

# Community Vaccination Center Pilot Sites Transition Considerations

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Pilot Community Vaccination Centers are co-run by FEMA, other federal partners and states and then closed or transitioned to state-run operations. This document provides transition considerations, reimbursable work and costs, and application instructions for FEMA's Public Assistance program.

## Overview

FEMA, in coordination with the Centers for Disease Control and Prevention (CDC) and other federal partners, is working with state partners to respond to the COVID-19 pandemic. Community Vaccination Center (CVC) pilot sites are co-run by FEMA at the invitation of<sup>1</sup> the designated state with support from other federal stakeholders. After an initial eight-week operational period, CVC pilot sites are closed or transitioned to the state entity to fully operate. FEMA's Public Assistance (PA) Program may provide reimbursement for eligible emergency protective measures taken to respond to the COVID-19 emergency, including but not limited to the work and associated costs to support the distribution and administration of COVID-19 vaccines. This document provides transition considerations, reimbursable work and costs, and application instructions for FEMA's PA program.

## Pilot CVC Transition Considerations

At week four of the eight-week operational period of the CVC pilot site(s), the state entity responsible for the site(s) should coordinate with the appropriate FEMA Regional Office to determine the operational requirements following the eighth week of the pilot. Operational requirements may include up to a four-week extension of federal staff at the site.

The state entity, the FEMA Regional Office and Headquarters, and other stakeholders should meet to coordinate transition details and discuss:

- Ways to minimize federal and state duplication of efforts during transition.
- Best practices and lessons learned from the federal operations.
- Known or anticipated challenges with transitioning.
- Roles and responsibilities of state entities responsible for operating the site, including legally responsible officials.

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<sup>1</sup> See 44 C.F.R. § 206.208, which provides that the state has indemnified FEMA and other federal stakeholders even if FEMA is running a CVC during the initial eight-week operational period.



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- Operational doses/day throughput targets and ability of the state vaccine supply to meet the targets.
- Potential shortages or resource needs, including federal personnel requirements.
- Timeline for transition (including final CVC pilot transfer date).
- Next steps and scheduling of any follow-up meetings.

As part of the transition, the state entity with responsibility for the site(s) should ensure understanding of the current status and planned operations for:

- Maintaining target vaccination throughput.
- Staffing requirements, including federal staffing requirements.
- Ordering, receiving, storing, and transporting vaccines, including considerations for:
  - Number of vaccines needed based on planned throughput and other operational considerations;
  - Necessary storage, cooling, and dry ice; and
  - Procurement of associated material<sup>2</sup>, including necessary personal protective equipment.
- Quality Assurance/Quality Control (QA/QC) processes to ensure compliance with clinical guidance and procedures.
- Safety and security considerations.
- Appropriate transition of leases and contracts for facilities, material, staffing, and equipment.
  - This includes License/Use Agreements, “Intents to Operate,” and CDC Provider Agreements (more on the CDC Provider Agreements below). A comprehensive list of legally operable documents will be sent to the FEMA Region’s Counsel to ensure transition to the state responsible officials.
- The applicable strategies and additional needs to facilitate equitable outreach and engagement, registration, accessible site operation and access, reporting, and ongoing monitoring and evaluation to support vaccine administration and ensure equity for the highest-risk communities and underserved populations.
- Vaccine administration data collection requirements. Vaccine administration and reporting requirements guidance are posted on [CDC’s website](#).<sup>3</sup>

When a state entity assumes management of the CVC, it is responsible for completing the [CDC COVID-19 Vaccination Program Provider Agreement \(CDC Agreement\)](#), including providing officials to serve in the Chief Executive Officer and Chief Medical Officer roles.

The FEMA *Community Vaccination Centers Playbook (Playbook)*<sup>4</sup> continues to serve as a guide for all partners. The *Playbook* establishes guidance to support existing and new CVCs that are essential to accomplishing the mission, to include interagency coordination, resource support, facility setup, and other requirements that may necessitate federal support.

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<sup>2</sup> [Community Vaccination Center Playbook](#), Appendix D, (March 15, 2021).

<sup>3</sup> Ibid, 3.1.8.

<sup>4</sup> Ibid.

## Reimbursable Work and Costs

A state entity responsible for a CVC may be eligible for reimbursement for costs associated with ongoing operations of the CVC under FEMA's PA program. For PA eligibility, CVCs are considered temporary medical facilities consistent with Section C.2. Temporary and Expanded Medical Facilities of the *Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2)* (Medical Care Policy).<sup>5</sup> CVC costs eligible for reimbursement under PA include, but are not limited to:

- Personal protective equipment, other equipment and supplies for storing, handling, distributing/transporting, and administering COVID-19 vaccinations.<sup>6</sup>
- Facility support costs, including leasing space for storage and administration of vaccines, utilities, maintenance, and security.
- Onsite infection control measures and emergency medical care for COVID-19 vaccination administration sites.
- Additional staff, if necessary, including medical and support staff not paid for by another funding source and consistent with FEMA PA labor policies.<sup>7</sup>
- Resources to support mobile COVID-19 vaccination in remote areas and transportation support for individuals with limited mobility or lack of access to transportation, when reasonable and necessary.
- Communications to disseminate public information regarding vaccinations including translation and interpretation services as necessary.
- Information Technology (IT) equipment and systems, when reasonable and necessary, for patient registration and tracking, vaccine-related inventory management, and analytics and reporting needs.
- Training and technical assistance specific to the proper storage, handling, distribution, and administration of COVID-19 vaccinations in accordance with CDC guidance.
- Vaccination administration consistent with equitable pandemic response and recovery.

Reimbursement is available for the following types of costs<sup>8</sup>:

- Applicant (Force Account) labor, equipment, and supplies
- Mutual aid resources
- Prisoner labor
- National Guard
- Contracted resources

For more information on eligible activities under Public Assistance, refer to the [Medical Care Policy](#), which includes specific procedures to ensure an equitable pandemic response and recovery with a

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<sup>5</sup>[Coronavirus \(COVID-19\) Pandemic: Medical Care Eligible for Public Assistance \(Interim\) \(Version 2\)](#) (Medical Care Policy).

<sup>6</sup> Equipment purchases are subject to disposition requirements as described in Chapter 2:V.E. Disposition of Purchased Equipment and Supplies of the [Public Assistance Policy and Program Guide \(PAPPG\) \(V3.1\)](#). V3.1 of the PAPPG was in effect when the COVID-19 disasters were declared and therefore governs policy considerations.

<sup>7</sup> See Chapter 2:A. Applicant (Force Account) Labor of the PAPPG V3.1.

<sup>8</sup> PAPPG V3.1, Chapter 2.V.

focus on high-risk communities and underserved populations. Additionally, the [Public Assistance Policy and Program Guide \(PAPPG\)](#) provides comprehensive information regarding assistance that FEMA provides and the requirements that applicants must follow to receive the assistance.

## Applying for Public Assistance

State entities may request reimbursement through the PA Program through FEMA's [Public Assistance Grants Portal](#). Entities must create a Grants Portal account, submit a Request for Public Assistance, and complete a project application to receive Public Assistance. For step-by-step guidance on the application process, refer to the Applicant Quick Guide: *Request for Public Assistance and Completing and Submitting Streamlined Project Applications* in the “Resources” section of PA Grants Portal.

All applicants for Public Assistance submit their project applications via the Grants Portal, which prompts applicants for detailed information about the specific work and costs claimed, including:

- High-level description of activities claimed
- Specific site locations and capacity
- Overall budget estimate and/or accounting of expenditures
- Pay policies, average rates, and/or labor records for employees, if applicable
- Equipment cost estimates, invoices, and/or use records, if applicable
- Estimates and/or invoices for materials and supplies, if applicable
- Procurement policies and other contract documentation, if applicable
- Expected or actual proceeds from Medicare, Medicaid, or other pre-existing billing process, if applicable

In addition, any entity that receives Public Assistance funding for vaccine-related work is required to submit information to FEMA documenting the approach taken to ensure equitable administration of vaccinations. For more information, refer to the [Equitable COVID-19 Response and Recovery Recipient and Subrecipient Job Aid](#) which includes specific procedures to ensure an equitable pandemic response and recovery with a focus on high-risk communities and underserved populations. The [Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts](#) includes a checklist as a tool to assist state partners in understanding and fulfilling their obligations to provide access to vaccine related programs, activities, and services in a nondiscriminatory manner.