



Equitable COVID-19 Response and Recovery

Recipient and Subrecipient Job Aid

A. Introduction

The Equitable COVID-19 Response and Recovery Recipient and Subrecipient Job Aid (Job Aid) provides the steps Recipients and Subrecipients must take to document that pandemic response and recovery efforts are conducted in an equitable manner to communities of color and other underserved populations, including sexual orientation and gender identity minority groups, persons with disabilities, those with limited English proficiency, and those living at the margins of our economy. The Job Aid includes specific procedures to ensure equitable medical care and vaccine administration consistent with equitable pandemic response and recovery, per FEMA Policy #104-21-0004: Coronavirus (COVID-19) Pandemic Medical Care Eligible for Public Assistance (Interim) (Version 2), hereinafter called the Medical Care Policy.¹

B. Equity Considerations for All COVID-19 Work

Recipients and Subrecipients must prioritize limited resources to ensure an equitable pandemic response.² The following items are elements Recipients and Subrecipients may consider to ensure equitable allocation of resources:

- Using the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI) or similar value to determine highest-risk communities;
- Considering communities disproportionately affected by the pandemic, in terms of infection rates, hospitalization, and mortality; and
- Strengthening data collection efforts to substantiate that COVID-19 aid is reaching the highest-risk communities and underserved populations.

Recipients and Subrecipients are required to comply with applicable provisions of laws and authorities prohibiting discrimination, including but not limited to:

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race, color, or national origin (including limited English proficiency)
- Sections 308 and 309 of the Stafford Act, which require the impartial and equitable delivery of disasters services and activities, without discrimination on the grounds of

¹ FEMA Policy #104-21-0004: Coronavirus (COVID-19) Pandemic Medical Care Eligible for Public Assistance (Medical Care Policy) Section C.3.k., March 2021.

² Medical Care Policy Section B.3.c.



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race, color, religion, nationality, sex, age, disability, English proficiency, or economic status³

- Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination based on disability
- Title IX of the Education Amendments Act of 1972, which prohibits discrimination based on sex in education programs or activities
- Age Discrimination Act of 1975, which prohibits discrimination based on age
- U.S. Department of Homeland Security regulation 6 C.F.R. Part 19, which prohibits discrimination based on religion in social service programs
- 2 C.F.R 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart D – Post Federal Award Requirements § 200.300 Statutory and national policy requirements.

FEMA will monitor compliance for all COVID-19 Work in accordance with 44 C.F.R. Part 7. Of note, Recipients and Subrecipients must:

- Provide assurances of compliance with nondiscrimination requirements;
- Retain compliance information;
- Submit and retain complete, accurate, and timely reports; and
- Respond to requests for information⁴

C. Equitable Vaccine Administration Requirements

In addition to the requirements in Section B, FEMA will take additional steps to ensure compliance for vaccine-related work.

1. Vaccine Information Requirements

Each Recipient or Subrecipient requesting PA funding for vaccination efforts and associated activities must substantiate how equity was considered as part of its vaccine administration strategy.⁵ Upon submittal of a vaccination-related project application, the respective Recipient or Subrecipient must certify that vaccine-related efforts consider equity and advance supporting highest-risk communities.

³ Title 44 Code of Federal Regulations (C.F.R.) § 206.11 and Medical Policy Section B.3.d.

⁴ 44 C.F.R. Part 7.

⁵ Medical Care Policy Section B.3.c



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Each Recipient or Subrecipient will submit social vulnerability scores and information to substantiate an equitable vaccine administration strategy, as detailed in Section 5. The equitable vaccination information must address each of the Recipient’s or Subrecipient’s vaccine administration sites.⁶ Appendix A: Equitable Vaccine Administration Information Submission Template includes a template that may be used to submit the information (Template). One template may be submitted for all of a Recipient’s or Subrecipient’s sites, even if the Recipient or Subrecipient has or will submit multiple projects. The Template has three sections:

- Section 1: Recipient/Subrecipient Information
- Section 2: Equitable Vaccine Administration Strategy
- Section 3: Site-Specific Information

Recipients or Subrecipients may use their own template provided it includes the same level of detail and information. They should upload the information in the Applicant Profile section of FEMA’s Public Assistance (PA) Grants Portal.

Recipients and Subrecipients shall collect race, ethnicity, and disability status data, as outlined in the Medical Care Policy⁷ to determine whether target populations are being reached. These data should be collected and used to identify target populations but should **not** be submitted to FEMA. In the case of a complaint, audit or questionable compliance, FEMA may request statistical or summary information based on collected data, such as percent of each type of population. FEMA will **not** request, and Recipients and Subrecipients should not submit to FEMA, personally identifiable information⁸ to determine compliance with equitable pandemic response requirements.

2. Timeframes to Submit Information

When to submit the information to FEMA will vary based on the status of vaccination operations and FEMA funding. Recipients and Subrecipients are grouped as follows to differentiate between which deadlines apply to which Recipients and Subrecipients:

⁶ Medical Care Policy Section C.3.k.ii.

⁷ Medical Care Policy Section C.3.k.i.

⁸ Personally Identifiable Information is defined by OMB Memorandum M-07-1616 and refers to information that can be used to distinguish or trace an individual’s identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.



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- Group 1: Recipients or Subrecipients that completed all their vaccination work and that:
 - a) FEMA has obligated funding, must submit the information within 30 days of the issuance of the Medical Care Policy
 - b) Have applied for, but FEMA has not yet obligated funding, must submit the information within 30 days of the vaccine-related obligation
 - c) Have not yet applied for FEMA funding, must submit the information with their initial request for FEMA vaccination funding

FEMA reviews Group 1 submissions once for completeness and compliance. As work is complete, there is no overall need from Group 1 to submit ongoing 30-day reporting. FEMA may request additional information as necessary.

- Group 2: Recipients or Subrecipients that have not yet completed all of their vaccination work and that:
 - a) FEMA has obligated funding, must submit the information within 30 days of the issuance of the Medical Care Policy
 - b) Have applied for, but FEMA has not yet obligated funding, must submit the information within 30 days of the initial vaccine-related obligation
 - c) Have not yet applied for FEMA funding, must submit the information within 30 days of the initial vaccine-related obligation

Group 2 must submit ongoing updates every 30 days until the completion of vaccination work. FEMA reviews Group 2's submissions monthly for completeness, and quarterly for compliance.

3. Review Process

FEMA reviews submissions for completeness and compliance. Failure to comply “could result in funding reductions and/or delays”.⁹

⁹ Medical Care Policy B.3.c



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4. Identifying Target Populations

Recipients and Subrecipients shall collect race, ethnicity, and disability status data, as outlined in the Medical Care Policy.¹⁰ The collection of this information should be used to:

- Identify the highest-risk communities;
- Evaluate whether the highest-risk communities and underserved populations are being reached;
- Refine or improve the strategy, as needed; and
- Demonstrate compliance with the delivery of COVID-19 aid in an equitable manner.

5. Vaccine Administration Information

All Recipients or Subrecipients must submit the following information to FEMA to demonstrate equitable vaccine administration:¹¹

- The score on the CDC’s Social Vulnerability Index or similar social deprivation, disadvantage, or vulnerability composite index;
- A description of how the location of the site(s)—relative to other candidate locations—best advances FEMA’s focus on supporting the highest-risk communities; and
- A strategy to operationalize equitable access at each site, including but not limited to:
 - A plan for community outreach and engagement, both before and during implementation;
 - A registration process that advances equity with a focus on prioritizing minoritized, marginalized, and otherwise disadvantaged groups;
 - Equitable physical design of the site, including transportation and accessibility considerations; and
 - A plan for ongoing evaluation and continuous improvement to ensure equitable access.

Additionally, Recipients or Subrecipients in Group 2 must provide updates to this information to FEMA every 30 days.

¹⁰ Medical Care Policy Section C.3.k.i..

¹¹ Medical Care Policy Section C.3.k.ii.



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a. Social Vulnerability Scores

Recipients and Subrecipients must provide a score, such as the Centers for Disease Control and Prevention Social Vulnerability Index (CDC SVI) for each proposed site.¹² The CDC SVI specifies that “socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status, or housing type and transportation.” The approach should provide specifics, as appropriate. The Recipients and Subrecipients may choose an alternate score, so long as the score follows the criteria outlined in the Medical Care Policy.

b. Outreach and Engagement

Recipients and Subrecipients must describe their approach to community outreach and engagement, both before and during implementation.¹³

The [CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#) Section 12: COVID-19 Vaccination Program Communication¹⁴ includes a framework for developing communication objectives, targeting audiences, messaging considerations, and communication channels. In addition, the CDC has published “[COVID-19 One-Stop Shop Toolkits](#)” that can assist with communication strategies.¹⁵

Communications to disseminate public information should include translation and interpretation services as necessary¹⁶.

The following questions are elements Recipients and Subrecipients may consider when describing their approach to community outreach and engagement:

- How does the outreach and engagement strategy specifically support access to vaccinations for the highest-risk communities and underserved populations?
- What outreach and engagement strategies do you intend to utilize to reach high-risk communities and underserved populations (e.g. leverage community leaders and community-based organizations)?

¹² Medical Care Policy Section C.3.k.ii.a.

¹³ Medical Care Policy Section C.3.k.ii.c.1.

¹⁴ [CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#) Version 2.0, Section 12, October 2020.

¹⁵ [CDC COVID-19 One-Stop Shop Toolkits](#), February 2021

¹⁶ Stafford Act, Section 403(a)(3)(F) and (G); and as described at Chapter 2:VI.B. Emergency Protective Measures (Category B) at page 58 of the PAPPG (V3.1).



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- How are you ensuring your community engagement events are accessible to individuals with disabilities, limited English proficiency, and those living at the margins of our economy?
- In what ways does the outreach and engagement strategy address vaccine confidence?

c. Registration Process

Recipients and Subrecipients must provide a registration process that advances equity with a focus on prioritizing minoritized, marginalized, and otherwise disadvantaged groups.¹⁷ The following questions are elements Recipients and Subrecipients may consider when describing their registration process:

- How does your vaccine registration process address digital disparity with online registration (e.g. internet access, computer access, etc.) or other limiting access factors to registration?
- What information or support is provided for registrants to meet their scheduled vaccine appointment (e.g. discussion of rural areas lack of access to public transportation, etc.)?
- Is your registration system advancing equity with a focus on prioritizing minoritized, marginalized, and otherwise disadvantaged groups?

d. Vaccine Site Selection

Recipients and Subrecipients must submit a description of how the location of each site - relative to other locations - best advances a focus on supporting the highest-risk communities. This may also include a comparison of vaccination rates for demographic groups by geographic area¹⁸ to identify populations likely to have access barriers in receiving a vaccine, such as:

- Socioeconomic status barriers;
- Household composition;
- Individuals with disabilities who are home based;
- Minority status and limited English proficiency; and

¹⁷ Medical Care Policy Section C.3.k.ii.c.2.

¹⁸ Medical Care Policy Section C.3.k.ii.b.



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- Housing and transportation barriers, to include crowding or group quarters, access to a vehicle, and mobile homes.

The following should also be provided for each site:

- The location (address or coordinates);
- Vaccine site type, per FEMA’s [Community Vaccination Centers Playbook](#);
- Site Status (active, planned, or closed);
- Site capacity (doses/day); and
- Actual site throughput (doses provided over the past 30 days).

e. Site Accessibility

Recipients and Subrecipients must also ensure that the vaccine site is accessible, as outlined in the FEMA Civil Rights COVID Vaccine Checklist¹⁹ and the Medical Care Policy.²⁰ Factors of accessibility design include consideration of transportation avenues to and from the site and accessibility of the physical design of the site itself. Site accessibility considerations may also include provisions made to use mobile sites or provide transportation to populations with accessibility constraints. The following questions are elements Recipients and Subrecipients may consider in describing their site accessibility approach:

- How are you ensuring access to information at the vaccine site for individuals with disabilities and/or limited English proficiency?
- What assistive technology is your site utilizing for individuals with disabilities?
- How are you ensuring that your site, or a portion thereof, is compliant with Americans with Disabilities Act²¹ accessibility requirements and for individuals requiring additional assistance (e.g. older individuals and individuals with cognitive disabilities)?
- How are you ensuring that your site is accessible by public transportation?

¹⁹ FEMA Civil Rights COVID Vaccine Checklist: “Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts,” [3/21/20 \(fema.gov\)](#).

²⁰ Medical Care Policy C.3.k.ii.c.

²¹ [Americans with Disabilities Act of 1990, AS AMENDED with ADA Amendments Act of 2008.](#)



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f. Evaluation and Continuous Improvement

Recipients and Subrecipients should include a discussion of their evaluation methods and approach to continuous improvement related to equitable vaccination efforts.

The following questions are elements Recipients and Subrecipients may consider when describing their plan for evaluation and continuous improvement:

- How are you evaluating your approach to equitable vaccine administration?
- What tactical adjustments are you making based on your evaluation? Tactical adjustments may include, but are not limited to: adjusting the physical design of vaccination sites to promote accessible design, increasing transportation options to and from vaccination sites to promote equitable access, adjusting registration processes to advance equity and prioritize highest-risk and underserved communities etc.
- What is working well to promote equitable vaccine distribution?

Equitable Vaccine Administration Information Submission Template

How to Use this Template

Recipients and Subrecipients may use this template for submitting information to FEMA. To submit this information to FEMA, Recipients and Subrecipients upload this template (or their own template or report that contains the same information and level of detail) to the Applicant Profile in Grants Portal.

Group 1 Recipients or Subrecipients may use this template to provide the information one time.

Group 2 Recipients or Subrecipients may use this template to provide the information initially and every 30 days thereafter to provide any updates, improvement, or refinements to the strategy, updated status of sites, and to capture any newly established sites. If there are no changes, the information must still be provided with a statement that there are no changes since the last submittal.

Equitable Vaccine Administration Information		
Section 1: Recipient/Subrecipient Information		
Declaration #	Recipient Name Subrecipient Name	FEMA PA Code
Section 2: Equitable Vaccine Administration Strategy		
Overview of Strategy	<i>Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)</i>	
Outreach and Engagement	<i>Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)</i>	
Registration Process	<i>Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)</i>	

Physical Site Design and Access	Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)
Evaluation and Continuous Improvement Plan	Narrative (If this is a subsequent 30-day submittal, please define any changes to the plan)

Section 3: Site-Specific Information

(If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)

Associated FEMA Project #	Site	Name	Location	Status	Index Used	Vulnerability Score	Site Type	Site Capacity	Throughput	Additional site-specific details regarding: <ul style="list-style-type: none"> • Outreach and Engagement • Registration Process • Physical Site Design • Evaluation and Continuous Improvement 	Equitable Selection Considerations
<i>ID</i>	<i>ID</i>	<i>Text</i>	<i>Address GPS</i>	<input type="checkbox"/> <i>Planned</i> <input type="checkbox"/> <i>Active</i> <input type="checkbox"/> <i>Closed</i>	<i>CDC, SoVI, Other</i>	<i>Numeric Value</i>	<i>I-V</i>	<i>Doses/day projected for the next 30 days</i>	<i>Doses/day in the past 30 days</i>	<i>Narrative</i>	<i>Select all that apply:</i> <input type="checkbox"/> Community outreach and engagement was conducted for this site. <input type="checkbox"/> Site location is accessible. <input type="checkbox"/> Registration process addresses digital disparity and/or other limiting factors to registration. <input type="checkbox"/> Site collects data on demographic information as detailed in the Medical Care Policy. <input type="checkbox"/> Site location supports highest-risk communities and underserved populations. <input type="checkbox"/> Acted on results of evaluation and continuous improvement.