



Vector Control Collaborative Mentorship Program (2023) Application

The National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) have established the Vector Control Collaborative (VCC) to match local vector control programs with demonstrated expertise in the ten capabilities with vector control programs currently looking for guidance, tools and resources, and recommendations to build program capability.

Participants in the VCC will be provided with a mentor who will visit their program to provide on-site technical assistance in vector surveillance and control. Selected programs will also be awarded funds to visit their mentor's site and shadow their program. NACCHO will award nine vector control programs with up to \$10,000 to participate in the VCC and to cover site visit expenses.

If there are questions about the Vector Control Collaborative, NACCHO and CDC will host an informational webinar on Tuesday, January 31, 2023, at 2pm ET. Register [here](#).

Completed applications must be sent to vectorcontrol@naccho.org no later than 11:59 PT on Monday, February 27, 2023. In addition to this form, you must also submit a [budget](#). (Guidance for completing, the budget can be accessed [here](#)).*

**If you are not applying as an employee of a local health department, you must also submit a letter of support from your local health authority describing how the local health department and vector control program will collaborate to improve jurisdictional capacity to prevent and respond to vector-borne threats. Your local health authority may be a health commissioner, a departmental director of environmental health, or another representative with appropriate decision-making authority.*

To complete this application: please fill out sections A-G and review Appendix 1. Some sections contain more than one item. For written answers, please type in your answer next to or below the question. Questions requiring written answers may specify a word limit. If no word limit is specified, please keep answers as succinct as possible.

For multiple choice questions please highlight your selection, for example:

Select one option:

- Yes
- No

A. Applicant [six (6) items]

1. Applying as a mentee or mentor, select one:
 - Applying as a mentee, a program trying to build capability to complete one or more capacities
 - Applying as a mentor, a program able to perform all ten capabilities
2. Local Health Department/Agency/Organization Name:
Fort Bend County Health & Human Services
3. City or County:
Fort Bend County
4. State:
Texas
5. Jurisdiction Size, select one:
 - Small (0-50,000)
 - Medium (50,000-499,999)
 - Large (500,000+)
6. Please provide a primary contact for your agency/organization:
 - a. Name: **Michael Schaffer**
 - b. Title: **Director – Environmental Health**
 - c. Email address: **Michael.Schaffer@fortbendcountytexas.gov**
 - d. Phone number: **281-238-3589**

B. Background [five (5) items, all written answers]

1. Provide a brief description of your vector control program. Your description should include a.) services offered b.) geographic service area c.) relevant population data (250 word limit):

Fort Bend County has a multipart vector control program. The County Road and Bridge Department includes a mosquito spraying and larvicide application operation that operates primarily in the unincorporated areas of the county. The larger cities within the county contract for vector control services within the city limits and several HOAs in the county also contract for spraying during the mosquito season. The County operation responds to consumer complaints of nuisance mosquitoes and also conducts a surveillance program of trapping and submitting mosquito samples to the state health department for count, identification, and testing for any pathogens. The state health department typically only offers this service from May to November each year depending on funding.

The Fort Bend County Health & Human Services monitors human cases of arboviral disease. Together, the health department and Road and Bridge use the trigger of a positive human case of arboviral disease or a positive mosquito pool to increase the spraying, larvicide application, and source reduction in the area. Owners of property are requested to remove potential sources of vector habitation/breeding, larvicide is applied to standing water, and spraying for adult mosquitoes occurs each evening for three nights and then mosquitoes are trapped again to check for number, species, and pathogens present. The

enhanced treatment continues until the mosquito pools are negative. after a positive mosquito pool or human case

2. Please describe your vector program's current funding level:

Current funding level is \$125,000. We are currently presenting to our Commissioners Court a more robust Mosquito and Vector Control Program that will be substantially more.

3. Please identify the staff that currently support your vector program and the proportion of their time that is spent on vector program activities. (e.g., Entomologist - 1 FTE, 2 Vector Control Technicians - 0.5 FTE each):

Entomologist – 1

Vector Control Technicians - .5FTE (staff have other responsibilities and this represents the time spent on vector control.)

*New program is planned to include ~~will be~~ 18 FTE

4. Please list all vector related trainings/certifications that your staff have completed:

TDA Non-Commercial Political Pesticide Applicator License

5. Please describe any other vector-related educational experiences in which your staff have participated. (e.g., shadowing):

We have physically ~~gone to~~ visited Galveston County, Brazoria County, and Harris County to review the entire operations regarding Mosquito Control. We have attended the Florida Mosquito Control Association Conference in November 2022.

C. Program Self-Assessment [twelve (12) items, all multiple choice]

NACCHO and the CDC have established a framework of necessary capabilities for a vector control program based on Integrated Pest Management (IMP) and Integrated Mosquito Management (IMM) principles. The capabilities are as follows:

Core Capabilities Capability 1: Routine mosquito surveillance through standardized trapping and species identification; Capability 2: Treatment decisions using surveillance data; Capability 3: Larviciding, adulticiding, or both; Capability 4: Routine vector control activities (e.g., chemical, biological, source reduction, or environmental management); Capability 5: Pesticide resistance testing.

Supplemental Capabilities Capability 6: Licensed pesticide application; Capability 7: Vector control activities other than chemical control (e.g., biological source reduction or water management); Capability 8: Community outreach and education campaigns regarding mosquito-borne diseases, how they spread, and how to prevent infection; Capability 9: Regular communication with local health

departments regarding surveillance and epidemiology; and Capability 10: Outreach (e.g., communication and/or cooperation) with nearby vector control programs.

Complete the following self-assessment to indicate your program's current capacity to meet the ten capabilities.

1. How often does your program conduct routine mosquito surveillance through standardized trapping and species identification?
 - Always
 - Usually
 - About half of the time
 - Rarely
 - Never

2. How often does your program make vector treatment decisions using surveillance data?
 - Always
 - Usually
 - About half of the time
 - Rarely
 - Never

3. Which of the following activities does your vector control program currently conduct?
 - Adulticiding only
 - Larviciding only
 - Adulticiding and larviciding
 - Neither

4. Do you feel like you are able to perform larviciding and/or adulticiding to the extent needed by your jurisdiction?
 - Always
 - Usually
 - Some of the time
 - Rarely
 - Never

5. Based on the needs of your jurisdiction, how often are you able to perform routine vector control activities (e.g., chemical, biological, source reduction, or environmental management)?
 - Always
 - Usually
 - About half of the time
 - Rarely
 - Never

6. Is your program able to evaluate the effectiveness of your pesticides?
 - Yes
 - No

7. Based on the needs of your jurisdiction, how often are you able to perform vector control activities other than chemical control (e.g., biological source reduction, water management)?
- Always
 - Usually
 - About half of the time
 - Rarely
 - **Never**
8. Are you able to meet the licensing requirements necessary to access the pesticide applicators needed for your jurisdiction?
- **Yes**
 - No
9. Do you feel like you are able to perform community outreach and education to the extent needed by your jurisdiction?
- Always
 - Usually
 - About half of the time
 - **Rarely**
 - Never
10. What level of communication do you have with your local health department regarding surveillance and epidemiology?
- **Frequent communication**
 - Some communication
 - No communication at all
11. How frequently do you conduct outreach (e.g., communication and/or cooperation) with nearby vector control programs?
- Always
 - Usually
 - About half of the time
 - Rarely
 - **Never**
12. For those applying as MENTORS: please select the 3 capacities you are best able to provide mentorship for:

For those applying as MENTEES: please select the 3 vector control capabilities that you are most interested in building.

- **Capability 1: Routine mosquito surveillance through standardized trapping and species identification**
- **Capability 2: Treatment decisions using surveillance data**
- Capability 3: Larviciding, adulticiding, or both

- Capability 4: Routine vector control activities (e.g., chemical, biological, source reduction, or environmental management)
- Capability 5: Pesticide resistance testing
- Capability 6: Licensed pesticide application
- Capability 7: Vector control activities other than chemical control (e.g., biological source reduction or water management)
- Capability 8: Community outreach and education campaigns regarding mosquito-borne diseases, how they spread, and how to prevent infection
- Capability 9: Regular communication with local health departments regarding surveillance and epidemiology
- Capability 10: Outreach (e.g., communication and/or cooperation) with nearby vector control programs

D. Statement of Work (one (1) item, written)

Based on the self-assessment and the ten vector control capabilities, describe the activities that your program will complete during the project period below.

Highly rated applications will include the following:

- Describe areas of interest for mentorship
- Identify goals for capacity building over the course of the program
- Describe how goals will support jurisdictional needs
- Indicate how the applicant intends to encourage program sustainability (e.g. conducting staff/temp trainings, developing memoranda of understanding with neighboring jurisdictions for resource sharing, creating standard operating procedures to document operational practices)

Please provide your statement of work [three hundred and fifty (350) word limit]:

We currently set and retrieve traps every Monday and Tuesday in 24 set locations with 2 traps each, one gravid and one light. We then send the mosquitos to the State of Texas to see if we get a hit and then spray and trap until there are no more positives. We also work well with the Epidemiology department regarding human cases and spray and trap as well. We do not spray for anything other than a confirmed pathogen or disease. We do not do effective surveillance and do not move traps. The current fixed locations represent approximately 25 square miles, which is not a good representation of the mosquito population and the diseases they may be carrying. We do not spray for pest/nuisance mosquitos unless a trap count has over 1,500 mosquitos. In 2022 we did not spray and did apply larvicide a couple of times after very heavy rainfalls. We do not have experience in identification, which is much needed.

When it comes to Outreach, it is limited. Prior to COVID there have been attempts made to do some outreach and education campaigns regarding mosquito-borne diseases but not enough for what needs to be accomplished.

Being mentored will enhance greatly our ability to do effective surveillance and ensure that our best practice trapping methods are followed to the extent that our resources will allow. We are in need of identification training and how that leads to better surveillance and proper treatment. We currently have the resources to do more and the willingness to learn and continue that practice moving forward. This opportunity would allow us to create Standard Operating Procedures to ensure standardization and

continued effectiveness. We would like to develop Interlocal Agreements with our cities to add to the enhancement of our surveillance.

We would like to learn more about ways we can efficiently reach our communities to educate them on how to prevent from getting mosquito-borne diseases. We have the commitment to do this and this would allow proper guidance to help us get there.

We would like to explore resistance monitoring with the help of other agencies.

E. Travel Policy [one (1) item, multiple choice]

Please read the NACCHO Travel Policy ([linked here](#)). If you have questions about NACCHO's Travel Policy or the application, please contact vectorcontrol@naccho.org.

Please select yes to indicate that you have read and agree to the terms of NACCHO's travel policy:

- Yes
- No

F. Eligibility Checklist [five (5) items, all multiple choice]

Agreement with NACCHO [standard contract terms and conditions](#) (also outlined in Appendix 1) is a requirement for application. Applicants should review all terms and conditions to determine whether or not they are appropriate for submitting a proposal. No modifications to the terms, contract language, or scope of work will be made. (Note: NACCHO has a specific contract template as approved by the State's General Counsel for applicants from FL and TX. Please email us for a copy should you need it.)

Contractors that cannot agree to NACCHO's contract language should not apply for this initiative. If awarded, the organization must be registered with SAM.gov and will provide proof of completion by sharing a DUNS number. Awardees will also be required to complete NACCHO's Risk Assessment form ([link here](#)).

Please select yes or no for the following questions:

1. Our agency has read NACCHO's standard contract language and provided a copy to the individual with signing authority.
 - Yes
 - No
2. Does your organization have prior experience with Federal Contracting?
 - Yes
 - No
3. Has your organization completed a Single Audit?
 - Yes

- No
4. Is your organization registered with SAM.gov and have an assigned DUNS number?
- Yes
 - No
5. Our agency has reviewed NACCHO's Risk Assessment Policy and provided a copy to the individual with signing authority.
- Yes
 - No

G. Budget Narrative

Please note: this section must be completed in addition to the budget ([access budget worksheet here](#) and the guidance for the worksheet [here](#).)

Please explain all costs included in the budget and how those costs were derived. You may use the space below to enter your budget narrative. Be sure to address and justify all line items in the budget template.

DIRECT LABOR EXPENSES – no funds requested

OTHER DIRECT EXPENSES

Contractual – no funds requested

Supplies and Equipment: \$4,841.00

Supply Item	Description & Purpose	Unit Cost	# Needed	Amount Requested
Light Traps	To improve capacity for surveillance	\$131.00	10	\$1,310.00
Gravid Traps	To improve capacity for surveillance	\$125.00	10	\$1,250.00
Fay-Prince Traps	To improve capacity for day-time trapping for surveillance	\$227.00	3	\$681.00
Microscope	40X-1000X Trinocular Koehler LED Microscope with Touchscreen Imaging System For identification of species/gender of trapped mosquitoes	\$1,600.00	1	\$1,600.00

Travel

\$5,159.00

Travel for two county employees to the mentor site for a week of shadowing and education

Airfare $\$750.00 \times$ two employees = $\$1,500$

Rental Care = $\$300$

Fuel = $\$100$

Lodging = $\$200 /$ night \times 6 nights \times two employees = $\$2,400$

Meals = 6.25 travel days \times 2 employees \times $\$48$ per diem = $\$600$

Travel to and from airport = $\$259$

Other Expenses – no funds requested

Indirect Costs – no funds requested

TOTAL BUDGET REQUEST

\$10,000