

RFA #34349-13522 Detection and Mitigation of COVID-19 in Homeless Service Sites and Other Homeless Congregate Settings Application

Section 1: Demographics

1. Legal name of applicant:

2. Federal tax ID Number:

3. Is your organization a registered vendor with the State?

Yes ____ No ____

4. Organization's Primary Mailing Address:

5. Primary Contact Person Name: _____

Title: _____

Email Address: _____

Phone Number: _____

6. If awarded a grant, who will be the authorized signor of the resulting contract?

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

7. Tennessee Counties where services are provided: _____

Signature: _____

3. Briefly describe any COVID-19 detection and mitigation efforts currently in place in your organization.

4. Please check the one category and activities within that category that your agency is interested in implementing.

_____ **Category 1 - Screening and Testing**

_____ Activity 1-1 Coordinate resources, develop strategies, and support relationships to mitigate COVID-19 in populations experiencing homelessness by establishing a full time homeless shelter and encampment COVID-19 mitigation coordinator

_____ Activity 1-2 Implement regular COVID-19 screening and diagnostic testing for homeless service site clients, homeless service site staff, people experiencing unsheltered homelessness, and outreach staff.

_____ Activity 1-3 Coordinate diagnostic and screening testing programs for residents and staff of other congregate settings (such as Group Homes or other settings based on local need).

_____ **Category 2 - Community Partnerships**

_____ Activity 2-1 Establish or support formal partnerships between health departments, homeless service providers, health care providers, and other relevant community organizations to respond to COVID-19 and other infectious diseases that may co-exist with COVID-19 within this population.

_____ **Category 3 - Data Collection and Sharing**

_____ Activity 3-1 Establish or support processes to collect and report indicators on housing status and homelessness on COVID-19 and other infectious disease case report forms and in appropriate data collection systems.

_____ Activity 3-2 Establish or support processes to share data with health departments, homeless service providers, and relevant public health agencies (including CDC) for the purposes of responding to cases and outbreaks.

Category 4 - Facility and Procedure Modification

_____ Activity 4-1 Support facilities to implement distancing and decompression to reduce overcrowding;

_____ Activity 4-2 Support implementation of infection control practices inside homeless service facilities.

Category 5 - Sanitization

_____ Activity 5-1 Support sanitation and infectious disease prevention measures in encampment;

_____ Activity 5-2 Purchase additional supplies for cleaning or sanitizing in homeless service sites or encampments. Funding must not supplant or duplicate existing expenditures on such supplies and can only be used to support enhanced cleaning efforts.

Category 6 - Preparedness and Response

_____ Activity 6-1 Respond to outbreaks in homeless shelters, encampments, and other congregate living facilities including supporting individual-level or location-based contact tracing.

_____ Activity 6-2 Develop and implement procedures and systems to improve homeless service site preparedness and response efforts.

_____ Activity 6-3 Coordinate preparedness and response efforts with state, local, tribal, and territorial public health departments to prevent, prepare for, and respond to COVID-19 among people experiencing homelessness.

Category 7 - Prevention Outreach

_____ Activity 7-1 Support COVID-19 and infectious disease prevention communication and outreach specifically for people experiencing homelessness.

5. Describe how your organization plans to implement the category/activities selected above.