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DC Office of the Deputy Mayor for Planning and Economic Development
Mayor's Office on Asian and Pacific Islander Affairs (MOAPIA)
FY16 Asian American and Pacific Islander Community Grant
11/20/2015 deadline

Reducing the Disparity of Hepatitis B and C Infections Among AAPI Residents and Business Owners in Washington, D.C.

\$ 70,000 Requested

Submitted: 11/19/2015 1:01:44 PM (Pacific)

Project Contact

[Redacted contact information]

Additional Contacts

none entered

[Redacted name]

[Redacted contact information]

Executive Director

[Redacted name]

Telephone [Redacted]
Fax [Redacted]
Web [Redacted]

Application Questions

1. Please provide an overview of your organization, the goal of the proposed program(s), its objectives, and outcomes.

Overview of Organization

The [Redacted] is a 501(c) 3 nonprofit organization founded in 2002; our mission is to mobilize communities to prevent liver diseases caused by hepatitis B (HBV) and hepatitis C (HCV) among high-risk groups in the Washington, D.C. metropolitan area.

- 1) collaborative partnerships;
2) culturally and linguistically appropriate HBV and HCV outreach and education;
3) screening;
4) vaccination for HBV;
5) linkages to care; and
6) patient navigation services for impacted communities.

Goal of Proposed Program

[Redacted] goal is to educate and empower community members to eradicate hepatitis B, an infectious liver diseases, as well as to educate and empower community members to prevent the spread of HBV and HCV.

Objectives:

- 1. Provide community education to at least 400 AAPIs in Washington, DC for awareness about hepatitis B, C, and liver cancer;
2. Provide at least 200 HBV and HCV screenings and HBV vaccinations (if needed) to the target population.
3. Provide HBV and HCV treatment referrals and follow-up for those infected.

Outcomes that would be achieved by the end of FY2016 among AAPIs:

- 1. Outreach to at least 400 through education.
2. Screen at least 200 for HBV and HCV.
3. Vaccinate unprotected individuals from HBV (measured by the numbers of screened individuals at the outreach events). Based on previous experience, this may be about 27% of the population that is screened.

4. Refer/link infected individuals to treatments (measured by the number of individuals identified as being infected by HBV and/or HCV and are successfully referred to treatment).
5. Outreach to & build trust among 20 small business owners at their business location for HBV and HCV awareness and provide information for screening, vaccination, and linkages to care.

## 2. What is the name/title of your program(s)?

Reducing the Disparity of Hepatitis B and C Infections Among AAPI Residents and Business Owners in Washington, D.C.

## 3. What are the funding area(s) for which you are applying?

- Arts, Culture, and Humanities
- Domestic Violence Intervention
- Employment
- Health and Human Services
- Housing Services
- Legal Services
- Public Education
- Public Safety
- Small Business Support
- Vietnamese American Youth Academic and Mentoring Services

## 4. Who is the target population(s) this project will serve?

*You are limited to 500 characters, including spaces and punctuation marks. If you copy and paste from a different document and your answer exceeds 500 characters, it may not be saved. If it does exceed 500 characters, pare down your response to fit.*

██████████ will continue to serve AAPI communities that trust us, such as the Chinese (23% of OAPIA in the District), Burmese, Filipino (12% of OAPIA in the District), Indonesian, Korean (11% of OAPIA in the District), Malaysian, Vietnamese (7% of OAPIA in the District), South Asians, and other Asian subgroup communities, including members of the Islamic community and LGBTQ community. In particular, ██████████ will also provide services to 20 small business owners (from restaurant & nail salons).

## 5. What are the cultural and/or linguistic competencies, sensitivities, and appropriateness of your proposed project? How will your proposed project address one or more of "Mayor Bowser's Policy Priorities"?

*"Mayor Bowser's Policy Priorities" are the following: "Getting the basics rights", "Focusing on our youngest residents", "Creating quality middle schools", "Transforming workforce training", "Ending homelessness", & "Creating economic opportunities".*

From 2009 – 2014, ██████████ has successfully demonstrated cultural competency in serving over a thousand AAPIs in D.C. From our collaborations, we have learned that the target population lacks knowledge of hepatitis B, C, and other liver diseases, i.e., how it is an infectious disease, as well as access to care services. Cultural norms sometimes hinder the communities' willingness to actively seek screening. Our best practices have included outreach to community leaders to educate them about the community's risk to HBV and HCV as well as engage leaders in actively outreaching to members of their communities. We have also learned how important it is to be respectful of the various cultural differences and languages among the target population, which can pose as a challenge if community leaders are not engaged in the outreach process.

However, outreach to different ethnic communities cannot be approached the same way. Each ethnic community is unique and has different cultural dynamics to navigate. A common mistake that many organizations, businesses, and even government agencies make when trying to outreach to ethnic communities is using translations companies or software to translate English documents into other languages, making the assumption that making "pretty looking" translated materials are useful outreach tools. The risk of using inappropriate word choices and having incorrect meaning conveyed can be confusing and/or offensive to the reader. Once the "damage is done," though, it's hard to rebuild community trust. The target audience are often (culturally) polite when they receive the material, nodding their heads and smiling, but they do not follow-up with action. Therefore, the outreach approach needs to focus on understanding each target audience's culture and language usage as it relates to health awareness and prevention.

██████████ strongly believes that effective community outreach requires not only language skills, but cultural competency, trust building, community engagement, and time. ██████████ understands that relationships have to be maintained and trust cannot be transferred to others. When community members see high turnover rates in an organization, they lose trust in that organization and have a sense of "abandonment." ██████████ spends 75% of its time engaging leaders and members of the various ethnic communities in its initiatives and activities. The fact that ██████████ gets called to every large community events and health fairs in the ethnic communities demonstrates its success in building relationships and trust. Outreach approaches to each targeted community will be different because it takes into consideration cultural norms and expectations for effective communication and building relationships.

While our project does not directly address the Mayor's policy priorities, it indirectly affects all of her priorities because good health is the underlying factor in building a healthy and productive community.

## 6. Would it be possible for the Mayor or one of her delegates to participate in an event(s) with your organization that has received support from this grant?

Yes, the Mayor is always welcomed to attend any of our screening events to see the important needs and impact that our services provide.

## 7. What is the service/program that you are proposing?

The focus of this project is to provide educational outreach to vulnerable AAPIs and engage them in understanding what HBV and HCV are and how they can affect the liver, i.e. cause lifelong infection; scar the liver; develop into cancer; cause the liver to fail; and in the worst situation, lead to death. By increasing awareness among vulnerable populations, especially individuals who are low-income or have no health care coverage, ██████████ is helping potentially infected individuals get free screening and vaccinations that could save their lives and others with whom they interact. Effective screening programs are critical in identifying AAPIs who are infected with HBV, and who are not infected, but unprotected. Those who are unprotected will be offered free HBV vaccinations and/or linkages to care. Currently, there are no vaccinations for HCV, but education and screenings can be done. Those who are infected with HBV and/or HCV will be referred for follow-up treatment and care. Educational materials, trainers, and facilitators will be culturally and linguistically competent to deliver these services.

It's important to note that HBV and HCV are contagious viruses that can lead to cancer, liver failure, and eventual death. The prevalence among AAPIs is high. This is why [REDACTED] is dedicated to providing HBV and HCV education, screening, vaccination, and linkages to care to the AAPIs in the District. Informing and counseling chronic HBV and HCV carriers about their infectious status can prevent further spread of this deadly disease to others.

#### **8. Why is there a need for your service/program?**

Hepatitis B and C viruses are transmitted from person to person by contact with blood or other bodily fluids of an infected person. The viruses can be transmitted via blood transfusion; from mother to baby at birth; sharing needles; and through sexual activity. The modes of transmission are the same as HIV, but HBV, in particular, is 50 to 100 times more infectious than HIV. Transmission can also happen through nonsexual activity, i.e., by close household contact with someone who has chronic HBV infection. Worldwide, approximately 350 million people are infected by HBV; an estimated 620,000 persons die from HBV-related liver disease every year.

In the US, the Centers for Disease Control and Prevention (CDC)'s website reports that in 2011, "Asian/Pacific Islanders accounted for the highest number of chronic HBV cases (n=3,031, 59%)." Luckily, by comparison, hepatitis C is not as problematic among AAPIs, "during 2002-2010, the incidence rate of acute hepatitis C remained below 0.5 cases per 100,000." Nevertheless, education and awareness is important as HBI-DC found that among the 813 individuals educated and screened for hepatitis C in 2013, there were 44 individuals who tested positive; this is consistent with CDC's estimate in 2011, where the rate for hepatitis C among AAPI is at "0.05 case per 100,000 population." Since HCV is also an infectious virus, if not educated and screened, this number could grow.

The diverse greater DC metropolitan region has significant AAPI communities. Between 2000 and 2010, the AAPI population in the District of Columbia increased by 17.5%, representing 3.69% (22,141) of the District's population. According to the District of Columbia Department of Health's Annual Epidemiology & Surveillance Report (2012) for data collected from 2007 to 2011, 4% of chronic HBV cases in D.C., Asian/Pacific Islander was the 2nd largest population with chronic Hepatitis B cases in DC. Most hepatitis B cases were in Ward 4 and 5 of the district, followed by Wards 1, 8, 6, 7, 2, and 3. The study also found that most HCV cases were in Ward 8, followed by Wards 7, 5, 6, 1, 4, 2, and 3.

The importance of [REDACTED]'s work in the Washington D.C. metropolitan area, especially in the District of Columbia, is that not many people realize that hepatitis is an infectious disease that is as deadly (if not more) than HIV/AIDS. HBV and HCV can be prevented if properly educated and screened. As the district's health statistics have indicated, there may be a growing population in the community that have been affected and if this issue is not addressed, it could spread at an unimaginable rate that will affect the over health and well-being of community members living in DC.

#### **9. What is the expected impact of your service/program?**

[REDACTED] expects to address seven areas of impact through its service / program: language & cultural barriers for education & prevention messages; barriers for screening, vaccination, and treatment; vaccination completion rate; screenings & vaccinations for the uninsured or underinsured; building trust; cultural sensitivity; and maintaining a proven track record.

[REDACTED] has a proven record of success in effectively screening and vaccinating AAPIs for HBV and HCV because [REDACTED] can break down language and cultural barriers for HBV and HCV prevention. Limited English proficiency is a major barrier to effective diagnosis and management of HBV and HCV. Linguistic isolation is when a household lacks an English-speaking member who can interpret for others if a health care issue arises. More than 1/3 of Korean, Chinese, and almost 1/2 of Vietnamese households are linguistically isolated, with very limited ability to communicate with health care providers. Individuals with limited English have a higher risk of medical errors; less confidence and trust in their providers; and rate their health as being poorer. [REDACTED] involves ethnic community organizations and leaders in HBV and HCV events to break down language and cultural barriers to address AAPI's untrusting attitudes towards health care.

Also, [REDACTED] is able to outreach AAPIs to overcome barriers to Hepatitis B screening, vaccination, and treatment. Many subgroups of Asian Americans are uneducated and live in poverty. Studies of AAPIs have revealed that AAPI populations are often unaware of the importance of screening, which involves a simple blood test. Others who may already know they carry the infection are unaware that there are effective treatments to prevent the development of liver cancer in the future. Also, AAPIs have reported difficulty in accessing vaccinations through their regular physicians, who do not all realize the high risk of hepatitis B among this population.

[REDACTED] is able to improve the low vaccination completion rate for HBV. About 40,000 legal immigrants, chronically infected with HBV, enter the US every year. The national strategy for eliminating HBV transmission in the US has centered on vaccinating newborns, children, adolescents, and screening pregnant women. However, a survey of AAPI children across 6 major cities found that successful completion of the 3-dose vaccination series was only 14% to 67%. To address this issue, our program provides follow-up services to those who need vaccination or treatments. Our previous experience indicated a complete vaccination rate of 75%. (Note: there are currently no vaccinations for HCV.)

[REDACTED] provides costly screening and immunization vaccines to provide access to care among AAPIs in Washington DC. Asian adults under 65 were more likely to be uninsured (18%) than white adults (15%). In particular, more than one-third of Korean Americans (36%), 18% of Asian Indians, 18% of Vietnamese, and 16% of Chinese lacked health insurance.

#### **10. What are the practices your organization proposes to implement to address the need? How will your organization's practices create the desired impact? What innovative practice(s) will your service/program implement?**

Our best practices for intervention have included using vivid images and written materials will be tools that assist community members in spreading the health prevention messages. Print materials as well as online resources are important tools that allow families easy access of up to date information. Use of government logos help brand the materials and demonstrate legitimacy for the source of information. Engaging bilingual physicians and community leaders that speak the targeted language addresses language and cultural barrier issues. Having information in English to compare with the translated materials allow family caregivers (who are decision makers) to be engaged in discussions with family members whose English skills are limited as well as verify legitimacy of translated materials. Literal translations aren't necessary; the meaning needs to be conveyed in a culturally sensitive manner and in a familiar writing style of the relevant language. These activities need to be linked together and cannot stand alone; they will support the overall outreach efforts.

[REDACTED] will leverage the assistance of its partners to do outreach to specific communities. At least 2 partnering organizations and 3 pro bono physicians are expected to contribute to this project, sticking strictly to creating outreach materials, assisting [REDACTED] with building and maintaining community partnerships, and providing outreach education. [REDACTED] will provide 100% level of effort for coordinating communication, management, and joint community outreach efforts.

██████████ understands that the target population is reluctant to seek voluntary education and screening, this is why ██████████ collaborates with physicians to also offer glucose and cholesterol screenings, i.e. important health related tests that have less of a cultural stigma, but are easier to understand and control. Offering a comprehensive health screening makes the target population feel more willing to participate in the project.

### 11. Who will you be collaborating with and what will each collaborator's roles be in the service/program?

*If you are NOT collaborating with another organization, you may reply 'N/A' to this question.*

██████████ will be collaborating with four physicians who are also well respected community leaders: ██████████ (from Providence hospital), ██████████ (from Unity Health Clinic).

In addition, the Mid-Atlantic American Chinese Restaurant Alliance will assist ██████████ in reaching out to restaurant owners and workers (see signed MOUs) and ██████████ Program Development Consultant (see resume) will assist with making connections with Vietnamese nail salon owners and workers in D.C .

### 12. How will your organization or collaboration plan to provide the service/program? What is your capacity to implement the service/program?

*Please be sure to note at minimum your capacity, including human and financial resources, to implement the services/program.*

██████████ does not need to hire new staff once it is funded; there will be no delay in program start-up since there are experienced staff and trusted partners in place. ██████████ will implement the following steps to provide the service / program to its target population for FY2016 and outreach to a minimum of 400 AAPIs through the educational component of the program and screen at least 200 AAPIs for HBV and HCV. HBI-DC will also provide outreach to 20 small business owners for HBV and HCV awareness.

Step 1: Prepare culturally appropriate hepatitis B & C education materials to raise AAPI awareness of hepatitis B & C.

Step 2: Host education events for AAPI leaders, i.e., host education session before each screening event and pass out education material at community events.

Step 3: Work with community partners to schedule outreach activities & events. There will be a total of 5 screening events, 8 vaccination events, and 20 visits to small businesses for 3 targeted communities (TC).

- TC 1: AAPIs@CCBA(Wah Luck House): Coordinate with Dr. Hon Yuen Wong for 3 (quarterly) screening events w/ vaccinations plus 2 more vaccination events for follow-ups.
- TC 2: The LGBTQ community: Coordinate with ██████████ and/or ██████████ for at least 1 screening event and 3 vaccination events.
- TC 3: Chinese restaurant workers & Vietnamese nail salon workers: Coordinate with ██████████ for at least 1 targeted screening event @ CCBA(Wah Luck House); Coordinate with ██████████ and ██████████ for screening and/or vaccination referrals at their hospital or clinic, respectively.

Step 4: Plan health screenings at each site to include HBV, HCV, Glucose and Cholesterol. The strategy is to provide blood work for something that the target population may be more aware about and concerned, such as glucose and cholesterol, and leverage the situation by also screening for HBV and HCV.

Step 5: Based on previous experience, ██████████ estimates that 27% (or 54 individuals) will be unprotected and eligible for vaccination. ██████████ expects to completely immunize infected individuals with the HBV three dose series for 75% of this cohort (or 40 individuals).

Step 6: HBI-DC estimates that 5% will test positive for HBV and 5% will test positive for HCV, for whom ██████████ will provide linkages to care.

Step 7: Follow-up with those who received their first vaccination; make sure these individuals complete their series of 3 dosages. Make phone calls; send emails; and/or mail post cards.

Step 8: Follow up with those who tested positive for HBV and HCV participants and link them to care.

Step 9: In addition to health screening events, outreach and trust building will be done for 20 small business owners at their business locations. Staff will visit 20 small business owners, for example (but not limited to): restaurant owners, nail salon workers, liquor stores owners, grocery stores owners, auto body shops owners, etc.

Step 10: Complete

### 13. How will your organization or collaboration document, monitor, and evaluate the service/program, including outcomes or outputs to be achieved?

██████████ has an existing system in place for tracking measurable outcomes. ██████████ has been utilizing a web-based registration process that also tracks screening results for each patient; consent forms are signed by patients and maintained by ██████████ Staff and volunteers comply to HIPPA regulations.

After each screening/education event, ██████████ usually has a debriefing sessions with staff, volunteers, and community sites to review and critique the event. Based on this concurrent feedback, ██████████ can modify and improve our processes for the following event. Surveys for the educational activities will include questions to participants on how they heard about the educational event, and how effective the presentation and format was. Pre- and post-test survey results will be analyzed after each event for improvement in hepatitis B knowledge.

Outcome measures for the educational component will include the number of educational material distributed. Quarterly reports will be generated and a final report will include all program outcome measures and relevant data analysis.

██████████ keeps an Excel spreadsheet that the Project Manager or Coordinator updates on a monthly basis. Record is kept for outreach travel mileage; number of people provided with: education, screening, vaccination; number of individuals tested positive for B and/or C; number of medical doctors and their volunteer; number of contracted phlebotomist/ nurses and their service hours; and number of volunteer interpreters for registration and record keeping. With the numbers recorded, the Project Manager is able to complete monthly reports and reflect on whether the proposed objectives and outcomes were met. Information on the spreadsheet include:

- mileage to events by staff and volunteer
- # educated
- # screened
- # tested positive for HBV
- # tested positive for HCV
- # need vaccination
- # received 1st vaccination
- # received 2nd vaccination
- # received 3rd vaccination
- # medical hours (pro bono)
- # of doctors
- # phlebotomist / nurses hours
- # of phlebotomist / nurses
- # of volunteer interpreters / registration
- # of volunteer hours

**14. How/Why is your organization or collaboration uniquely positioned to implement this service/program?**

From Oct 2009 to Oct 2015, HBI-DC has:

- 1) Screened more than 8,300 at-risk individuals for hepatitis B;
- 2) Screened more than 4,700 at-risk individuals for hepatitis C (since 2013, when HBI-DC began screening for hepatitis C);
- 3) Provided in-person education to 13,800 individuals;
- 4) Identified over 2,600 individuals vulnerable to infection and in need of vaccination;
- 5) Begun or completed hepatitis B vaccinations for over 2,500 at-risk individuals;
- 6) Identified and followed up with 436 individuals who are infected with HBV 100 infected with HCV, giving them a chance to prevent the long-term complications of hepatitis;
- 7) Organized over 240 hepatitis B and C education, screening, and/or vaccination events.

All these activities were done within the Washington, DC metropolitan area through public and private partnerships in DC, MD, and VA.

██████████ has 1.5 FTE staff, but engages a group of dedicated volunteers to assist with outreach and education, including pro bono physicians. Outside of the District, HBI-DC has secured sustainable funds to serve individuals in Maryland and Virginia. ██████████ success could be attributed to strong partnerships.

██████████ works with Community-based organizations, Faith-based organizations, medical associations, public health departments in higher education, government agencies, pharmaceutical companies, and other nonprofit organizations.

**Budget**

**Budget Summary**

	Salary/Hrly Rate OR Unit costs	% of Time OR # of Units	Total	Narrative
<b>PERSONNEL</b>				
Project Manager / Facilitator	\$ 35	30%	21,840	Project Manager will coordinate & ensure success of all education, screening, and vaccination events, including outreach with community partners, advertising, and recruitment of volunteers; total of 624 hours.
Project Coordinator	\$ 25	30%	15,600	Project Coordinator will aid in follow-up of participants with test results and vaccinations or linkages to care, as needed; total of 624 hours.
Nurses / Phlebotomists	\$ 50	5%	4,500	Nurses/phlebotomist will draw blood for screening tests and vaccination; 6 screenings and 12 vaccination events for a total of 18 events for 90 hours.
	\$			
	\$			
Fringe Benefits	\$ 37,440	15%	5,580	15% of Project Manager and Project Coordinator's salary
<b>Personnel Total</b>	<b>\$ 37,550</b>	<b>0</b>	<b>47,520</b>	
<b>NON PERSONNEL</b>				
Travel and Transportation	\$ 1	1,000	560	Local travel reimbursement for mileage and parking to each event at \$0.56/mile.
Supplies	\$ 10	76	760	Includes: office supplies - stamps, paper, ink, pens, envelopes, and medical supplies. Bandages, gauze, alcohol pads, postage and miscellaneous items

Equipment	\$		n/a	
Consultants/Contractors	\$		\$27,000 in-kind for accountant, bookkeeping, attorney, and Program Development Consultant. (Note: physicians provide pro bono services.)	
Communications	\$ 100	12	1,200	Mobile telephone: \$30/mo.x12mo. for project manager; \$30/mo.x12mo. for project coordinator. Internet connection: \$40/mo.x12mo.
Printing/Copying	\$ 10	58	580	Printing of registration forms and flyers, educational materials, large posters and postage for mailing.
Training	\$		n/a	
Operating Expenses	\$ 18,480	1	18,480	Advertising for education & screening events: \$50x18=\$900; Hepatitis B vaccinations, estimated that out of 200 screened, 27% (or 54 people) will be unprotected \$60x123=\$8,580; Lab screening tests: \$45x200=\$9,000
Indirect Cost/Overhead	\$ 75	12	900	Office rent
<b>Non Personnel Total</b>	<b>\$ 18,676</b>	<b>1,159</b>	<b>22,480</b>	
<b>Total</b>	<b>\$ 56,226</b>	<b>1,159</b>	<b>70,000</b>	

### Staffing Plan

Name	Position Title	Filled	Vacant	% of Effort	Start Date mm/dd/yy
1	(Project Manager / Facilitator - Chinese Interpreter)	0	1	30	12/28/15
2	(Project Coordinator)	0	1	30	12/28/15
3	(Nurse/Phlebotomist)	0	1	5	12/28/15
4	(Nurse/Phlebotomist - Korean Interpreter)	0	1	5	12/28/15
5	(Nurse/Phlebotomist - Burmese Interpreter)	0	1	5	12/28/15
6	(Medical Consultant - Spanish Interpreter; pro bono)	0	1	2	12/28/15
7	(Medical Consultant - Chinese Interpreter; pro bono)	0	1	2	12/28/15
8	(Medical Consultant - Amharic Interpreter; pro bono)	0	1	2	12/28/15
9	(Board chair LGBTQ community connector)	0	1	1	12/01/15
10	(Board member; Legal Counsel, Event volunteer)	0	1	1	12/01/15
11	(Board member; assists treasurer)	0	1	5	12/01/15
12	CPA (Accountant)	0	1	30	12/01/15
13	(Program Development Consultant)	0	1	30	12/01/15
14	(Volunteer - Vietnamese Interpreter)	0	1	30	
15		0	0		
<b>Total</b>				<b>178</b>	<b>0</b>

### Work Plan

	Description of Task/Activity	Responsible Person and/or Organization	Start Date mm/dd/yy	Completion Date mm/dd/yy
1	Hepatitis B & C education: Raise AAPI awareness of hepatitis B & C by hosting education events to AAPI leaders; host education session before each screening event & pass out education material at community events	(Project Manager) Board members (Project Coordinator) (volunteer)	12/28/2015	9/30/2016
2	Visit 20 Small Business Owners – Restaurant owners, Nail Salon Workers, Liquor Stores, Grocery Stores for Hepatitis B and C education and let them know of the free screenings and vaccination opportunities thru out the DC during this 9 months period	(Project Manager) (volunteer) (Program Development Consultant)	12/28/2015	9/30/2016
3	TC 1: AAPIs @ CCBA site: Plan Quarterly health screening to include HBV, HCV, Glucose and Cholesterol with at Wah Luck House: Event 1-Jan/Feb 2016 screening and vaccinations Event 2-Apr/May 2016 screening and vaccination Event 3-July/Aug 2016 screening and vaccination Event 4-Sept 2016 screening and vaccinations continue after the project period Target population includes Indonesian, Malaysian, Burmese, Chinese and Vietnamese and other Asian subgroups.	   Nurses/Phlebotomists, Facilitators, Interpreters, and Translators	01/24/2015	09/30/2016

Arrange for translation of advertisements/community outreach materials; advertise screening event in ethnic newspapers; recruit and train volunteers and staff.

4	TC 2: LGBTQ community: Outreach activities and schedule events. Event 1- Preparing for Education and Screening of HBV, HCV, Glucose and cholesterol. Event 2- Vaccination#1 Event 3- Vaccination#2 Event 4 – Vaccination #3 Advertise screening event; Recruit and train volunteers.	██████████ Nurses/Phlebotomists ██████████ ██████████ – Chair of HBI-DC	02/15/2015	08/28/2016
5	Quarterly Report	██████████	04/01/2016	04/15/2016
6	TC 3: Chinese restaurant workers & Vietnamese nail salon workers: Outreach activities and schedule events. Event 1- Preparing for Education and Screening of HBV, HCV, Glucose and cholesterol; event can be at CCBA site in April. Advertise screening event; Recruit and train volunteers. We will continue with the vaccination after the project period. Referrals to CCBA community screenings; ██████████ (Providence Hospital); or ██████████ (Unity Health Clinic) to provide workers with more flexible options for follow-up care.	██████████ (Chinese-speaking) ██████████ (Vietnamese-speaking)	03/01/2016	09/30/2016
7	Quarterly Report	██████████	07/01/2016	07/15/2016
8	Outcomes and program evaluation and report generation.	██████████	6/1/2016	9/30/2016
9	Final Report	██████████	10/1/2016	10/15/2016
10				
11				
12				
13				
14				
15				
<b>Total</b>				

## Performance Plan

	Performance Measures	1st Qtr Target	2nd Qtr Target	3rd Qtr Target	4th Qtr Target	Comment
1	Public education: Goal of 400 to participate in HBV and HCV education	100	100	100	100	To distribute a total of 400 educational materials in participants' preferred language
2	Public education: Goal to outreach to 20 small business owners	5	5	5	5	HBV and HCV awareness
3	Health & Human Services: Total 200 people screened for HBV, HCV, glucose, and cholesterol	80	60	30	30	We will continue to provided education and screening events until we reach the goal of 200.
4	Health & Human Services: Total of 54 persons to receive HBV vaccination; total of 40 to finish all three dose series				54	Estimated 27% of people needing vaccination: 54. Goal: 75% of eligible people to complete the 3-series vaccine over 6 months period ending in Aug 2016: (41)
5	Health & Human Services: Total of estimated 5% (10) infected with HBV and HCV persons linkage to care				11	Estimate 5% screened may be tested positive for HBV or HCC
6						
7						
8						
9						
10						
<b>Total</b>		<b>185</b>	<b>165</b>	<b>135</b>	<b>200</b>	

Documents Requested *	Required?	Attached Documents *
Audited financial statements and/or most recent 990 and/or cash flow statements for 2014 and year-to-date.	b	 <a href="#">990-2014signed</a>
Staff Job Descriptions	b	 <a href="#">staff job descriptions</a>
Relevant Staff Resumes	b	 <a href="#">relevant staff resume</a>
Nonprofit Corporation Status - copy of IRS determination letter. [Note: Letter must be current at date of application.]	b	 <a href="#">IRS determination letter</a>
Certificate of Exemption from DC Office of Tax and Revenue	b	 <a href="#">certificate of exemption</a>
Basic Business License from Department of Consumer and Regulatory Affairs [Note: License period must be current at time of application.]	b	<a href="#">DC Business license</a>
Organizational and Program Charts	b	 <a href="#">organizational chart</a>
Current board list with names, affiliation, and contact information.	b	 <a href="#">BOD</a>
Memorandum of Agreement/Understanding, if applicable	e	<a href="#">Letter of support</a>  <a href="#">MOU-</a>   <a href="#">MOU with</a>  
Program related materials, if applicable	e	<a href="#">Hepatitis B Risk Assessment postcard</a>  <a href="#">2015 Operating Budget</a>  <a href="#">Balance Sheet</a>
Agency brochures or program materials, if applicable	e	
Evaluation tools, if applicable	e	
Certifications <a href="#">download template</a>	b	 <a href="#">certifications</a>
Assurances <a href="#">download template</a>	b	 <a href="#">Assurances</a>
Collaborative Partner Materials, if applicable	e	
Certificate of Good Standing/ "Clean Hands": The community-based organization is currently registered in good standing with the DC Department of Consumer & Regulatory Affairs, Corporation Division, and the Office of Tax and Revenue.	b	 <a href="#">combines files for Good standing/Clean hands/ tax waiver</a>

\* ZoomGrants™ is not responsible for the content of uploaded documents.

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