

HEALTH DISPARITIES REDUCTION REQUEST FOR PROPOSALS

Issued By:

**Michigan Department of Community Health
Health Disparities Reduction Program**

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Required Letter of Intent Due:

December 20, 2004

Full Proposal Due:

January 11, 2005

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Health Disparities Reduction Program
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Request for Proposals (RFP)

November, 2004

I. INTRODUCTION

The Michigan Department of Community Health (MDCH), Health Disparities Reduction Program (HDRP) requests proposals for services to reduce health disparities in Michigan communities. This competitive Request for Proposals (RFP) is being issued in an effort to increase high-quality services in Michigan. Funding will support highly targeted and evidenced-based prevention, health promotion, and screening services. It is the goal of HDRP, through this RFP, to reduce health disparities in the State of Michigan by supporting a portfolio of social/behavioral interventions that will have the greatest impact among racial and ethnic minorities in Michigan. This will be accomplished by funding programs that target populations at the greatest relative risk (in terms of behavior and current prevalence) and provide services that have documented health promotion and management potential.

II. BACKGROUND

Despite great improvements in the overall health of Michigan residents, persons who are members of racial and ethnic minority groups, including African Americans, Arab/Chaldeans, Asian Americans, Hispanic/Latinos, and Native Americans, are more likely than whites to have poor health and to die prematurely. These gaps in relative health status are called health disparities.

In *The Michigan Surgeon General's Prescription for a Healthier Michigan*, Michigan's first Surgeon General, Dr. Kimberlydawn Wisdom, states

I call upon health care providers, institutions and organizations as well as state and local public health agencies to:

- Identify populations with disparate health care and outcomes, and develop ways to reduce health care disparities in these populations (Prescription, pg 13).

This request for proposals provides an opportunity to heed this call.

III. AVAILABLE FUNDS

MDCH/HDRP intends to award grants totaling approximately \$900,000 annually. It is anticipated that awards will range from \$50,000 - \$100,000. Applicants requesting more than \$100,000 annually will not be considered for funding. A total of 12-15 awards are

expected to be made in response to this RFP.

Funding awarded under this RFP will be for a 30 month (two-and-one-half-year) period. Successful applicants will be issued six month contracts for the period April 1 - September 30, 2005. Contracts will be renewed annually through the remainder of the funding period based on continued availability of funding, program performance, grantee compliance with contractual obligations and reporting requirements and documented need.

Note: Because the initial contract period will be for the six month period April 1 - September 30, 2005, applicants should prepare and submit program budgets for one-half (½) of their annual request. Submitted budgets should not exceed \$50,000.

IV. ELIGIBLE SERVICES

Agencies may apply for funding to reduce or eliminate documented health disparities among the following racial/ethnic populations in Michigan:

- African American
- Arab/Chaldean
- Asian American
- Hispanic/Latino
- Native American

Agencies serving these populations in urban areas with the most pronounced disparities are particularly encouraged to apply.

Interventions intended to impact on the following health conditions via prevention, health promotion and screening services are eligible for funding.

1. Asthma
2. Cancer (breast, cervical, colorectal, and prostate)
3. Diabetes
4. Genomics
5. HIV/AIDS
6. Hypertension (including education and screening related to cholesterol management)
7. Infant Mortality (Specifically reduction of low birth weight, premature birth and SIDS deaths; does not include pregnancy prevention.)
8. Lead Poisoning
9. Obesity/overweight (including activities to address nutrition and physical inactivity)
10. Smoking

Priority target populations and interventions for each health area are outlined in *Attachment A*. In the case of HIV/AIDS, the target populations and interventions outlined in *Attachment A* are the only services eligible for funding. For all other health areas, the information provided in *Attachment A* represents priority areas.

However, applicants may apply for funding of any social/behavioral intervention of proven effectiveness in the other health areas as long as it addresses a documented minority health disparity. Applicants applying to provide services outlined in Attachment A will receive priority scoring.

Applicants may apply to provide services addressing more than one health area. Only one proposal per applicant will be accepted, total maximum annual budget, \$100,000.

Agencies proposing screening activities are required to document appropriate linkages with care institutions to serve those with positive screening results. Linkages and partnerships should be clearly addressed in Section 6 of the Program Narrative, and supported with Memorandums of Agreements (MOAs).

All proposed activities must address documented health disparities in Michigan and the proposed communities. Further, the interventions must be consistent with Healthy Michigan 2010 goals. Concrete evidence-based social/behavioral interventions with documented outcomes must be applied. Applicants are invited to apply for funding to replicate, tailor, or adapt interventions with proven effectiveness in addressing racial and ethnic disparities in the health areas listed above.

MDCH funds may supplement, but **MUST NOT** supplant services funded by other entities.

INELIGIBLE SERVICES

The following activities **are not** eligible for funding under this RFP:

Health Fairs	Theatre Troupes
Lead Abatement Activities	Conferences
Research	

Community mobilization is not allowable as a stand-alone intervention, however it may be proposed in conjunction with a proven social/behavioral intervention as a recruitment/outreach strategy.

V. APPLICANT ELIGIBILITY

It is the intent of HDRP to fund established providers of service with proven links to the highest impacted communities. Agencies applying for these dollars **are required** to provide written proof of three (3) years experience in providing services to the proposed target population. Acceptable documentation may include, but is not limited to, grant agreements, annual reports, or letters from previous funders.

Eligible applicants include:

- Community Based Organizations (CBOs) and other Non- Governmental Organizations (NGOs)
- Local Health Departments (LHDs)

- Federally Recognized Indian Tribes
- Colleges/Universities
- Federally Qualified Health Centers (FQHDs)

Ineligible applicants include:

- Individuals
- For-profit health/human service agencies
- State level government agencies
- Agencies proposing “pass-through” funding. Applicant agencies must directly provide a majority of the services proposed.

Any not-for-profit applying under this RFP must be certified by the Federal Internal Revenue Services as a 501 (c)3 organization at the time that the proposal is submitted. Documentation must accompany the proposal. **Proposals lacking documentation of tax exempt status will not be reviewed and will be ineligible to receive funding under this RFP.**

Additional Applicant Characteristics

MDCH/HDRP encourages applications from organizations that serve predominately racial and ethnic minorities in communities with documented health disparities.

MDCH/HDRP encourages applications from applicants who are representative of the minority community served in the make up of their board of directors, key staff and management. They should also be situated in close proximity to the target population.

VI. USE OF FUNDS

Funding awarded under this RFP may be used to pay for:

- project staff salaries and associated payroll taxes and fringe
- program administration (e.g. accounting, payroll - proportionate to program)
- travel associated with provision of services
- staff training/skills enhancement (e.g. registration fees, travel, materials purchase)
- equipment (proportionate to program)
- supplies and materials (e.g. educational materials, screening/diagnostic devices, office supplies proportionate to program)
- communications (e.g. telephone, fax, postage and internet access)
- printing and copying
- rent, utilities, security and maintenance (proportionate to project)
- consultant/professional fees (e.g. accounting services, evaluation consultant)

Funds available under this RFP **may not** be used to pay for medical treatment, psychiatric services, legal services, clinical care, substance abuse or mental health services.

Funding awarded under this RFP may not be used to replace funding for an existing

program supported with another source of funds.

VII. PROGRAM REQUIREMENTS

A. Start-Up

Agencies awarded funding under this RFP will be expected to have programs staffed and operational within forty-five (45) days of receipt of award. Direct client services are required to begin no later than ninety (90) days after receipt of award. Delays may result in revocation or reduction of award. If required, program development activities should be described in detail, justified in the description of the proposed program and detailed in the work plan and timeline. Failure to make reasonable progress in program development may result in revocation or reduction of award.

B. Reporting

Agencies awarded funding under this RFP will be required to submit quarterly narrative reports, according to a format and guidelines established by HDRP. See *Attachment D* for minimum reporting requirements.

In an effort to ensure efficient and timely communication with grantees, MDCH/HDRP will increasingly rely on electronic means of communication. Successful applicants must therefore assure fax and e-mail capacity for key staff, including the Executive Director or Program Manager. Note: lease and purchase of computer equipment is an allowable expense. Please refer to *Attachment H* (Guidelines for Budget Narrative) for additional detail.

C. Reimbursement

Grantee agencies are reimbursed on a monthly basis for expenditures incurred. Grantees will be required to prepare and submit monthly financial status reports.

D. Additional Requirements

Agencies awarded funding under this RFP will be required to implement services in accordance with established program standards, as well as state and federal policy and statutes including HIPAA

VIII. FORMAT REQUIREMENTS

A. Proposal Package

A complete proposal package will consist of:

1. Proposal Cover Sheet (*Attachment E*), signed by authorized agency representative(s)
2. Abstract

3. Table of Contents
4. Narrative Proposal
5. Budget Forms (*Attachment G*) and Detailed Budget Narrative (*Attachment H*)
6. Required Attachments
7. Additional Attachments (optional)
8. Proposal Checklist (*Attachment I*)

Applicants are encouraged to refer to the Proposal Checklist (*Attachment I*) in preparing their proposal package, and order the document according to this guideline.

B. Formatting/Packaging

1. Sequentially number all pages, including attachments and appendices
2. Include a table of contents and a list of attachments for the entire package submitted
3. Do not staple or bind any of the copies submitted to MDCH/HDRP. (Rubberbands or binder clips are acceptable)
4. Use 8 ½" by 11" paper
5. 12 point font; budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be readily legible.
6. Use 1" margins (top and bottom, left and right)
7. Write on single side of page only
8. The narrative section is not to exceed 25 pages (Sections 1-6)

Proposals which do not follow these guidelines may not be reviewed and will therefore be ineligible to receive funding.

IX. PROPOSAL OUTLINE

The proposal should provide the following information using these headings and subheadings.

A. Proposal Cover Sheet

Complete the Proposal Cover Sheet (*Attachment E*)

B. Table of Contents

C. Abstract (Maximum of 1 double spaced page)

The abstract should include:

- Name and brief description of the applicant organization;
- Brief description of the target audience(s) and identified area of health disparity(ies);
- A summary of the proposed program's major objectives; and
- The amount requested.

D. Narrative (A maximum of 25 single spaced pages may be used for Program Narrative (Sections 1-6))

1. Agency Description, Qualifications and Capacity - (20 points)

This section is to describe the expertise and experience of the applying agency/ies in providing the proposed services. At minimum, the applicant is to address the following:

- Mission of the agency
- Agency history and experience relevant to provision of proposed service. Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- Agency history and experience relevant to provision of services to target population(s). Experience and success of such efforts should be supported with quantitative and qualitative data when available.
- Methods for obtaining target population input in development and implementation of the proposed program.
- Describe the extent to which the organizations line staff, management, and Board of Directors is representative of the target population.
- Discuss how/why the agency is culturally competent to serve the target population.
- The organizational structure of the agency and how proposed intervention(s) “fit” within this structure.

NOTE: Collaboration with other agencies is encouraged but not required. If proposed programming is to be carried out through collaboration between two or more agencies, the agency description, qualifications and capacity must address each agency, according to the criteria listed above. Collaborative relationships must be supported with specific, detailed and current Memoranda of Agreement.

Required Attachments:

- 501 (c)(3) certification (if applicable)
- Board of Directors (names, position on Board, professional affiliations, expertise represented, race/ethnicity, and gender)
- Documentation of three (3) years of service to target population
- Organizational chart which clearly identifies position in the organization and reporting relationships relevant to this proposal.
- Most recent independent financial audit or financial statements if audit is

unavailable.

2. Statement of Need (25 points)

This section of the proposal should include detailed information about the target audience(s) and the unmet needs for prevention, health promotion and screening services.

- Target Population - Identify the target audience(s) to be served. Populations must be described in terms of behavioral risk, race/ethnicity, other relevant demographic characteristics (i.e. age, gender), applicable situational factors and disease status.
- Describe and document, using epidemiological, health indicator or other relevant data, the impact of diseases or conditions on the proposed target population(s), in the geographic area(s) in which services are proposed. (Reference sources of data, as appropriate.)
- Needs Assessment - Describe the particular knowledge, skill, access, attitudinal and behavioral needs of your target audience(s) which will be addressed by the proposed program. Explain how you have assessed these needs. (Reference sources of needs assessment data, as appropriate.)
- Gaps in service - Describe current prevention and early intervention services available to your target population, and existing gaps. Explain how the proposed services will fill these gaps and how they are different from and not duplicative of existing services.

Required Attachments:

- List of references and source documents

3. Program Plan (45 points)

Describe how the proposed program addresses the goal of the RFP. Provide a detailed presentation of the activities you have chosen to implement.

- a. Overview of Program Goals and Objectives

This section should include the following

- Program Name
- Goals: Specify the proposed project's overall goals.
- Outcome Objectives: For each goal, give specific, measurable objectives focusing on participant outcomes (expected changes in knowledge, skills, access, attitudes and/or behavioral intent).

- Process Objectives: For each outcome objective, list process objectives which are specific, measurable, appropriate, realistic, and time-phased, and which will be achieved en route to meeting the programs outcome objectives (see *Attachment J* for guidelines on writing program goals and objectives.)
- Activities: Within the narrative, provide a brief overview of the major activities to be completed to achieve the program objectives.

Complete and submit as *Attachment F* of your application a program workplan and timeline which includes the program process objectives, activities to be completed in meeting these objectives, responsible party for each activity, and targeted completion dates (see *Attachment F* for sample workplan and timeline.)

b. Description of Intervention(s)

Describe the format you will utilize to reach and impact the target population (e.g., informational sessions, skills building workshops, group or individual counseling, access to screening et cetera.). Provide the rationale for selecting the proposed social/behavioral interventions in relation to your target audience(s).

- Describe the intervention(s) to be implemented, including specific activities, format and content.
- Describe the evidence base (e.g. behavioral theory, previous evaluation, adaptation of an evaluated intervention with documented effectiveness) of the proposed intervention(s). Documentation of evidence base should be included in application as *Attachment F*, References and Source Documents.
- Describe why the proposed interventions are expected to achieve the stated goals and intended behavioral outcome.
- Describe the specific geographical service area(s), ensuring clear linkage with the statement of need.
- Describe the specific venues and locations where services will be provided. Provide evidence of support for access to such venues/locations (e.g. Letter of Commitment or Memoranda of Agreement).
- Describe strategies for ensuring the cultural, linguistic and developmental competence of interventions and materials.
- Describe coordination and linkages essential to the success and effectiveness of the program.

Program Development Activities. If necessary, development activities should be described in detail in this section and justification provided. The amount of time required for program development activities must be detailed in the project work plan and time line. Development activities should not extend beyond the first three months of the contract.

Required Attachments:

➤ Workplan and Timeline

c. Program Promotion, Client Recruitment and Retention.

- Applicants are required to describe a plan to promote their intervention to the target population. Describe how and from where clients will be recruited. If community partners will be instrumental in reaching the target population, their role should be clearly stated, and letters of commitment from these partners should be included in the proposal packet as *Attachment I*.
- If retention overtime is required to achieve the proposed program outcome, strategies for client retention should be discussed.
- Applicants must describe previous experience and success in reaching their target population, as well as discuss the target group's responsiveness to the provider.
- Potential barriers to target population utilization of services should be described. A plan to address these barriers must be included.

4. Evaluation (20 points)

Describe in detail how attainment of the process and outcome objectives will be measured. The proposed evaluation plan must be sufficient to measure the progress toward and achievement of the proposed process objectives, as well as measure the effectiveness of the program in achieving the specific participant outcomes described in the applicant's outcome objectives.

Applicants are to describe:

- methods for data collection (instruments, processes, confidentiality)
- information systems (hardware and software used in evaluation and data management)
- data entry/analysis protocol and procedures
- application of process and outcome data to program refinement

Applicants are highly encouraged to include relevant sample evaluation and data collection tools which will be used to document achievement of process objectives, and measure client outcomes. These tools can be provided as an *Additional Attachment* to the application.

5. Staffing Plan (10 points)

Describe the proposed staffing plan for the program. Include staff titles, percent of time committed to the program, and their roles and responsibilities in achieving the program objectives. Include a description of the qualifications, credentials and relevant experience of the Project Director, other key staff, and proposed consultants and/or contractors. Please include position descriptions for all positions, as well as resumes/vitae (not to exceed two pages each) for identified staff and consultants (where available).

Required Attachments:

- Position Descriptions and Resumes

6. Coordination, Collaboration and Community Partnerships (10 points)

It is expected that applicants will clearly demonstrate and describe linkages with other service providers essential to ensuring provision of quality programs.

Agencies proposing screening activities are required to document appropriate linkages with care institutions to serve those with positive screening results. Linkages and partnerships should be clearly outlined in this section and supported with Memorandums of Agreements (MOAs).

- Collaboration: the applicant is to describe mechanisms for collaborating with other providers to achieve the program objectives. The applicant is to describe the specific roles and responsibilities of each partner. Collaborative arrangements are appropriate when implementation of a program requires commitment of resources (e.g. staff, volunteer hours, materials) from two or more entities. Collaborative arrangements must be supported with a current Memoranda of Agreement. Memoranda of Agreement should be attached to the proposal and must be fully executed (e.g. signed by authorized official and dated).
- Coordination: the applicant is to describe mechanisms for coordinating services with other providers in the service area. The applicant should address how the proposed project will interact with and not duplicate other community efforts. Entities with whom the applicant is to coordinate are to be named and the nature of coordination is to be described.

Required Attachments:

- Memoranda of Agreement

7. Budget (10 points)

Note: Because the initial contract period will be for the six month period April 1 - September 30, 2005, applicants should prepare and submit program budgets for one-half (½) of their annual request. Submitted budgets should not exceed \$50,000.

- Budget Forms - Complete the Budget Summary and Cost Detail Forms for the amount requested from MDCH/HDRP (forms and instructions - *Attachment G*).
- Budget Narrative - Budget narratives must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative (Guidelines for the Budget Narrative are found in *Attachment H*).

Also include in the budget narrative:

- If your agency is funded to provide services similar or related to those proposed in this application, provide a list of those funders, amount of award, contract period, and services supported.
- A description of plans to support the proposed services beyond this funding period.

Required Attachments:

- Federal Indirect Cost Rate Agreement (if applicable)

X. SELECTION CRITERIA

Proposals submitted in response to this RFP will be reviewed and evaluated by an Objective Review Panel (ORP) comprised of individuals who have expertise/experience in relevant areas. Reviewers will be required to disclose any potential conflict of interest, and reviewer assignments will be made in light of this information. All proposals will be scored by reviewers according to pre-established criteria. Scoring criteria will be responsive to the requirements of this RFP. The relative weight that each component of the proposal will receive in the review process is described below.

Agency Description, Qualification, and Capacity:	20 points
Statement of Need:	25 points
Program Plan:	45 points
Evaluation:	20 points
Staffing Plan:	15 points

Coordination, Collaboration and Partnerships:	10 points
Budget Forms and Narrative:	10 points
Workplan and Timeline:	10 points
Required Attachments:	<u>5 points</u>
Total Possible Points:	160 points

MDCH/HDRP reserves the right to consider criteria in addition to ORP scores in making final decisions regarding programming and award levels. Other criteria which MDCH may consider include, but are not limited to: resource availability, gaps in services (according to population, intervention or geographic coverage), agency capacity, past performance of the applicant in State contracts (e.g. progress toward reaching objectives, success in targeting and compliance with contractual obligations), and other factors relevant to addressing changing needs and priorities. MDCH/HDRP will make all final funding and allocation decisions.

If multiple interventions and/or target audiences have been proposed, MDCH/HDRP reserves the right to determine the relative proportion of the overall award devoted to specific interventions or target groups. Criteria used in making these decisions include those listed above as considered in making final decisions regarding programming and award level.

IV. TECHNICAL ASSISTANCE CONFERENCE CALL

Parties interested in learning more about preparing the proposal and the process for reviewing and awarding grants, are encouraged to participate in a Technical Assistance (TA) conference call. The TA conference call will take place:

Date: Thursday, December 9, 2004
Time: 1:30 - 3:30 p.m. EST

In order for staff to plan for the TA conference call, interested parties are requested to fax or email the attached confirmation form (*Attachment C*) by 5:00 p.m. on Friday, December 3rd. Upon receipt of your confirmation, you will be notified via email or fax, of the toll-free call-in number and name of the teleconference chairperson. (You will need this information to participate.)

Questions submitted in writing by Friday, December 3rd, will be responded to on the conference call. **Questions will be accepted via fax 313-640-5689, or email Amy.S.Peterson@att.net.**

Please note that applicants are not required to participate in the TA conference call in order to apply for an award, and that those who do participate are not obligated to submit a proposal.

Final questions and requests for clarifications must be submitted in writing by Friday, December 17th. HDRP will prepare written responses to these questions and distribute them to applicants who have submitted a letter of intent. **Questions will be accepted via fax 313-640-5689, or email Amy.S.Peterson@att.net.** Questions that have not been

submitted in writing will not be responded to.

XII. LETTERS OF INTENT

Applicants **are required** to submit an “Intent to Apply” form (*Attachment B*) by 5:00 p.m. Eastern Standard Time (EST) on Monday, December 20, 2004. Forms received after 5:00 p.m. EST will not be accepted. Forms may be submitted by fax or email.

Submit to: Amy S. Peterson
Consultant to MDCH/HDRP
313-640-5689 (fax)
Amy.S.Peterson@att.net

Agencies who do not submit an “Intent to Apply” form are **not** eligible to apply; however, there is no penalty for submitting a form and later deciding not to make a full application. Letters of intent are non-binding but will be used by MDCH to adequately prepare for the review of submitted proposals. MDCH/HDRP requests that agencies who submit an “Intent to Apply” form but decide not to submit a full application, inform Amy Peterson of this decision by calling 313-492-8078.

XIII. SUBMISSION OF APPLICATION

Proposal packages must be RECEIVED by **5:00 p.m. Eastern Standard Time, on Tuesday, January 11, 2005. LATE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED.** Faxed or e-mailed proposals WILL NOT be accepted.

Applicants are required to submit the signed original and 4 copies of the proposal package. Submit proposals to:

**Michigan Department of Community Health
Health Disparities Reduction Program
3423 N. MLK Blvd., Room 204
Lansing, MI 48909**

ATTN: Amy S. Peterson

XIV. NOTICE OF AWARD

Notices of Award are expected to be made by February 21, 2005.

LIST OF ATTACHMENTS

- A. Health Area Funding Priorities
- B. Intent to Apply Form
- C. Confirmation Form for Technical Assistance
Conference Call
- D. Reporting Requirements
- E. Proposal Cover Sheet
- F. Sample Workplan and Timeline
- G. Budget Forms and Instructions for Completion
- H. Guidelines for Budget Narrative
- I. Checklist
- J. Sample Goals and Objectives
- K. Sources of Additional Information

ASTHMA

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to address asthma in populations with documented health disparities, and with social/behavioral interventions of proven effectiveness will be considered for funding.

Specific target area:

Target Area 1: Young African American children in Wayne and/or Saginaw County

Asthma hospitalization rates in Michigan are three to five times higher in blacks as in whites. While urban areas in general have increased rates of asthma, Wayne and Saginaw County lead the state in hospitalizations rates across all age groups. (Healthy Michigan 2010).

Socioeconomic status, particularly poverty, is a contributing factor to asthma illness, disability, and death. Reasons for these differences are unclear, but likely result from multiple factors occurring in low socioeconomic brackets including:

1. high levels of exposure to tobacco smoke, pollutants, and environmental allergens (house dust mites, cockroach particles, pet dander and mold);
2. lack of access to quality medical care; and
3. lack of finances and social support to manage the disease effectively on a long term basis (Healthy Michigan 2010).

Applicants should collaborate with the local asthma coalitions serving each area (Tri-County Asthma Coalition and the Detroit Alliance for Asthma Awareness). If funded, applicants will be expected to collaborate with staff from the Asthma Initiative of Michigan.

Target Intervention:

Intervention intended to achieve the following outcomes:

- Increase trigger avoidance in home setting, including decreasing children's exposure to secondhand tobacco smoke in their homes
- Improve the asthma care received by young African American children in the primary care setting, resulting in

- increased percent of pediatric patients with asthma and their care givers who have received formal patient education,
 - increased percent of pediatric patients who have a written asthma management/action plan,
 - reduced the number of patients with persistent asthma who are using more than 6 canisters of bronchodilator medications each year, and
 - increased percent of patients with persistent asthma who are on appropriate long term control medication for asthma.
- Improve asthma management in schools serving young African American children in these communities. Increase the number of schools that:
 - have implemented the state asthma inhaler law,
 - have Asthma Friendly policies in place,
 - provide training to teaching and paraprofessional staff on asthma,
 - provide Open Airways or other proven school-based asthma education for their students with asthma; and/or
 - systematically address routine and emergency management of asthma in schools, including use of individual asthma management/action plans.
 - Improve asthma management in day care facilities in communities
 - increase the number of day care facilities that are smoke free 24/7;
 - improve communication with parents and physicians on asthma;
 - ensure that day care have copies of individual asthma management/action plans
 - increase number of providers who have received Asthma and Allergy Foundation of America's "Asthma and Allergy Essentials for Child Care Providers" training module or other proven program.
 - Develop a system to improve the primary care follow up and specialty referrals after an emergency department visit or hospitalization for asthma.

CANCER

Only applications proposing to address disparities related to breast, cervical, colorectal, lung and/or prostate cancer will be considered for funding.

Interventions related to screening **may only** address breast, cervical, and/or colorectal cancer.

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to address cancer early detection and mortality rates in populations with documented health disparities, and with social/behavioral interventions of proven effectiveness will be considered for funding.

Specific target area:

Target Area 1: All racial and ethnic minority groups with disparate rates of cancer.

Target interventions:

Cancer-related public education, especially related to the promotion of screening and early detection of breast, cervical, and colorectal cancer.

Interventions to promote access to and adherence to therapies. These interventions may serve to decrease re-occurrence of disease.

Target Area 2: African Americans in the communities of Flint, Saginaw, Detroit, Lansing, and Pontiac.

Target intervention:

Interventions to increase screening for breast, cervical and/or colorectal cancer among African Americans in these five urban areas.

Target Area 3: Hispanic Men

Target intervention:

Interventions to increase prostate health awareness among this target population.

DIABETES

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to provide proven effective diabetes prevention programs, and initiatives to assist in delaying and/or preventing the development of diabetes and its complications in populations with documented health disparities will be considered for funding.

Specific target area:

Target Area 1: African Americans (11.3/100), Hispanics (6.2/100), and Native Americans (9.4/100) have an increased prevalence of diabetes as compared to the population as a whole. Interventions reaching these populations are particularly encouraged.

Target interventions:

Interventions intended to address obesity and sedentary lifestyle as a primary risk factor for diabetes.

Educational programs to promote regular screening to increase early diagnosis of eye and foot problems in persons living with diabetes.

GENOMICS

Genomics: the science of the human genome - studying how family history of disease may be a predictor for disease in an individual.

Family history has been shown to be a risk factor for a majority of chronic diseases of public health significance, including cardiovascular disease, diabetes, several cancers, osteoporosis, and asthma (Yoon et al., *Genetics in Medicine*, 2002; 4(4):304-310).

Evidence suggests that family history by itself is most useful for predicting disease when there are multiple family members affected, the relationship among family members is close, and disease is premature, that is, it occurs at younger ages than would be expected (ibid.).

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to apply genomics as a public health assessment/intervention tool in populations with documented health disparities will be considered for funding.

Specific target area:

Target Area 1: African American adults

In Michigan, African Americans have severely disparate rates of diabetes, asthma, breast and lung cancer mortality, obesity/overweight, and hypertension.

Target interventions:

Interventions intended to utilize existing family history tools to identify persons at increased risk for the above diseases, and develop prevention and screening plans to decrease their risk.

An evaluation/intervention model which assesses whether individuals found to be at increased risk based on family history are more accepting of recommendations for lifestyle changes.

HIV/AIDS

Only applications proposing direct primary HIV/AIDS prevention services for the target populations outlined below will be considered for funding under this RFP.

Only proposals for services targeted to racial and ethnic minorities are eligible for support under this RFP. Target populations must be described in terms of behavioral risk relevant to HIV. Although agencies may apply for funds to serve any racial/ethnic minority community, priority sub-populations have been identified under each eligible behavioral group.

Proposals that seek to address gaps in current prevention services in geographic areas of the state with high HIV prevalence are encouraged. The Department has identified the following geographic areas as priority service areas: Benton Harbor, Saginaw, Flint, and Grand Rapids.

Target Area 1: *Men who have sex with men (MSM)*: Includes men having sexual contact with other men, regardless of self-identification. Men who have sex with both men and women (i.e. behaviorally bisexual men) are included within this target population.

Priority sub-populations include:

- A. African American MSM, particularly those who do not self-identify as gay, homosexual, or bisexual.
- B. Latino MSM, particularly those who do not self-identify as gay, homosexual, or bisexual.

Target Area 2: *High-risk heterosexuals (HRH)*: High risk heterosexuals refers only to those individuals who report that they:

- Are a sex partner to an HIV-infected person(s);
- Are a sex partner to an injecting drug user(s);
- Are a female sex partner to a man who has sex with other men;
- Have, themselves, been recently diagnosed by a physician as having a sexually transmitted disease; or
- Are, themselves, commercial sex workers.

Priority sub-populations include:

- A. African American women
- B. Latinas.

Only proposals that explicitly and specifically target individuals and communities at increased risk for HIV and provide clear and convincing evidence of access to them will be considered for support under this RFP.

Target interventions:

Proposals for **direct, primary** prevention services responsive to community-identified needs and priorities are eligible for support under this RFP. **Direct prevention services** are interventions provided to communities and individuals who are at increased risk for acquisition/transmission of HIV. **Primary prevention services** are those that are intended to influence HIV-risk behaviors,

thereby reducing the likelihood for transmission/acquisition of HIV. Primary prevention services can target HIV uninfected persons (prevention of acquisition) or HIV infected persons (prevention of transmission).

Only the following interventions are eligible for support under this RFP:

1. HIV counseling, testing and referral
2. Group-level skills-building workshops (multi-session models only)
3. Outreach (Note: outreach will not be supported as a “stand alone” intervention, it is to be used for the purposes of recruiting individuals into CTR or group-level interventions)

Note: Only those agencies currently authorized by MDCH to provide HIV testing using rapid test technologies may propose rapid HIV testing under this RFP.

Applicants are encouraged to submit proposals to support interventions which are part of the US Centers for Disease Control and Prevention (CDC)s Diffusion of Effective Behavioral Interventions (DEBI) project, such as SISTA, Brother to Brother, and Many Men, Many Voices. Additional information on these interventions can be found at www.effectiveinterventions.org

HYPERTENSION/HIGH BLOOD PRESSURE

As a major contributing factor to heart disease and stroke, undetected or uncontrolled hypertension is a significant risk factor for Michiganders. Rates of hypertension are highest among men, African Americans, and people over 65. Hypertension is almost twice as prevalent in African American populations and the target organ damage from hypertension is seen earlier in this group.

Elevated levels of HDL (bad) cholesterol is a major underlying factor to hypertension. Interventions addressing prevention and screening for cholesterol are allowable in this category.

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to address hypertension early detection and management in populations with documented health disparities, and with social/behavioral interventions of proven effectiveness will be considered for funding.

Specific target area:

Target Area 1: African Americans

Target interventions:

Outreach and behavioral interventions are needed to focus on early detection and control of hypertension.

INFANT MORTALITY

(Specifically pre-term birth and low birth weight)

The two leading and more preventable causes of infant mortality are pre-term birth, and low birth weight. MDCH/HDRP is seeking applications to address these areas.

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to address infant mortality in populations with documented health disparities, and with social/behavioral interventions of proven effectiveness will be considered for funding.

Specific target area:

Target Area 1: African American mothers in the following areas: Berrien, Genesee, Ingham, Kent, Oakland, Saginaw, Out-Wayne County, and Detroit.

Although low birth weight is the leading cause of infant mortality for both black and white infants in Michigan, it affects black infants much more than white infants. During the past decade, black infants have been four to five times more likely to die of this condition than white infants (Health Michigan 2010).

A study of racial disparities in infant mortality conducted in 2003 found that the eight Michigan areas listed here as priority, accounted for 90% of black live births and infant deaths (Healthy Michigan 2010).

Target intervention:

Programs which will address one or more of the following three contributing factors to infant mortality: inadequate or late prenatal care, smoking and drinking alcohol during pregnancy.

Target Area 2: African American and American Indian (Native American) mothers of children to one year of age.

Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants from one month to one year old. The cause of SIDS is considered a combination of biological, environmental and developmental risk factors.

The SIDS rate for Black and American Indian infants continues to be two to three times greater than for white infants despite an overall reduction since the early 1990's.

Target interventions:

Programs which address risk factors for SIDS, particularly sleep positioning and sleep environments.

LEAD POISONING

In Michigan, as many as 20,000 children under age six may have lead poisoning. The most common source of lead poisoning in Michigan is lead based paint in aged housing. If not detected early, lead that accumulates in a child's body may cause brain damage, mental retardation, learning difficulties, behavior problems, anemia, liver and kidney damage, hearing loss, developmental delays, hyperactivity, and in extreme cases, coma and death (Healthy Michigan 2010).

In 2002, 4.4% of children under age six in Michigan were identified as lead poisoned, nearly double the U.S. rate. In Michigan, there are neighborhoods where as many as 25-30% of children tested have blood lead levels above the threshold of concern ($\geq 10\mu\text{g/dL}$) (Healthy Michigan 2010).

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to address lead poisoning in populations with documented health disparities, and with social/behavioral interventions of proven effectiveness will be considered for funding.

Specific target area:

Target Area 1: Racial and ethnic minority children living in poverty, in the urban areas of Detroit, Flint, Saginaw, Pontiac, Grand Rapids, Muskegan, and Benton Harbor.

Children with elevated blood levels have been mostly found in the above urban areas (Healthy Michigan 2010).

Target intervention:

Programs which will increase the number of children being screened for lead at ages one and two.

OBESITY/OVERWEIGHT

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to address obesity in populations with documented health disparities, and with social/behavioral interventions of proven effectiveness will be considered for funding.

Specific target area:

Target Area 1: Obesity/overweight prevention and reduction in African American women.

Being obese/overweight is a major health concern among African American women, and a problem that continues to impact many chronic diseases.

Target intervention:

Programs to adapt and pilot test existing evidence based obesity assessment and treatment guidelines for explicit use with African American women in health care settings.

New materials are available from the American Medical Association and National Heart Lung and Blood Institute for the assessment and treatment of obesity. Although these tools are evidence based, they are not tailored for the African American population.

Target Area 2: Lifestyle programs for African American females age 6-11, and Latino males age 6-11

Regular physical activity, healthy eating, and not smoking are key to preventing the development of the conditions of obesity/overweight and cardiovascular disease among youth. The age range of 6-11 is of significant interest as it is the period when the change in overweight status increases dramatically.

SMOKING

All racial and ethnic minority groups eligible for funding under the RFP have disparate rates of smoking when compared to the State's overall rate.

Although applicants **are not limited** to the target areas listed below, MDCH is particularly interested in funding programming in the following areas and scoring consideration will be given to applicants proposing to address the following target area(s).

At the same time, all applications to address smoking in populations with documented health disparities, and with social/behavioral interventions of proven effectiveness will be considered for funding.

Target Area 1: Increase quit smoking attempts among racial and ethnic minority Women Infant and Children (WIC) participants.

Smoking during pregnancy is the number one cause of preventable illness and death among mothers and infants. Michigan's prenatal smoking rate has declined significantly in the past decade, but Michigan's rate (15.5%), remains higher than the U.S. rate (12.2%) (Healthy Michigan 2010).

Target Interventions:

Integration of smoking cessation and second hand smoke education and materials into current programming and communication outlets.

Establishing linkages and follow-up to cessation resources to promote quitting smoking such as the Michigan Quit Line, cessation classes, MDCH Quit Kit, and Smoke-Free Homes Campaign.

**HEALTH DISPARITIES REDUCTION RFP
INTENT TO APPLY FORM**

Agency

Address

City State Zip Code

Phone Fax

Contact Person Title

Email

Type of Agency: (check one, only)

- Not-for-profit 501(c)(3) _____ Federally Qualified Health Center _____
- Tribal Council _____ Public/Private College or University _____
- Health Department _____

The following information is requested to assist in matching reviewers to applications. MDCH-HDRP understands that it is preliminary and as such, **it is non-binding.**

1. **Proposed target audience(s)** - *please list one or more of the target groups listed on page 4 of the RFP.*

2. **Service area** - please identify the primary communities to be served by your program.

3. **Proposed Health Issue(s) to be addressed-please list one or more of the health issues listed on page 4 of the RFP**

4. **Estimated Funding Request:** \$ _____

Signature of Authorized Representative

Date

Please Print Name and Title

Please fax or email to:

*Amy S. Peterson
Consultant to MDCH/HDRP
Amy.S.Peterson@att.net
313-640-5689 (fax)*

313-492-8078 (phone)

Applicants are required to submit an “Intent to Apply” form (*Attachment A*) by 5:00 p.m. Eastern Standard Time (EST) on December 20, 2004, to MDCH/HDRP. Forms received after 5:00 p.m. EST will not be accepted. “Intent to Apply” forms may be submitted via fax or email. If submission via these technologies is not possible, contact Ms. Peterson at the number above.

Agencies who do not submit an “Intent to Apply” form are not eligible to apply, however there is no penalty for submitting a form and later deciding not to make a full application.

*Technical Assistance Conference Call
December 9, 2004 1:30 - 3:30 p.m. EST*

Confirmation Form (must be received by Friday, December 3, 2004)

NAME: _____

AGENCY: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Yes, I would like to participate in the conference call: _____

Please fax or email to:

Amy Peterson

at

Amy.S.Peterson@att.net

313-640-5689 (fax)

Upon receipt of your confirmation form, you will be notified via email or fax of the tele-conference call-in number and the conference call chairperson. You will need this information to participate.

MINIMUM REPORTING REQUIREMENTS

Submit quarterly reports to MDCH in accordance with the following dates and reporting format:

<u>Quarter Covered</u>	<u>Due to MDCH/HDRP</u>
April 1 - June 30, 2005	July 31, 2005
July 1 - September 30, 2005	October 31, 2005

NARRATIVE REPORT

Provide the following organizational and program information:

- A. Organization/program name, address, telephone and fax number;
- B. Name and title of contact person;
- C. Any program level changes, including changes in staff, services, catchment area, etc.;
- D. Narrative description of progress toward meeting established goals and objectives. Specifically, list each goal separately, followed by corresponding objectives for that goal and a description of progress towards each objective;
- E. Narrative discussion of any issues at the agency level that impact ability to achieve stated goals and objectives;
- F. Staff development and training activities and needs;
- G. Technical assistance needs related to programmatic and fiscal administration; and
- H. Summary of evaluation findings.

STATISTICAL REPORT

The method and format for submission of electronic data will be determined by MDCH/HDRP and may differ based on selected health area. Actual requirements will be outlined during contract negotiation period with selected agencies.

PROPOSAL COVER SHEET

Legal name of organization applying: _____

Year founded: _____

Executive Director: _____ Phone: _____

Address : _____ Fax: _____

City/State/Zip: _____

E-Mail Address: _____

Contact Person for this application: _____ Phone: _____

Address (if different from above): _____

E-mail Address: _____

Proposed target audience(s) - *please list one or more of the target groups listed on page 4 of the RFP.*

Service area - *please identify the primary communities to be served by your program.*

Proposed Health Issue(s) to be addressed - *please list one or more of the health issues listed on page 4 of the RFP*

Amount requested for initial six-month period: \$ _____

Number of individuals to be served: _____

Signature, Chairperson, Board of Directors

Date

Typed Name and Title

Signature, Authorized Representative

Date

Typed Name and Title

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

I. INTRODUCTION

The budget should reflect all expenditures and funds associated with the program, including local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program should equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ___ of ___ - Enter the page number of this and the total number of pages comprising the complete budget package.
- D. Contractor - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Address - Enter the complete address of the Contractor.
- G. Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number - Enter the Federal Identification Number as stated on page one of Part I of the agreement.
- I. Expenditure Category Column – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386).

Expenditures:

- 1. Salaries and Wages
- 2. Fringe Benefits
- 3. Travel

ATTACHMENT B

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

4. Supplies and Materials
5. Contractual (Subcontracts)
6. Equipment
7. Other Expenses
8. Total Direct
9. Indirect Cost
10. Total Expenditures

Source of Funds:

11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. (This amount should equal the amount reported in box 16 of the DCH 0016.) State percentages are not required.
 13. Local - Enter the amount of local contractor funds utilized for support of this program. Local percentages are not required. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.
 15. Other - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
 16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 12 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- J. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The "J" Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (see **Attachment B.2**) for reference.

- A. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor - Enter the name of the contractor.
- F. Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.
- G. Salaries and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with sub-recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontract) Expenses.
- H. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- I. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- J. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

- K. Salaries and Wages Total - Enter a total in the Position Required column and the Total Salaries and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salaries and Wages expenditure category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total Salaries and Wages amounts.
- L. Fringe Benefits - Specify applicable (“X”) for staff working in this program. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the salaries and wage amount.) This category includes the employer=s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program.
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salaries and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel line (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials line (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Subcontracts – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details must include: 1) subcontractor(s) name and address, 2) amount by subcontractor and 3) the total amount for all subcontractor(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with sub-recipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to the sub-recipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386)FORM
PREPARATION (continued)

- P. Equipment - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided under line 6. Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses line (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.
 3. Consultant Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included.

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386)FORM
PREPARATION (continued)

- Q. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- R. Indirect Cost Calculations - **Enter the allowable indirect costs for the budget.** Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect cost rate. **Detail on how the indirect amount was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- S. Total Expenditures – Enter the sum of item 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD From: (E) 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F)			AGREEMENT: (G) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment ▶		Amendment Number 1	
CITY	STATE	ZIP Code	Federal ID Number (H)			
(I) EXPENDITURE CATEGORY						(J) TOTAL BUDGET
1. Salaries and Wages		43,000				43,000
2. Fringe Benefits		11,180				11,180
3. Travel		5,000				5,000
4. Supplies and Materials		37,000				37,000
5. Contractual (Subcontracts)		3,500				3,500
6. Equipment		5,000				5,000
7. Other Expenses:						
		8,000				8,000
EXAMPLE						
8. Total Direct Expenditures (Sum of Lines 1-7)		112,680				112,680
9. Indirect Costs: Rate #1 %						
Indirect Costs: Rate #2 %						
10. TOTAL EXPENDITURES		112,680				112,680

SOURCE OF FUNDS:

11. Fees and Collections		10,000				10,000
12. State Agreement		90,000				90,000
13. Local		12,680				12,680
14. Federal						
15. Other(s):						
16. TOTAL FUNDING		112,680				112,680
AUTHORITY: P.A. 368 of 1978			The Department of Community Health is an equal opportunity employer, services and programs provider.			
COMPLETION: Is Voluntary, but is required as a condition of funding						

PROGRAM BUDGET – COST DETAIL

Use **WHOLE DOLLARS ONLY** MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

(B) PROGRAM Budget and Contracts		(C) BUDGET PERIOD FROM 10/01/xx TO 9/30/xx		(D) DATE PREPARED 7/01/xx
(E) CONTRACTOR Michigan Agency		(F) ORIGINAL BUDGET		AMENDED BUDGET
(G) 1. SALARIES & WAGES – POSITION DESCRIPTION		(H) POSITIONS REQUIRED	(I) TOTAL SALARY	(J) COMMENTS
Nurse		1	25,000	
Project Director		.5	18,000	
(K) Total Salaries and Wages		1.5	43,000	
(L) 2. FRINGE BENEFITS: (Specify)				
<input checked="" type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS <input checked="" type="checkbox"/> COMPOSITE RATE <input checked="" type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input checked="" type="checkbox"/> WORK COMP AMOUNT <u>26</u> % <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER				
TOTAL FRINGE BENEFITS				\$ 11,180
(M) 3. TRAVEL (Specify if any item exceeds 10% of Total Expenditures)				
Registered Nurse to attend 5 day seminar				
TOTAL TRAVEL				\$ 5,000
(N) 4. SUPPLIES & MATERIALS (Specify if any item exceeds 10% of Total Expenditures)				
Office Supplies 2,000				
Medical supplies 35,000				
TOTAL SUPPLIES & MATERIALS				\$ 37,000
(O) 5. CONTRACTUAL (Subcontracts)				
Name		Address	Amount	
ACME Evaluation Services		555 Walnut, Lansing, MI 48933	\$ 2,000	
Presentations Are Us		333 Kalamazoo, Lansing, MI 48933	\$ 1,500	
TOTAL CONTRACTUAL				\$ 3,500
(P) 6. EQUIPMENT (Specify)				
Microscope \$5,000				
TOTAL EQUIPMENT				\$ 5,000
(Q) 7. OTHER EXPENSES (Specify if any item exceeds 10% of Total Expenditures)				
Communication Costs			\$2,400	
Space Costs			\$3,600	
Consultant: John Doe, Evaluator, 100 Main, E. Lansing			\$2,000	
TOTAL OTHER				\$ 8,000
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)				\$112,680
(S) 9. INDIRECT COST CALCULATIONS				
Rate #1: Base \$		X Rate	% Total	\$
Rate #2: Base \$		X Rate	% Total	\$
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$112,680

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
 CONTRACT MANAGEMENT SECTION

EQUIPMENT INVENTORY SCHEDULE

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be a article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please forward to this agreement’s contract manager.

Contractor Name: _____ Contract #: _____ Date: _____

Quantity	Item Name	Item Specification	Tag Number	Budgeted Amount
1	LW Scientific M5 Labscope	<ul style="list-style-type: none"> • Binocular • Trinocular with C-mount or eye tube • 35mm and digital camera adapters available • Diopter adjustment • Inclined 30 degrees (45 degrees available), rotates 360 degrees • 10X/20 high point eyepieces • Interpupillary distance range 50-75mm 	N0938438EW098	\$ 5,000.00
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$ 5000.00

EXAMPLE

Contractor’s Signature: _____ Date: _____

Guidelines for Preparation of Budget Narrative

The proposal is to be accompanied by a budget narrative and detailed budget for the proposed program for the initial **six month period**. This appendix details information required in the budget narrative. In the budget narrative applicants are expected to justify the total cost of the program, list other sources of funding (if applicable) and describe plans for future funding.

A. Budget Justification

The budget justification must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative.

Salaries and Wages (personnel) - For each staff position associated with the program provide their name, title, annual salary and percent of a full time equivalent (FTE) dedicated to the program. Describe the role of each staff person in achieving proposed program objectives. Salaries and wages for program supervision are allowable costs, proportionate to the time allocated to the proposed program.

Taxes and Fringe Benefits - Indicate, by percentage of total salary, payroll and fringe rate (e.g. FICA, retirement, medical, etc.).

Travel - Describe who is traveling and for what purpose. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc. will be supported annually. **Travel of consultants should not be included in this category but rather under the category of Other - Consultant Fees.** International travel cannot be supported with funding awarded under this RFP. Out of state travel must be reasonable and necessary to the achievement of proposed goals and objectives. Staff travel for training and skills enhancement should be included here and justified.

NOTE: *All agencies funded under this RFP should plan at least one trip annually to Lansing for a Program Orientation Meeting. Resources associated with travel to this meeting should be included in the budget.*

Supplies and Materials - Describe the types and amount of supplies and materials that will be purchased. Include justification for level of support requested for items and how it relates to the proposed program. Items requested may include but are not limited to: postage, office supplies, screening devices, prevention materials, training supplies, and audio/visual equipment (under \$5,000).

Contractual - Describe all subcontracts with other agencies. Include the purpose of the contract, method of selection and amount of the sub-contract. **Contracts with individuals should be included in the Other category as Consultant Fees.**

Equipment - This category includes stationary and moveable equipment to be used in carrying-out the objectives of the program. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category.**

Other Expenses - This category includes all other allowable costs. Common expenditures in this category include the following, though your budget may include additional items.

Consultant Services - Provide the name (if known), hourly rate, scope of service and method of selection for each consultant to be supported. The expertise and credentials of consultants should be described. Provide rationale for use of consultant for specified services. Travel and other costs of these consultants are to be included in this category and justified.

Space - Include items such as rent and utilities in this category. Each of these costs must be described. The description must address the cost per month and indicate the method of calculating the cost. Cost for acquisition and/or renovation of property are not allowable costs under this RFP.

Communications - Describe monthly costs associated with the following:

- phone (average cost per month, proportionate to proposed program)
- fax (average cost per month, proportionate to proposed program)
- internet access/email service (average cost per month, proportionate to proposed program)
- teleconferencing (number of sessions, cost average cost per use)

Note: Postage should be included in the Supplies and Materials category.

Printing and copying - Describe costs associated with reproduction of educational and promotional materials (manuals, course hand-outs, pamphlets, posters, etc.). Do not include copying costs associated with routine office activities.

Administrative Costs - **This category of cost is not allowed by the Department**

Indirect Costs - Indirect costs can only be requested by entities with a Federally Approved Indirect Cost Rate Agreement. If indirect costs are requested, documentation of the federally approved indirect rate must be provided with the proposal.

B. Other Funding Sources

If the applicant receives other funding to conduct services which are linked to the proposed program they are to supply the following information for each source.

- Source of funding
- Project period
- Annual amount of award
- Target audience
- Brief description of intervention (2-3 sentences)

If applicant does not receive any other support for proposed service, they may indicate that this section is not applicable.

C. Plans for Future Funding

Describe plans to support the proposed services beyond the period supported by MDCH/HDRP.

Proposal Checklist

- Table of Contents
- Abstract

- Proposal Narrative
 - Agency Description, Qualifications and Capacity
 - Statement of Need
 - Program Plan
 - Evaluation
 - Staffing Plan
 - Coordination, Collaboration, and Community Partnerships
 - Detailed Budget Forms (*Attachment G*)
 - Budget Narrative
 - List of Attachments

- Required attachments
 - A - 501 (c)(3) certification
 - B - Board of Directors listing
 - C - Documentation of three (3) years of service to target population
 - D -Organizational Chart
 - E - Most recent independent financial audit
 - F - References and Source Documents
 - G - Work Plan and Time Line
 - H - Position Descriptions and Resumes
 - I - Memoranda of Agreement / Letters of Commitment
 - J - Federal Indirect Rate Agreement (if applicable)

- Additional attachments (optional - may include)
 - Needs assessment documents
 - Sample evaluation tools
 - Educational materials developed by agency (e.g. brochures)
 - Other

- Have you followed the required format?
 - All pages are sequentially numbered
 - Narrative, (sections 1-6), does not exceed 25 pages
 - 8½" x 11" paper is used
 - Margins are 1", all sides
 - The proposal is written on one side of the page only
 - The proposal is not bound or stapled

- Have you prepared the **original and fours copies** for submission?

CRAFTING GOALS AND OBJECTIVES

Goals and Objectives are essential for effective and successful program planning, implementation and evaluation. They help to guide the design, implementation and evaluation of any program. They also articulate the criteria against which the success of the program will be measured.

Goals. Goals are general statements regarding planned outcome. Goals are global and general in nature, providing an overall sense of direction. They often refer to the distant or ultimate “prize” such as reductions in morbidity, mortality, or quality of life. Goals may also refer to changes in behavior related to prevention or care. Goals are often inferred but not observed. They are usually not measurable.

Outcome Objectives. Outcome objectives are specific statements describing the intended effects of the intervention and are generally stated in terms of changes in knowledge, attitude, skills, behaviors. Outcome objectives address the question, “How well did we do what we said we were going to do?”. *There is a close link between the defined “need” and the outcome objective.* The objective should directly address the defined need.

Outcome objectives should include:

- Target date
- Target audience
- Intervention
- Expected change to knowledge, skill, attitude, behavior (or intent)
- Means for measuring change

Process Objectives A specific statement of the service that will be delivered and focus on the amount, frequency and duration of the intervention as well as the characteristics of those served by the intervention. Process objectives address the question, “Did we do what we said we were going to do?” It might be helpful to think of these as the “deliverables”. There may be one or more process objectives associated with each outcome objective.

Process objectives should include:

- Target date
- Target audience
- Type, number of interventions, duration
- Expected number of clients (service units, contacts)
- Location (service area and venue)
- Means of measurement

Activities A specific statement about what actions or steps will be taken to accomplish each process objective. Activities are a means to an end, not an end in themselves. They are things that must be done by someone to accomplish a process objective. They might be thought of as “to do lists.”

S.M.A.R.T Guidelines for Well-Crafted Objectives		
Specific	<i>who?</i> <i>what?</i>	Is the target audience specified? Is the intended change (knowledge, attitude, behavior) specified? Is the intervention described? Is the venue/location specified?
Measurable	<i>how much?</i> <i>how many?</i>	Can the intended change be measured in an objective manner? Is the method/tool for measurement specified? Are there baseline data to compare to?
Appropriate	<i>why?</i> <i>where?</i> <i>how?</i>	Is there a clear link between the defined need and the outcome objective? Are these objectives culturally appropriate? Will the program or service be accepted by the target audience?
Realistic		Is the level of service feasible? Is the amount of change achievable given resources and experience? Is the amount of change consistent with behavioral science and evaluation literature?
Time-based	<i>when?</i>	Does the objective specify when the change will be achieved? Can the objective be reasonably accomplished within the given time frame?

GOALS, OBJECTIVES AND ACTIVITIES
- Examples -

Goal	Decrease HIV-related risk behaviors among African American men who have sex with men in Detroit.
Outcome Objective	<p>By September 30, 2005, increase from 25% to 50% the proportion of African American MSM participating in “Hot and Healthy” workshops who report intention to use condoms with secondary sex partners.</p> <p>Achievement of this objective will be measured through administration of a pre and post-workshop questionnaire.</p>
Process Objective	<p>By September 30, 2005, conduct a total of 5 “Hot and Healthy” skills-building workshops for 50 African American MSM living in Detroit.</p> <p>Achievement of the objective will be measured through sign-in sheets and completed event forms.</p>
Activities	<p>By April 15, 2005 tailor “Hot and Healthy” workshop curriculum.</p> <p>By April 15, 2005 develop pre/post-workshop questionnaires.</p> <p>By May 15, 2005 recruit and train peer facilitator.</p> <p>By May 30, 2005 advertise workshops via community partners and outreach in community venues</p> <p>By June 15, 2005, begin to implement workshops.</p> <p>By September 15, 2005, complete analysis of pre/post-workshop questionnaires and use results to refine workshop curriculum.</p>

FOR MORE INFORMATION

Healthy Michigan 2010. Available at www.michigan.gov

HHS Fact Sheet: Eliminating Minority Health Disparities. Available at <http://raceandhealth.hhs.gov>

The Michigan Surgeon General's Prescription for a Healthier Michigan. Available at www.michigan.gov

Racial and Ethnic Approaches to Community Health (REACH 2010): Addressing Disparities in Health. Available at www.cdc.gov/reach2010