Request for Applications (RFA)

No. 24-10055

Hepatitis B Demonstration Projects

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PART I. FUNDING OPPORTUNITY DESCRIPTION

Purpose

California's 2023 Budget Act made funding available for the establishment of demonstration projects to allow for innovative, evidence-informed approaches to improve the health and well-being of the most vulnerable and underserved Californians living with or at risk for hepatitis B virus (HBV) infection. This funding builds on funding included in the 2022 Budget Act that allowed for the establishment of four Hepatitis B demonstration projects. With this additional 2023 funding, CDPH will be making $2,000,000 available for encumbrance or expenditure until June 30, 2028, for two demonstration projects ($1M each).

The purpose of this Request for Applications (RFA) is to select organizations to conduct these demonstration projects, with funding awarded in the form of local assistance grants. **The duration of the funding period will be three years from the date of award.** The projects are intended to demonstrate approaches to serve the most vulnerable and underserved people in California living with or at risk for HBV infection with respect to:

- Hepatitis B virus screening
- Hepatitis B vaccination
- Linkage to hepatitis B care and
- Retention in hepatitis B care

An evaluation component will allow for an understanding of lessons learned and dissemination of lessons learned to strengthen new and existing programs.

The project is aligned with California's goal to decrease the incidence of acute hepatitis B infection and improve care for persons living with hepatitis B. It is also consistent with the Viral Hepatitis National Strategic Plan, which calls for the elimination of viral hepatitis as a public health threat by 2030.

Any entity in any California county shall be eligible and may apply to operate a demonstration project pursuant to this provision, provided that it demonstrates experience and expertise in providing culturally appropriate services to the most vulnerable and underserved people living with or at risk for HBV infection. As indicated by surveillance data, priority populations include but are not limited to Asian American and Pacific Islanders, Sub-Saharan African communities, and people who use drugs and/or who are receiving substance use-related services.

Applications will be evaluated based on need in the geographic area, populations served, competency of the entity applying, and program design.

Background

Surveillance Data

Hepatitis B is a vaccine-preventable liver disease caused by the hepatitis B virus (HBV). HBV is transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is uninfected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from the gestational parent to baby during pregnancy or at birth.

Based on data from California Department of Public Health (CDPH), there were 62 cases of acute hepatitis B reported during 2021 and overall rates of acute hepatitis B among Californians have declined over the last five years from 0.3 to 0.2 per 100,000. When risk factors were reported, the most common activities before HBV infection were multiple sex partners and drug use.

For some persons, hepatitis B is an acute, or short-term, illness, but in others, the infection becomes chronic. Risk for chronic infection is inversely related to age at infection: about 90% of infants with perinatal HBV infection go on to develop chronic infection, whereas only 2%–6% of people who get hepatitis B as adults become chronically infected. Chronic hepatitis B can lead to serious health problems. Of those with chronic infections, 15-40% will develop complications including cirrhosis or liver cancer, and 25% will die from complications. California bears the largest chronic hepatitis B burden in the United States[1], with 6,073 chronic hepatitis B cases newly reported to CDPH in 2021 and more than 307,000 since reporting began in 1989.

Important racial disparities in chronic hepatitis B persist in California, in part due to immigration from regions with high prevalence of chronic infection such as Asia and the South Pacific. From 2017 to 2021, Asian American and Pacific Islanders (AAPI) accounted for more than half (53%) of newly reported chronic hepatitis B cases, while this racial group represents 16% of the state population. Of all reported chronic hepatitis B cases, the rate among API persons (1538 per 100,000) is nine times the rate among non-Hispanic white persons (165 per 100,000).

Based on estimates using prevalence of hepatitis B surface antigen positivity from the National Health and Nutrition Examination Survey (NHANES) approximately 305,000 people are living with chronic (current) hepatitis B in California.[2]

Hepatitis B Vaccination

Hepatitis B vaccination to prevent acute infection is the mainstay of viral hepatitis elimination. Routine hepatitis B vaccination among children in the United States over the last several decades means that younger Americans are mostly immune to infection. A birth dose of hepatitis B vaccine, along with hepatitis B immune globulin as post-exposure prophylaxis for infants born to mothers with HBV infection, have helped decrease rates of perinatal hepatitis B transmission as well. However, new hepatitis B infections have risen among adults 40 years and older in recent years, leading to a plateau in the total number of acute hepatitis cases in the United States. Complex, risk factor-based eligibility criteria for adult hepatitis B vaccination have created challenges for providers and patients, leading to low coverage rates among adults for whom vaccination was recommended. According to National Health Interview Survey data, the reported hepatitis B vaccination coverage (≥3 doses) in 2018 was 30 percent among adults aged ≥19 years, only a small increase over the past 4 decades.[3] In recognition of these challenges, in 2021 the Advisory Committee on Immunization Practices (ACIP) recommended universal adult hepatitis B vaccination for all adults up to age 59 years.[4] For adults 60 and older, a risk-based framework is still used.

Hepatitis B Screening

Screening for hepatitis B infection involves one or more blood tests. In 2021, Assembly Bill 789 amended California law (Health and Safety Code (HSC) Section 1316.7) to require that adult patients receiving primary care services in a facility, clinic, unlicensed clinic, or other setting where primary care services are provided be offered a screening test for hepatitis B based on US Preventive Services Task Force (USPSTF) recommendations.

The USPSTF recommends screening adults and adolescents at risk, with periodic rescreening for those with ongoing risks such as drug use. The following persons are recommended to receive hepatitis B screening:

- Adolescents and adults born in countries or regions with a hepatitis B surface antigen (HBsAg) prevalence of 2 percent or greater (regardless of vaccination history in their country of origin) and adolescents and adults born in the US who did not receive the HBV vaccine as infants and whose parents were born in regions with an HBsAg prevalence of 8 percent or greater (regardless of their biological mother's HBsAg status). (See this Figure for a map of affected countries.)
- Persons who have injected drugs in the past or currently
- Men who have sex with men
- Persons with HIV

- Sex partners, needle-sharing contacts, and household contacts of persons known to be HBsAg positive

All pregnant women are also recommended receive screening at the first prenatal visit, with repeat testing at time of delivery if there has been risk of HBV exposure during pregnancy.

In March 2023, the Centers for Disease Control and Prevention (CDC) published updated recommendations for hepatitis B screening and testing. These recommendations are more inclusive than the USPSTF guidelines.

Summary of 2023 CDC HBV screening and testing recommendations:

- Screen all adults aged 18 years and older at least once in their lifetime using a triple panel test (HBsAg, anti-HBc, and anti-HBs)
- Screen pregnant people for hepatitis B surface antigen (HBsAg) during each pregnancy regardless of vaccination status and history of testing
- Expand periodic risk-based testing to include people incarcerated, people with a history of sexually transmitted infections or multiple sex partners, and people with hepatitis C virus infection
- Test anyone who requests HBV testing regardless of disclosure of risk

Eligible entities that are proposing a screening activity may opt to follow either the CDC or USPSTF screening guidance.

Linkage To and Retention in Care

Linkage to and retention in appropriate medical care is essential for persons living with chronic HBV infection. The process of linkage to and retention in care to achieve appropriate monitoring and treatment has also been a successful strategy for the management of HIV and hepatitis C. Ongoing engagement with care allows for assessment of severity of liver disease and surveillance for complications such as hepatocellular carcinoma (HCC). Early detection of HCC may allow for successful treatment. Enrollment in medical care for hepatitis B may also allow for antiviral treatment of eligible individuals. The goals of antiviral treatment are to reduce morbidity and mortality due to chronic hepatitis B.

Eligible Entities

Entities that are eligible to receive this award must demonstrate that they have the capacity to fulfill the programmatic and administrative requirements listed below, including the ability to reach vulnerable and underserved Californians living with or at risk for hepatitis B virus (HBV) infection. Eligible Entities (EEs) include but are not limited to: 1) any Local Health Department (LHD) in California, 2) any Community-Based Organization located within any Local Health Jurisdiction (LHJ) in California, 3) Federally Qualified Health Centers (FQHCs) and other community clinics.

EEs that intend to partner with another agency to refer clients for health care services or any of the other required activities must include in their narrative response a detailed explanation of how services will be delivered and how patients will be referred. All referrals or handoffs of clients for service provision must be "warm handoffs" followed by confirmation of service delivery. Examples of warm handoffs include face-to-face or telephone contact to directly link individuals to another provider for a service. California Department of Public Health Immunization Branch (CDPH/IZB) strongly encourages EEs that are not local public health departments (LHDs) to have an existing relationship, or include a plan to develop a strong working relationship with their LHD.

Please note: As required by California law, business entities must be in good standing and qualified to do business in California, including EEs that have concurrent or prior contract/grant relationships with CDPH and/or IZB. CDPH and/or IZB will consider any prior letter of correction, written notice of breach, or inadequate performance sent to EE in its scoring.

Award Period

The award period will extend for three years from the grant start date, ending no later than June 30, 2027. The anticipated project start date referenced in the Tentative RFA Time Schedule may vary due to the time required to finalize and process the agreements between awardees and CDPH Immunization Branch. Awardees are not authorized to begin work until the agreement is finalized. Work conducted outside the effective start and end date of the agreement will not be eligible for reimbursement. All funding is contingent on the availability and continuation of state general funds allocated for this purpose, as stated in the California Budget Act of 2023, Section 2.00, Provision 4265-111-0001 of SB-101.

Tentative RFA Time Schedule

Event	Date
RFA Released	March 5, 2024
Deadline for submitting written questions	March 19, 2024, by 5:00 P.M. PST
Application submission deadline	April 2, 2024, by 5:00 P.M. PST
Notice of Intent to Award Released	April 30, 2024, by 5:00 P.M. PST
Appeal Deadline	May 2, 2024, by 5:00 P.M. PST
Grant start date	Upon contract execution

PART II. PROJECT REQUIREMENTS

RFA Award Allocations

The total amount of $2 million will be awarded through the RFA to establish two demonstration projects ($1M each) to allow for innovative, evidence-informed approaches to improve the health and well-being of the most vulnerable and underserved Californians living with or at risk for hepatitis B virus (HBV) infection.

CDPH/IZB will consider entities that demonstrate experience and expertise in providing culturally appropriate services to those including, but not limited to Asian American and Pacific Islanders, Sub-Saharan African communities, and people who use drugs. CDPH/IZB will consider other populations for which local data indicates a disproportionate impact by hepatitis B. Entities are encouraged to propose hepatitis B services that are integrated with other social, medical, and/or support services provided to affected populations.

CDPH/IZB will award two awards of $1,000,000 each for encumbrance or expenditure until June 30, 2027.

Program Requirements

Project Activities and Objectives

Successful applications will demonstrate the EE's capacity to accomplish the following programmatic activities and objectives, by providing responses to the components in the Hepatitis B Demonstration Project Narrative Template (Attachment 5). Applications must include, but are not limited to, **a minimum of three** of the following activities and objectives.

- Increase the number of adults who have received hepatitis B vaccination
- Increase the number of adults with indications for chronic hepatitis B screening who know their hepatitis B status
- Increase the number of persons with chronic hepatitis B infection who are enrolled in care for their hepatitis B
- Increase the number of persons with chronic hepatitis B who are retained in care during the award period. Retention in care is defined as at least one medical visit involving monitoring and/or treatment per year during the award period.

Project Components and Scoring

Using the Hepatitis B Demonstration Project Narrative Template (Attachment 5), respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the EE and its services. Therefore, answers should be specific, succinct, and responsive to the statements and questions as outlined. The review team will base its scoring on the maximum points indicated for each section. Breakdown of total points can be found below:

Components required for all grantees	Maximum Points
Priority Populations	10
Innovation	10
Required Community Engagement	10
Capacity	20
Program Monitoring and Evaluation	10

Components to be selected for scoring (total of 60 points for three components)	Maximum Points
Hepatitis B Vaccination	20
Hepatitis B Screening	20
Linkage to Care	20
Retention in Care	20

Public Health Impact Scoring Component	Maximum Points
Each application will also be assessed on potential public health impact. Please note that public health impact is a global score and there is no corresponding narrative component in Attachment 5.	20

EEs will be scored on all required components and three selected components even if all four will be offered. If offering all four components, EE can indicate which three components they wish to be scored in the Narrative Template (Attachment 5). The maximum total points for applicants are 140.

Priority Populations

- **The EE should provide a justification for the selection of the priority population and an estimated number of persons who can be served by the various activities of the project.**
- The EE must currently serve priority populations that include but are not limited to Asian American and Pacific Islanders, Sub-Saharan African communities, or people who use drugs and/or who are receiving substance use-related services. Other populations for which local data indicates a disproportionate impact of hepatitis B may be included.

Innovation

- Proposed projects should be innovative, involving the application of new ideas or promising practices. These promising practices will address the needs of priority populations.

Community Engagement

- Describe how EE will provide services that are culturally and linguistically appropriate.
- Describe how the EE will engage the priority population(s) in planning and design of the project.
- Describe how the proposed project will meet the identified needs of the priority population.

Capacity

- List any concurrent or prior contract/grant relationships with CDPH/IZB over the last five years. If the EE has received any letters of correction or written notices of breach or inadequate performance from CDPH/IZB related to any concurrent or prior contract/grant relationships, please describe them.
- List any other agency or grant funding used to provide hepatitis B services for vulnerable populations. Include the funding source, activities being funded and when the funding will end. Describe how the proposed program will be distinct without duplicating services.
- Describe EE's existing ability to serve clients at risk for HBV infection. If a referral model is planned, describe the EE's relationships with those entities that demonstrate expertise, history, and credibility working successfully in engaging the priority population(s), and specify the policies and protocols that will ensure the services are delivered.
- **Attach letters of support if formal collaborations are planned. Applications may lose points if letters of support are not included.**
- Describe the EE's experience in implementing evidence-based and/or strength-based programs or innovative strategies that will lead to outcomes that are aligned with goals of this project.
- Describe current and proposed staffing and staff capacity to complete the award activities. Describe any planned activities such as trainings to increase staff capacity to do hepatitis B-related work.
- Describe the EE administrative systems and accountability mechanisms for grant management.

Program Monitoring and Evaluation

- At least 10% of EE's budget must be allocated to evaluation activities, which include data collection, entry, management, monitoring, and quality control.
- EEs will provide progress report summaries at appropriate intervals and at end of grant period.
- EEs must demonstrate the capacity to collect and monitor project data, including established processes for data collection, entry, and routine monitoring, sufficient staffing, and inter-agency agreements as needed.
- If the EE does not have the capacity to perform program monitoring and evaluation, they may consider using grant funds to subcontract to an outside organization that can support evaluation activities. All subcontractor(s) shall be identified in advance and listed by name and address in the application.

Hepatitis B Vaccination

- EEs must discuss strategies for providing hepatitis B vaccine and/or facilitating hepatitis B vaccination for adults. The target populations should include priority populations; however, given that that there is a universal recommendation for hepatitis B vaccination

among adults, other populations can be included in this activity. Systems-based practice and/or clinical quality improvement activities may be included.

- If the EE does not have capacity to vaccinate, they should describe a referral strategy, for example linking clients who have Medi-Cal coverage to a pharmacy that can provide and bill for the vaccine. EEs that intend to partner with another entity to provide vaccination must include in their narrative response a detailed explanation of how services will be delivered and how clients will be referred. All referrals or handoffs of clients for service provision must be "warm handoffs" followed by confirmation of service delivery.

Hepatitis B Screening

- EEs should discuss strategies for providing hepatitis B screening according to USPSTF recommendations and/or CDC's recommendations. The screening strategy will be left to the discretion of the EE. Screening consists of an HBsAg blood test; additional tests such as Anti-HBs and total anti-HBc can be helpful to distinguish acute, chronic, or resolved infection, but are not required for this activity. Systems-based practice and/or clinical quality improvement activities may be included.
- If the EE does not have capacity to screen, they should describe a referral strategy, for example linking clients to a community clinic for completion of screening. EEs that intend to partner with another service provider (or providers) to provide screening must include in their narrative response a detailed explanation of how services will be delivered and how clients will be referred**. Attach letters of support if formal collaborations are planned. Applications may lose points if letters of support are not included.**
- All referrals or handoffs of clients for service provision must be "warm handoffs" followed by confirmation of service delivery.

Hepatitis B Linkage to Care

- Linkage to care involves referral of persons with known chronic hepatitis B or newly identified chronic hepatitis B to appropriate medical care for follow-up of their condition. EEs that intend to partner with another service provider (or providers) to link clients to care must include in their narrative response a detailed explanation of how services will be delivered and how patients will be referred**. Attach letters of support if formal collaborations are planned. Applications may lose points if letters of support are not included.**
- All referrals or handoffs of clients for service provision must be "warm handoffs" followed by confirmation of service delivery. Systems-based practice and/or clinical quality improvement activities may be included.
- EEs should describe specific strategies that will increase successful linkage to care.
- EEs that intend to link clients to another service provider for follow-up must include in their narrative response a detailed explanation of how services will be delivered and how patients will be referred.

Hepatitis B Retention in Care

- Retention in care is defined as at least one medical visit involving monitoring and/or treatment per year during the award period.
- EEs should describe specific strategies that will increase retention in care, including addressing barriers to engagement in care and referral to support services that will enhance retention in care. Systems-based practice and/or clinical quality improvement activities may be included.
- EEs that intend to collaborate with another service provider for retention in care must include in their narrative response a detailed explanation of how services will be delivered and how service delivery will be tracked. **Attach letters of support if formal collaborations are planned. Applications may lose points if letters of support are not included.**
- Receipt of education and consultation regarding hepatitis B by clinicians employed by the EE (or receiving referrals from the EE) can be included in retention in care activities. These activities should enhance the ability of the clinicians to provide appropriate care to persons with chronic hepatitis B.

Budget

The budget justification template (Attachment 4) must be completed. The budget justification must explain all expenses included. There will be no reimbursement of pre-award costs. CDPH/IZB reserves the right to deny requests for any item listed in the budget that is deemed unnecessary for the implementation of the project. Selected awardees will be required to submit a budget detail worksheet which will be provided by CDPH. This budget detail worksheet will not be included as part of the fully executed grant agreement to allow CDPH and the Awardee the flexibility for budget modifications as needed.

PART III. ADDITIONAL REQUIREMENTS AND SUBMISSION

Questions and Application Evaluation Process

If upon reviewing this RFA, a potential EE has any questions regarding the RFA, or discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error in the RFA, the EE shall immediately notify CDPH/IZB in writing via e-mail, to request clarification or modification of this RFA. All such inquires shall identify the author, EE entity name, address, telephone number, and e-mail address, and shall identify the subject in question, specific discrepancy, section and page number, or other information relative to describing the discrepancy or specific question. Questions/inquiries must be received by the time and date referenced in the Tentative RFA Time Schedule. Questions will be accepted via e-mail at: HepBDemoProjects@cdph.ca.gov

Inquiries will be responded to via e-mail to the requestor only. If a prospective EE fails to notify CDPH/IZB of any problem or question known to an EE by the date indicated in this section, the EE shall submit an application at EE's own risk. Prospective EEs are reminded that applications

are to be developed based solely upon the information contained in this document and any written addenda issued by CDPH/IZB.

Following the closing date for application submissions, CDPH/IZB will evaluate each application to determine responsiveness to the RFA requirements. Applications found to be non-responsive at any stage of the evaluation, for any reason, will be rejected from further consideration. **Late applications will not be reviewed.** CDPH may reject any or all applications and may also waive any immaterial defect in any application, and/or correct any obvious mathematical or clerical errors. Please note that submitting budgets with "to be determined" positions will not exempt the EE from providing detail on specific services to be provided by the positions listed.

Grounds for Rejection

CDPH/IZB reserves the right to reject any or all applications without remedy to the EEs. There is no guarantee that a contract will be awarded after the evaluation of all applications if, in the opinion of CDPH, none of the applications meets California's needs.

Circumstances that will cause an application package to be deemed non-responsive include:

- The application is received after the deadline set forth in this RFA.
- Failure of the EE to complete required forms and attachments as instructed in this RFA or as instructed in the attachments.
- Failure to meet format or procedural submission requirements.
- EE provides inaccurate, false, or misleading information or statements.
- EE supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities.
- EE does not meet EE qualifications set forth in this RFA.
- EE does not use and/or modifies Narrative Template or other provided attachments.

Application Review

Applications that meet the format requirements and contain all the required forms and documentation will be submitted to an evaluation committee convened by CDPH/IZB. The committee will assign numeric scores to each responsive application. The applications will be evaluated in each category based upon the quality and completeness of its response to California's needs, the likelihood of successful accomplishments of the activities and objectives and RFA requirements. The evaluation will constitute recommendations to CDPH/IZB management. Final approval of awardees will be made by the CDPH/IZB Branch Chief.

Instructions for RFA Submission

Application Submission Requirements

The provided application templates must be used when responding to the RFA. Do not reformat any of the templates. The size of the lettering must be at minimum 11-point, Arial font. Do not send application as one single PDF; all attachments should be sent back separately in the same

file format in which they were provided. EEs intending to apply are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the requirements outlined in this RFA. Applications are to be developed solely on the material contained in this RFA and any written addendum issued by CDPH/IZB.

A complete application package (Attachments 1-5) must be submitted. A brief description of each section to be included is given below:

1. Application Certification Checklist
   (Attachment 1) This sheet will serve as the guide to make certain that the application package is complete, and to ensure that the required documents are organized in the correct order.
2. Application Cover Sheet
   (Attachment 2) This sheet must be signed by an official authorized to enter into a grant agreement on behalf of the EE.
3. Project Synopsis (one page limit)
   (Attachment 3) A one page synopsis of the proposed program and how it will be integrated with the EE's current activities.
4. Budget Justification Template
   (Attachment 4) The terms of the award will be 3 Fiscal Years (FY) in duration as noted below. Funding is contingent on the availability and continuation of state general funds allocated for this purpose, as stated in the California Budget Act of 2023, Section 2.00, Provision 4265-111-0001 of SB-101

   1. FY1: July 1, 2024 to June 30, 2025
   2. FY2: July 1, 2025 to June 30, 2026
   3. FY3: July 1, 2026 to June 30, 2027

   Please note that funds may not be used to pay for vaccine, screening tests, or other services such as clinical care that can be billed to 3rd party payers. The budget descriptions of services, duties, etc. found in the Budget Justification Template (Attachment 4) must explain and justify both program services funded by other funding and those, if awarded, funded by this grant.

   Availability of other funding will not affect the scoring of this RFA. For example, the salaries line item must list each position that is associated with this program. Include a brief explanation of each position's major responsibilities, and the time allocation to be funded by the grant, which results from this RFA. For the operating expenses category, provide a general description of expenses included in the budget line item. Proposed consultants must indicate the number of

contracted hours and costs associated with hiring a consultant for the project. All subcontractor(s) shall be listed by name and address in the application. Note: The cost of developing the application for this RFA is entirely the responsibility of the EE and shall not be chargeable to the State of California or included in any cost elements of the application.

5. Application Narrative Template

   (Attachment 5) Complete the Application Narrative Template covering the funding period, through three years from date of award. The application narrative for must include complete descriptions of your plan to carry out the project.

6. Required Forms/Documentation

   Please note that all forms must have the same exact naming convention throughout, or they will not be accepted by the Contracts Management Unit. For example, if the licensed name of an agency is "Trinity Community Healthcare Center Inc.", all documents must include that full name and not a shorten version such as "Trinity Health".

NOTE: Applications that fail to follow ALL of the requirements may not be considered.

Application Submission Instructions

Applications must be submitted via e-mail to **HepBDemoProjects@cdph.ca.gov** as referenced in the Tentative RFA Time Schedule. A letter will be e-mailed to all EEs notifying them of the status of their application.

Notification of Intent to Award

Notification of the State's intent to award grants for these Hepatitis B Demonstration Projects will be posted on the CDPH/IZB website.

Disposition and Ownership of the Application

All materials submitted in response to this RFA will become the property of CDPH/IZB and, as such, are subject to the Public Records Act (Government Code Section 6250, et. seq.). CDPH/IZB shall have the right to use all ideas or adaptations of the ideas contained in any application received. The selection or rejection of an application will not affect this right. Within the constraints of applicable law, CDPH/IZB shall use its best efforts not to publicly release any information contained in the applications which may be privileged under Evidence Code 1040 (Privileged Official Record) and 1060 (Privileged Trade Secret) and which is clearly marked "Confidential" or information that is protected under the Information Practices Act.

Award Appeal Procedures

An EE who applied and was not funded may file an appeal with CDPH/IZB. Appeals must state the reason, law, rule, regulation, or practice that the EE believes has been improperly applied regarding the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete. Appeals shall be limited to the following grounds:

- CDPH/IZB failed to correctly apply the application review process, the format requirements or evaluating the applications as specified in the RFA.
- CDPH/IZB failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by email to HepBDemoProjects@cdph.ca.gov and must be received by the due date referenced in the Tentative RFA Time Schedule.

The CDPH/IZB Chief, or designee, will then come to a decision based on the written appeal letter. The decision of the CDPH/IZB Chief, or designee, shall be the final remedy. EEs will be notified by e-mail within 15 days of the consideration of the written appeal letter.

CDPH/IZB reserves the right to award the funding when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of CDPH/IZB.

Miscellaneous RFA Information

The issuance of this RFA does not constitute a commitment by CDPH/IZB to award funds. CDPH/IZB reserves the right to reject any or all applications or to cancel this RFA if it is in the best interest of IZB to do so.

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[1] Centers for Disease Control and Prevention Viral Hepatitis Surveillance– United States, 2020. Available at: https://www.cdc.gov/hepatitis/statistics/2020surveillance/hepatitis-b/table-2.5.htm Accessed 11/16/2022.

[2] Toy M, Wei B, Virdi T, et al. Racial/ethnic- and county-specific prevalence of chronic hepatitis B and its burden in California. Hepatol Med Policy 2018; 3 (6).

[3] Lu P, Hung M, Srivastav A, et al. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018. MMWR Surveill Summ 2021;70(No. SS-3):1–26. Available at: Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018 | MMWR (cdc.gov) Accessed 11/16/2022.

[4] Weng MK, Doshani M, Khan MA, et al. Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:477–483. Available at: Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR (cdc.gov)