

Food and Nutrition Security

- Collaborate with food policy council/coalition/task force on equitable nutrition security for food banks, pantries, and/or feeding sites during the COVID-19 pandemic
- Efforts to increase number of food banks, pantries, or feeding sites in each community selected to adopt nutrition standards due to increase in demand due to the COVID-19 pandemic
- Efforts to support the increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites, taking into consideration how demand has changed during the COVID-19 pandemic
- Efforts to increase number of places providing increased financial access to healthier foods

Access to Safe Physical Activity Opportunities

- Collaborate with task forces/coalitions that support safe, equitable physical activity during the COVID-19 pandemic
- Progress to support at least one local improvement plan that includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state, or local partners formally engaged) as well as how local demand had changed during the COVID-19 pandemic
- Efforts to support at least two verified changes in the characteristics of each selected community that demonstrate walkability or increased safety for those most at risk for COVID-19 illness and death, taking into effect how local demand has changed during the COVID-19 pandemic
- Efforts to support at least two alternative commuting facilities, programs, or services created or enhanced that support equitable access that can be used by the priority population in each community

to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries, taking into effect how local demand has changed during the COVID-19 pandemic

Social Connectedness

- Collaborate with task forces/coalitions that support equitable social connectedness during the COVID-19 pandemic
- Efforts to implement new or improved community strategies that emphasize and integrate feasible and innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged
- Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other)
- Efforts to implement at least two new or improved equitable Intergenerational Mentoring Programs in the community to foster healthy, ongoing, supportive relationships between older adults and youth

Scope of work to be completed

By July 31, 2023 (with possibility of an NCE through December 31, 2023, pending CDC approval), the vendor will complete the following SOW activities:

1. Sign Year 3 contract by January 31, 2023.
2. Communicate point of contact(s) changes for both program work and fiscal support as staff transitions/turnover occurs, if applicable.
3. Communicate to BRIC program leadership if Year 2 activities will continue beyond December 31, 2022 (into Year 3) to ensure appropriate Year 2 contract NCE is executed. This will allow you to continue implementation of Year 2 into Year 3 (i.e., extend period of performance beyond December 31, 2022) in an effort to complete Year 2 deliverables and fully expend Year 2 funds, if applicable.
4. Submit Year 3 State Action Plan (SAP) into the BRIC Project Management Hub by January 31, 2023. Begin implementation of Year 3 SAP.
 - Year 2 SAPs were updated to reflect Y3 activity(s), sent to NACDD BRIC State TA Liaison for review by December 15, 2022, and approved by December 31, 2022.
 - No Community Action Plan(s) updates are required. A brief description of community-level work was reflected on the final page of the SAP, after the Community Information table.
 - If additional updates are required to the Y3 SAP at any point in Year 3, vendor will communicate with NACDD BRIC State TA Liaison to complete formal process for updates in BRIC Project Management Hub.
5. Ensure completion and approval of Year 3 budget, per new template, which was due to Crystal E. Doxie by December 15, 2022.
 - Ensure completion and approval of Year 2 carryover budget as well, if applicable. While this may not be the case for states who invoiced at a fixed price rate, there may be instances of some states who have unspent dollars by December 31, 2022 and as such, would need to complete a Year 2 carryover budget.

6. Participate in at least 80% of required training and technical assistance (T/TA) virtual learning opportunities:

- Quarterly (60 mins in duration) Update Call with All BRIC program States. These calls provide administrative updates and support, overall BRIC program implementation guidance, and an opportunity to hear from other states. At least one team member is required to participate.
- Every other month (30 – 60 mins in duration) one-on-one calls with NACDD State TA Liaison.
- Every other month (90 mins in duration) webinars, ~4th Wednesday of each month

7. Participate in optional T/TA virtual learning opportunities, as able. Participation in these optional opportunities is strongly encouraged by at least one team member:

- Every other month (duration variable; alternating months from webinars) peer-to-peer learning opportunity (e.g., Peer Exchange Session, Community of Practice, Affinity Group, Learning Series, etc.)
- Variable ad-hoc learning opportunities

*Note that your state may be asked to present during any one of the abovementioned required and/or optional T/TA opportunities.

8. As a result of the T/TA provided by NACDD, provide TA and support to your community(s), as applicable per selected activity(s), in achieving their outcomes. Community-level activities must focus on improving food and nutrition security, access to safe and equitable physical activity opportunities, and social connectedness, integrating and operationalizing health equity principles throughout.

9. **Depending on the vendor's selected activity(s) and as applicable**, continue to increase or expand partnerships with public health, agriculture, transportation, education, area agencies on aging, planning and public works, mental health organizations, local economic developers (national, state, and local), local non-governmental organizations supporting the social and emotional needs of older adults (particularly those living in long-term care facilities), other organizations that address social isolation in at-risk populations, and organizations working to advance equity.

10. **Depending on the vendor's selected activity(s) and as applicable**, continue to collaborate with the state unit on aging to assist in the development or revision of the State Plan on Aging. This deliverable can be adjusted based on state-specific timing and other requirements (e.g., depends on timing of next version/future iterations, etc.).

11. **Depending on the vendor's selected activity(s) and as applicable**, continue to collaborate with necessary partners to inform state health improvement plan (SHIP) with activities that mitigate, prepare, or respond to the impact of the COVID-19 pandemic with respect to nutrition security, access to safe and equitable physical activity, and social connectedness. This deliverable can be adjusted based on state-specific timing and other requirements (e.g., depends on timing of next version/future iterations, etc.).

12. Contribute to the development and finalization of the Resiliency Guide. This includes, but is not limited to, reviewing content applicable to vendor's state to ensure accuracy.

13. Support the development of resources and guidance documents, in written and/or visual format, as needed.

14. Disseminate relevant CDC and NACDD guidance and resources to partners and communities. This includes sharing the BRIC Bulletin.

15. Attend the BRIC Harvest Meeting/Integrated Action Institute (per Year 2 contract NCE) to participate in peer-to-peer sharing, learning, and generation of recommendations. Note that this activity is budgeted for in vendor's Year 2 budget. More information forthcoming.

16. Provide comprehensive updates on selected activity(s) via quarterly progress reports in BRIC Project Management Hub. Utilize Progress Reporting Guidance, as needed. Progress reports will allow NACDD to accurately measure progress towards and achievement of selected outcomes. The vendor will adhere to progress report due date schedule, as provided below. Note that completion of progress reports is required to process invoices.

- **If applicable**, complete progress reporting for activities that are being supported by prior years' funding (Year 1 and/or Year 2). Process information forthcoming.

17. Support any other BRIC program-related reporting and evaluation requirements (e.g., completing surveys and providing data and/or reports), as needed.

18. Use the following acknowledgement statement on any collateral developed utilizing BRIC program funding; this statement also applies to any conference/meeting/seminar materials (e.g., flyers, handouts, slides, etc.):
"The Building Resilient Inclusive Communities program in (insert state) is a national project of the National Association of Chronic Disease Directors that is 100 percent supported under the Improving Food Security, Access to Safe Physical Activity, and Social Connectedness to Respond to COVID-19 project, which 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 \$1,908,391 million with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government."

19. Submit quarterly invoices to Crystal E. Doxie (versus Accounts Payable) per due date schedule, as provided below. Crystal will review, approve, and forward to Accounts Payable for processing and payment.

Progress Report and Invoice Due Date Schedule

Reporting Period (2023)	Progress Report Due Date	Invoice Due Date
Jan – Mar	Apr 14 (Fri)	Apr 28 (Fri)
Apr – Jun	Jul 14 (Fri)	Jul 31 (Mon)
Jul – Sept (pending CDC approval of NCE)	Oct 16 (Mon)	Oct 31 (Tues)
Oct – Dec (pending CDC approval of NCE)	Dec 15 (Fri)	Dec 15 (Fri)

Note that this scope of work may be revised based on requested changes from the CDC, NACDD, and/or states.

These roles are in alignment with the Partnerships, and Programs and Services strategies of the overarching BRIC program work plan submitted to the CDC.