

## **Request for Proposals**

### **Michigan Childhood Lead Poisoning Prevention Program Education & Outreach Activities**

#### **1. Introduction**

The purpose of the Michigan Childhood Lead Poisoning Prevention Program (CLPPP) is to prevent childhood lead poisoning and to minimize exposure of the general public to lead hazards. In the past year, CLPPP has worked with a variety of partners to build an updated educational and community outreach plan to educate and engage key stakeholders in the efforts to prevent childhood lead poisoning.

In order to implement the education and outreach plan, CLPPP invites public health departments in Michigan's ten Prosperity Regions to apply for funding to carry out educational activities. The intent is to implement these activities statewide, through a collaborative effort built within each region.

#### **2. Purpose**

The purpose of this Request for Proposals (RFP) is to solicit applications from local public health departments, working in collaboration within Prosperity regions, who are interested in the opportunity to implement education and outreach activities to prevent lead poisoning, especially in geographical areas where there is higher risk of lead exposure. Ten grants are available, one for each Prosperity Region (map in Appendix A).

Over the course of the state FY2014 fiscal year, the collaborative within each region will carry out activities designed to educate target audiences that have been identified.

#### **3. Outcomes**

Short term outcomes include:

- Increased awareness of lead hazards and strategies to prevent lead poisoning among a wide range of professionals that serve as distribution channels to families with young children, especially families living in geographical areas with a higher risk of lead exposure.
- Increased awareness of lead hazards and prevention among families with young children, especially those living in geographical areas with a higher risk of lead exposure.

As a result of these activities, CLPPP will expect the following longer-term outcomes:

- Increasing testing of children at risk for lead poisoning, especially those living in areas with a higher risk of lead exposure.
- Reduced incidence of lead poisoning among young children, especially those living in areas with a higher risk of lead exposure.

#### **4. Required Grant Activities:**

- Education and training to professionals that serve as distribution channels to families, especially those living in geographical areas with a higher risk of lead exposure. Training will

include a component on how to engage parents of children at risk for lead poisoning. Professionals to train must include:

- WIC staff/consultants
- Great Start Collaborative partners
- Great Start Parent Coalition participants
- Child care providers

*[Note: health care/primary care providers and home visitors are not included in this project at this time because other processes are being implemented to address these target audiences this fiscal year. Because of this, funding may not be used to address these target audiences, and they should not be included in the work plan.]*

- Distribute, through trainings and other means, an education toolkit developed by MDCH/partners, available through MDCH.
- Participation of at least one representative from each regional project in a learning community to assess and improve the use of the education toolkit over the course of the year.

## 5. Funding

Grant funding will be distributed to the selected local public health fiduciaries via Michigan Department of Community Health the Comprehensive Agreement, in the amendment that begins March 1, 2014. Funded activities must be completed by September 30, 2014. Funding for each region is related to the size of the 0-5 population in each region, multiplied by the % of housing in that region built before 1950 (see allocations chart in Appendix B). A minimum of \$10,000/region was established, with increasing amounts related to the population base x % of pre-1950 housing.

### FUNDING AVAILABLE BY REGION

Prosperity Region 1:	\$10,000
Prosperity Region 2:	\$10,000
Prosperity Region 3:	\$10,000
Prosperity Region 4:	\$40,000
Prosperity Region 5:	\$12,500
Prosperity Region 6:	\$20,000
Prosperity Region 7:	\$10,000
Prosperity Region 8:	\$20,000
Prosperity Region 9:	\$20,000
Prosperity Region 10:	<u>\$97,500</u>
<i>Total:</i>	<i>\$250,000</i>

## 6. Eligibility

Applications that do not meet the eligibility criteria will not be considered.

- Applicants must be local public health departments with at least part of their service area falling in the Prosperity Region for which they are applying. A map of the Prosperity Regions is attached, in Appendix A.
- Only one grant is available per Prosperity Region; therefore local public health departments within a given region are encouraged to collaborate to apply for this funding, and collaborate in the implementation of the activities.
- Local public health departments whose service area crosses into more than one Prosperity Region may participate in more than one proposal.
- If more than one application is submitted for a given Prosperity Region, those applications will be considered in competition with each other. One only grant will be awarded per region.

*[Note: If there are no applications for a given Prosperity region, then a subsequent competition will be held which will be opened to other interested agencies in that region.]*

## **7. Application components**

The application that is submitted must include the following components:

- One-page summary describing the overall approach (single-spaced, in 12pt font).
- Work plan documenting SMART goals and activities to achieve the goals, who will complete each activity, and timelines (SMART = specific, measurable, attainable, realistic and timely).
- The summary and work plan should include information about how the project will assure that efforts are directed to geographical areas with a higher risk of lead exposure.
- Written communication agreeing to collaborate in the implementation of this grant by each collaborating partner and/or external entity or organization.
- Budget to carry out the activities. Budget must be submitted on the Budget forms in Appendix E.

## **8. Review Criteria**

All proposals will be reviewed by CLPPP along with MDCH staff from other program areas. Individual critiques of applications will not be provided.

Proposals will be rated based on the following criteria:

- All of the application components are included.
- The greater the number of counties in the region that are covered by the project, the greater the points that will be awarded. Participation of local agencies who agree to be collaborators to this project must be documented via written communication. Such communication must be in writing (a copy of an email will suffice), and must be submitted with the proposal, and must identify the county/counties their agency serves.
- The goals meet SMART standards.
- Each of the target audiences is addressed in the activities.
- The goals and activities specifically address geographical areas where there is a higher risk of lead exposure (based on maps included in Appendix D).
- The goals and activities are feasible in relation to the budget, timelines and metrics.

- The applicant will earn points for demonstrating that they will be working with and/or subcontracting with external entities or organizations (other than local public health departments) that may serve populations at higher risk of lead exposure--for example, populations living in poverty or in older, deteriorating housing stock, including populations living in the areas identified on the maps in Appendix D. As appropriate for the region, entities or organizations could include:
  - o Tribes/Tribal organizations/Tribal Health centers;
  - o Federally-Qualified Health Centers;
  - o Great Start Coalitions;
  - o Great Start Parent Coalitions;
  - o Faith-based organizations;
  - o Other Community-based organization partners that are integrated into the community and therefore able to successfully reach families within their communities.
 Collaboration with external entities/organizations must be documented through:
  - o Written communication from the external entities/organizations agreeing to collaborate;
  - o Activities demonstrating the role/actions of entities or organizations;
  - o Documentation of the activities within the budget.

A Scoring Matrix is included in Appendix C.

## 9. Timelines

A conference call will be held to review the RFP on November 15, 2013, and answer any questions. An audio recording of the call will be made available for those who cannot participate at the time scheduled. All questions and responses will be posted to the Department's website at: <http://www.michigan.gov/lead>. MDCH and CLPPP staff cannot answer any questions related to this application through any means other than the November 15 conference call.

November 8, 2013: application released

November 15, 2013 (10:00-11:00am): conference call to review the RFP

December 13, 2013: applications due to CLPPP

December 20, 2013: successful applicants notified

January 1, 2014: at the discretion of the applicant, may begin grant activities

March 1, 2014: funding available in Comprehensive Agreement (for expenditures occurring after January 1, 2014)

September 30, 2014: contract end date

## 10. Application submission

Applications are due by 3:00 p.m. Eastern Standard Time on December 13, 2013. Applications may be submitted via email or regular mail to:

Karen Lishinski  
Michigan Department of Community Health

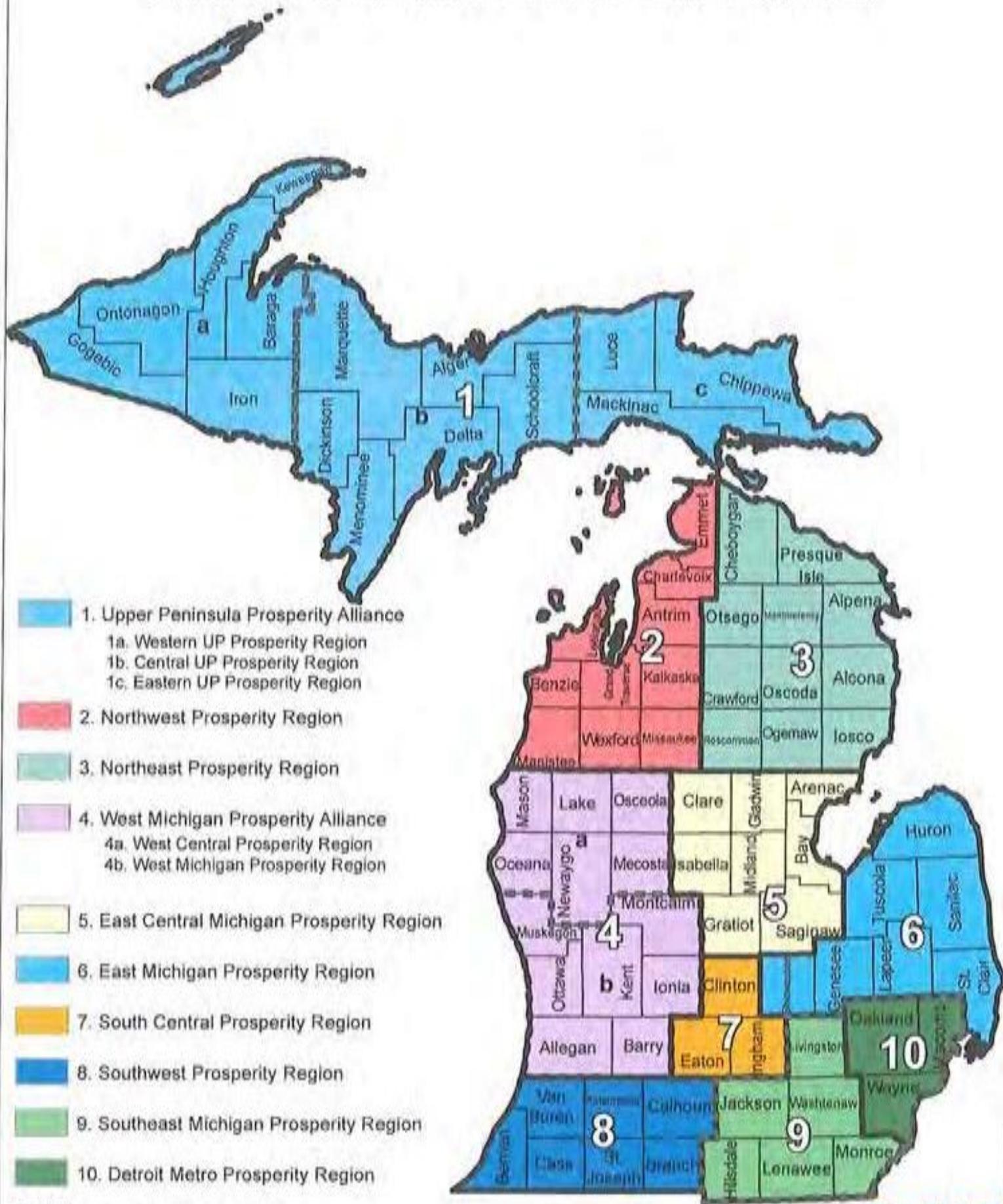
Childhood Lead Poisoning Prevention Program  
P.O. Box 30195  
Lansing, MI 48909  
[LishinskiK@michigan.gov](mailto:LishinskiK@michigan.gov)

**11. Program Direction and Contact Information**

The Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program will be responsible for project oversight and will contract with selected grantees.

For more information about this grant opportunity, please contact Karen Lishinski, Nurse Consultant, Childhood Lead Poisoning Prevention Program at (517) 241-3599 or [LishinskiK@michigan.gov](mailto:LishinskiK@michigan.gov).

# State of Michigan Prosperity Regions



Service Delivery Regions

**Appendix B**  
**Michigan Childhood Lead Poisoning Prevention Program**  
**Calculations for funding of Education & Outreach Activities**

Region	Children Under Age 6*	%Pre-1950 Housing**	Children <6 x Pre-50 Housing (estimate of children at risk)	Funding Amount
Prosperity Region 1	18,835	34.7	6,536	\$10,000
Prosperity Region 2	19,571	19.9	3,895	\$10,000
Prosperity Region 3	11,490	16.1	1,850	\$10,000
Prosperity Region 4	123,677	23.5	29,064	\$40,000
Prosperity Region 5	39,182	24.0	9,404	\$12,500
Prosperity Region 6	63,614	23.9	15,204	\$20,000
Prosperity Region 7	32,193	23.5	7,565	\$10,000
Prosperity Region 8	59,105	27.1	16,017	\$20,000
Prosperity Region 9	67,704	22.4	15,166	\$20,000
Prosperity Region 10	283,018	25.9	73,302	\$97,500

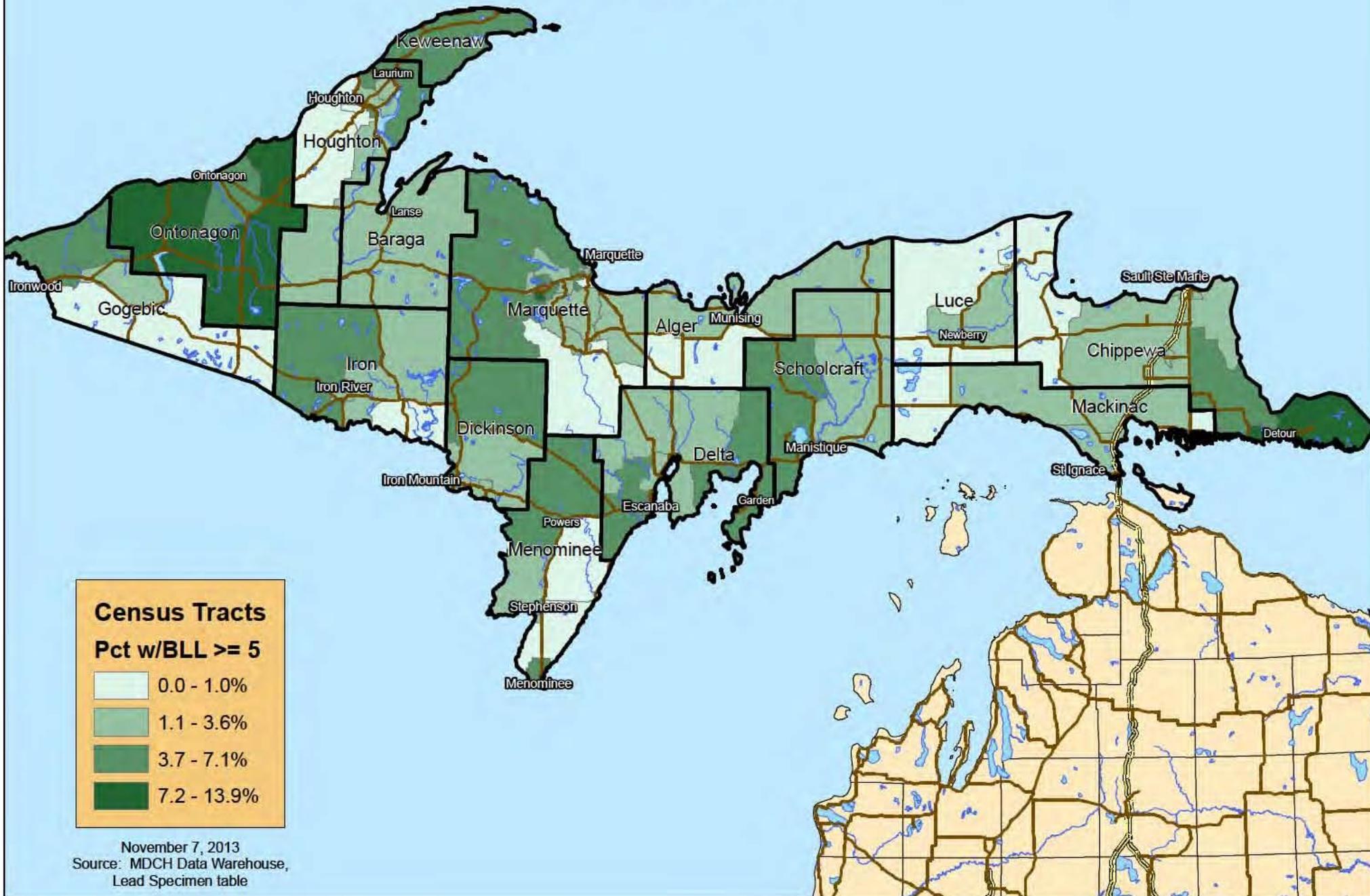
\*US Census Bureau, Census 2010

\*\*US Census Bureau, American Community Survey, 2010 5-year estimates

**Appendix C**  
**Michigan Childhood Lead Poisoning Prevention Program**  
**Scoring Matrix for applications for funding for Education & Outreach Activities**

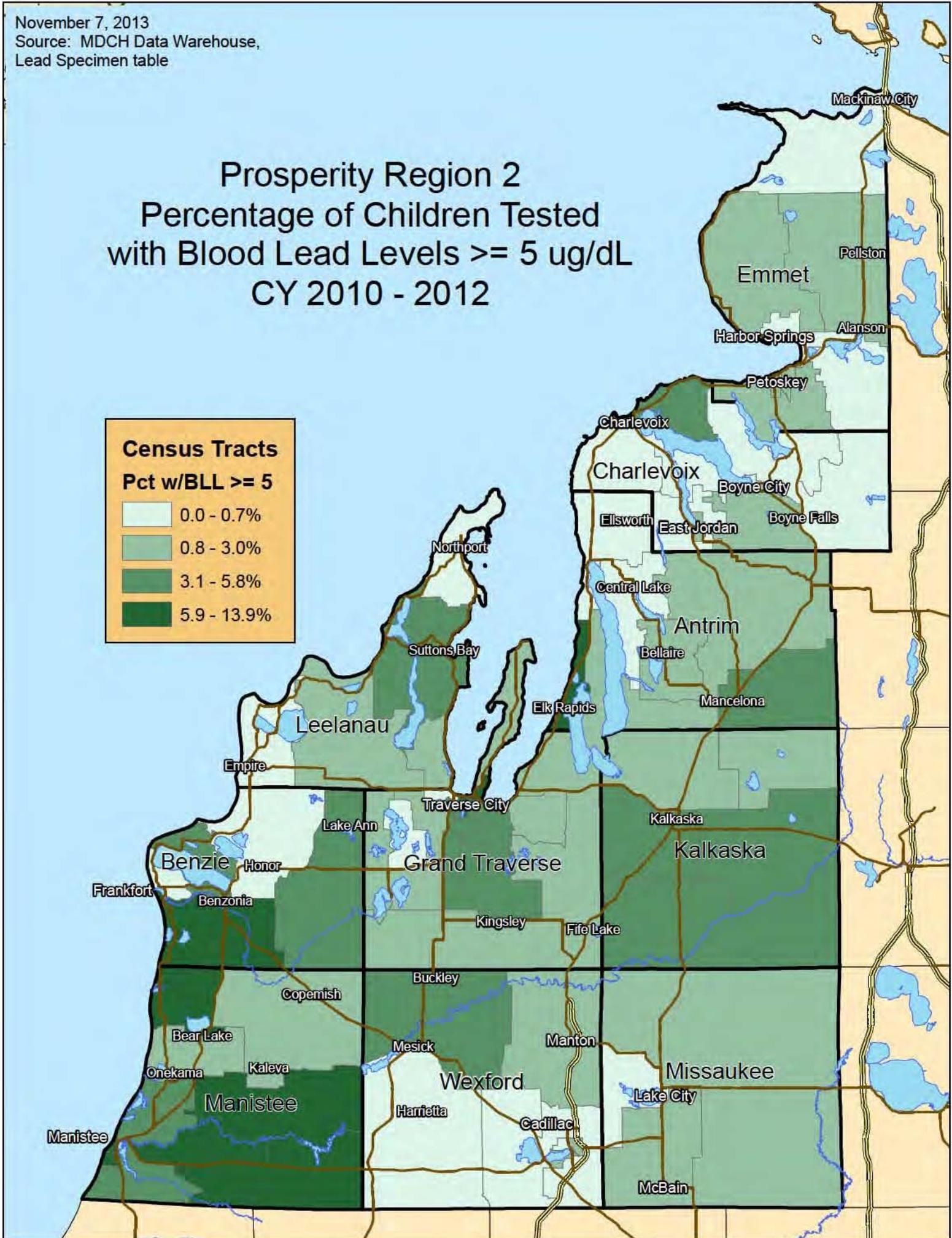
<b>Review item</b>	<b>0 points</b>	<b>1 point</b>	<b>2 points</b>
All required application components are included	No	XXX	Yes
% of counties in the Prosperity Region that will be covered by this project.	< 50%	50-99%	100%
% of goals that meet SMART standards	< 50%	50-99%	100%
All target audiences listed in RFP are addressed in the activities	No	XXX	Yes
The goals and activities specifically address geographical areas where there is a higher risk of lead exposure.	No	XXX	Yes
The goals and activities are feasible in relation to the budget, timelines and metrics.	No	XXX	Yes
# of entities/community-based organization partners the application proposes to collaborate with, as documented within the work plan and budget.	None	1-2	3 or more

Prosperity Region 1  
 Percentage of Children Tested with Blood Lead Levels  $\geq 5$  ug/dL  
 CY 2010 - 2012

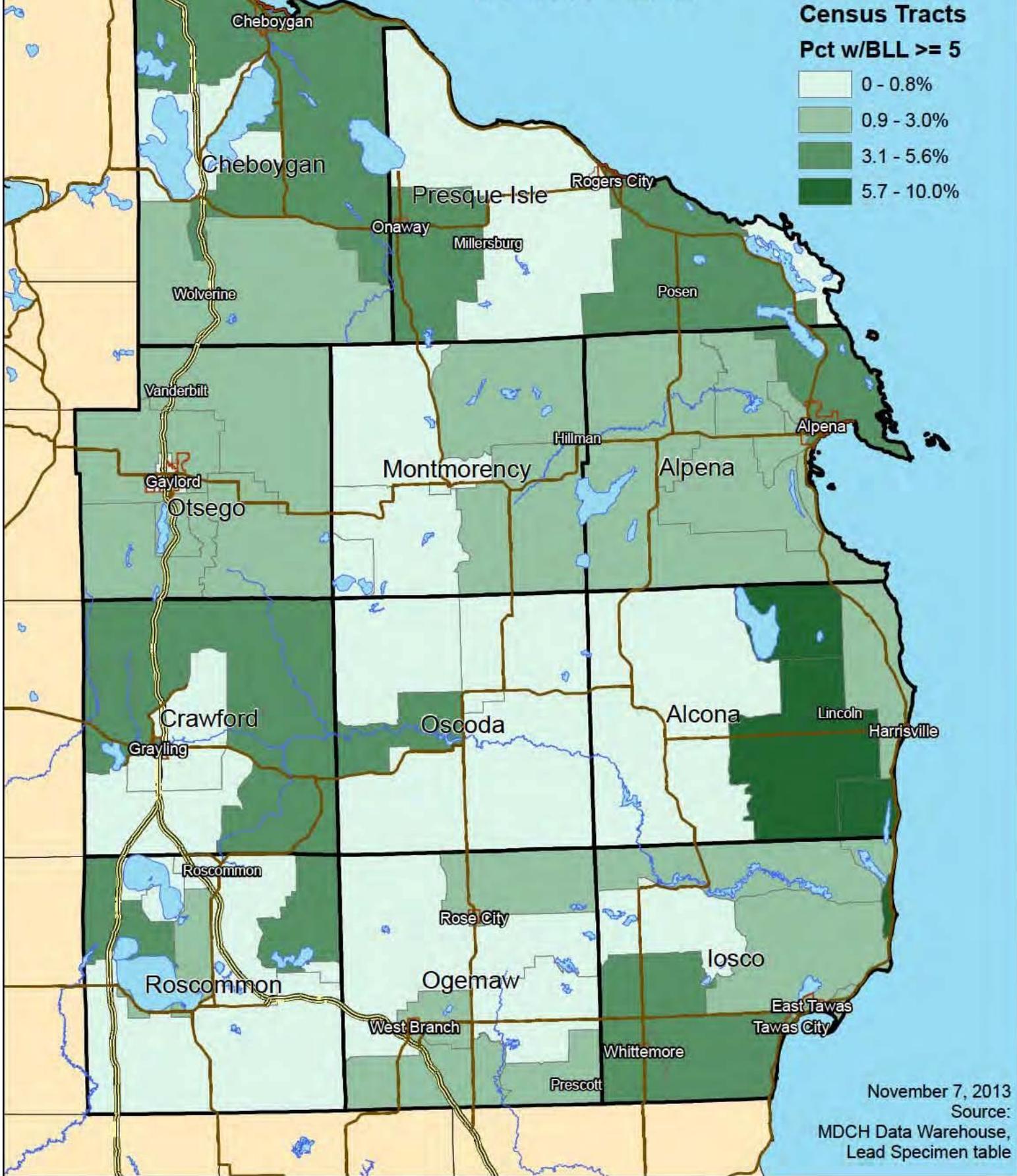


November 7, 2013  
 Source: MDCH Data Warehouse,  
 Lead Specimen table

# Prosperity Region 2 Percentage of Children Tested with Blood Lead Levels $\geq 5$ ug/dL CY 2010 - 2012

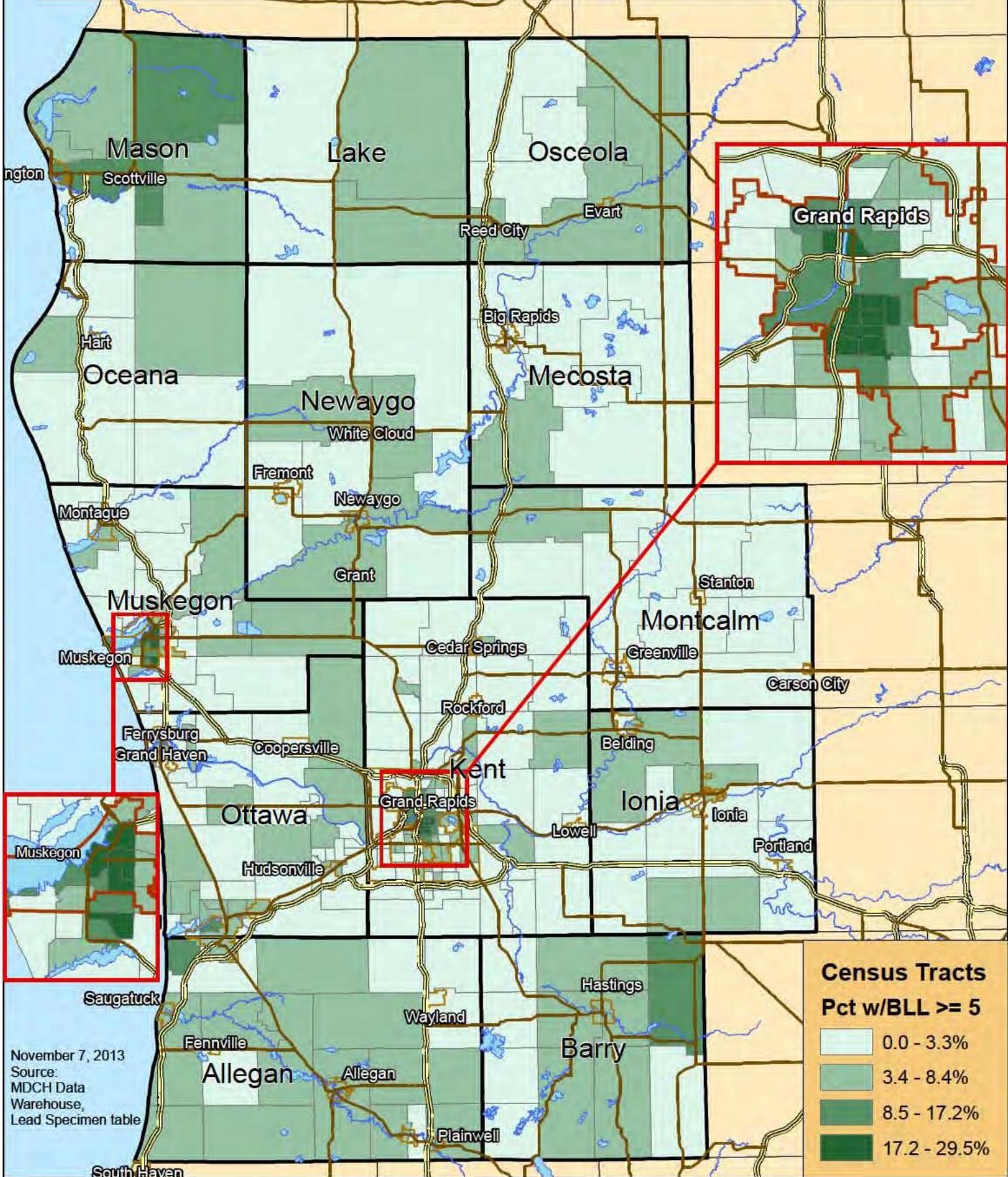


# Prosperity Region 3 Percentage of Children Tested with Blood Lead Levels $\geq 5$ ug/dL CY 2010 - 2012



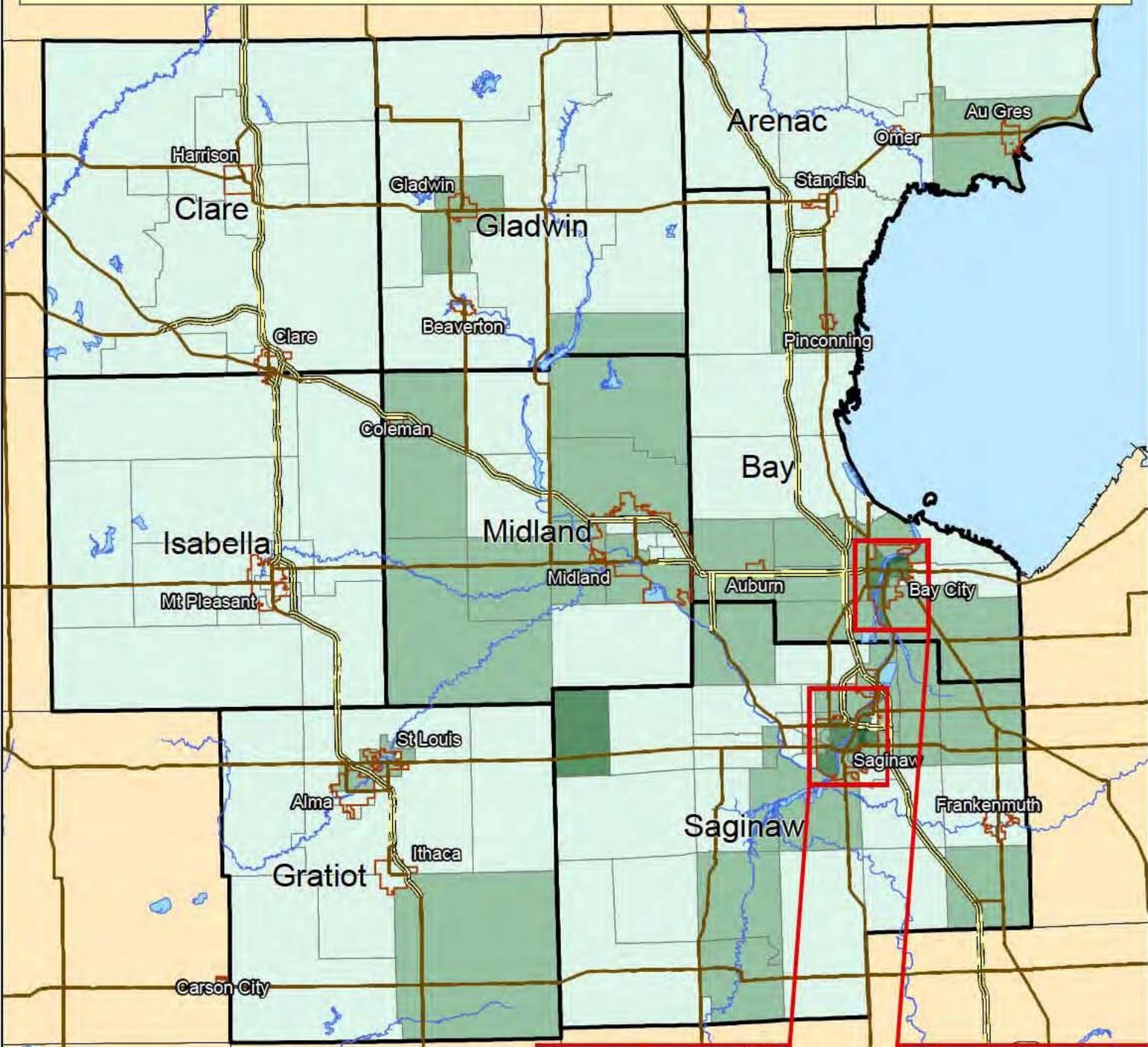
November 7, 2013  
Source:  
MDCH Data Warehouse,  
Lead Specimen table

**Prosperity Region 4**  
**Percentage of Children Tested with Blood Lead Levels  $\geq 5$  ug/dL**  
**CY 2010 - 2012**



# Prosperity Region 5

## Percentage of Children Tested with Blood Lead Levels $\geq 5$ ug/dL CY 2010 - 2012



**Census Tracts**  
**Pct w/BLL  $\geq 5$**

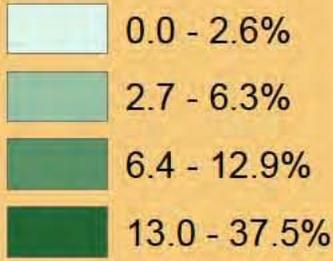
	0.0 - 2.6%
	2.7 - 8.0%
	8.1 - 17.1%
	17.2 - 26.7%

November 7, 2013  
 Source:  
 MDCH Data Warehouse,  
 Lead Specimen table

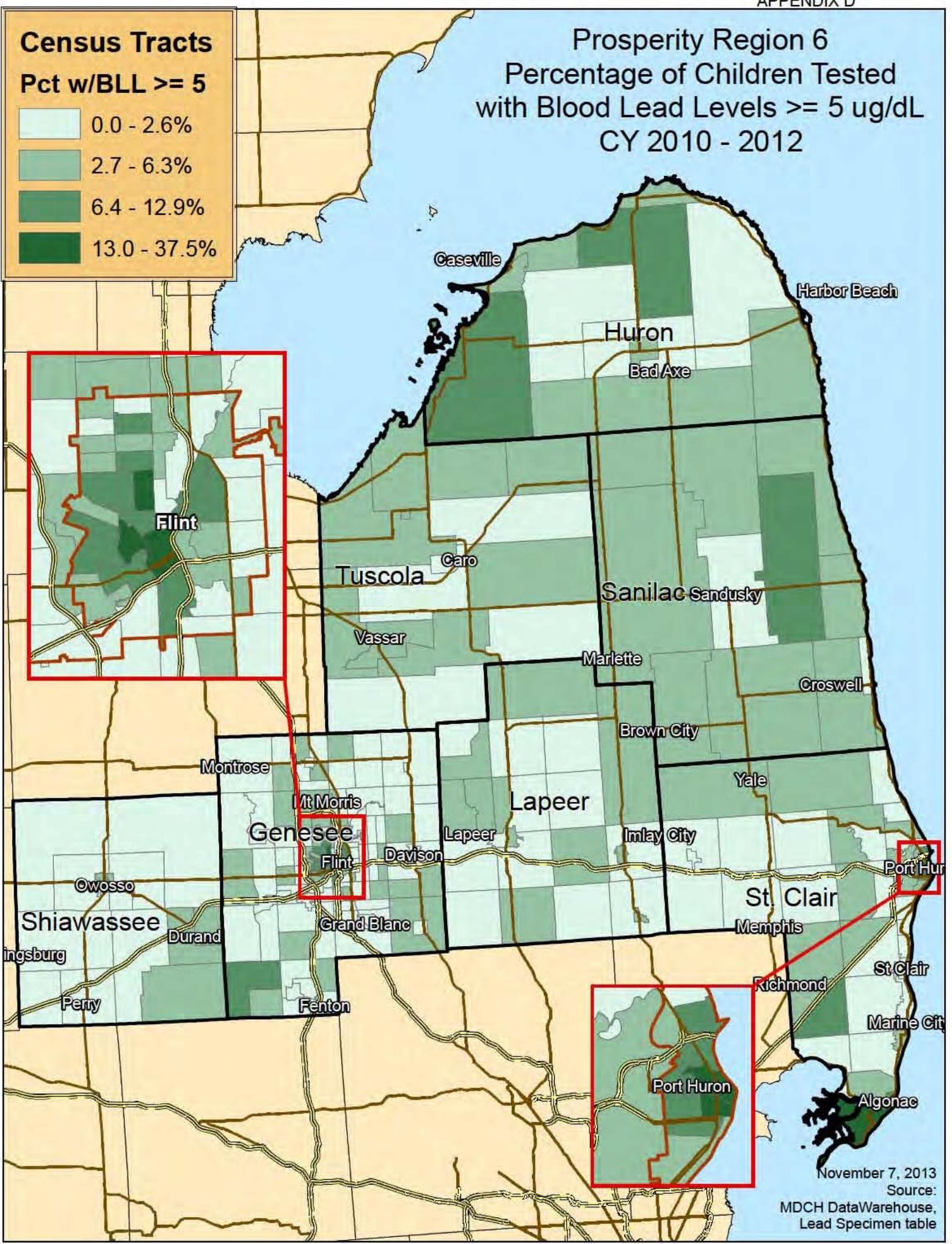


### Census Tracts

Pct w/BLL  $\geq$  5

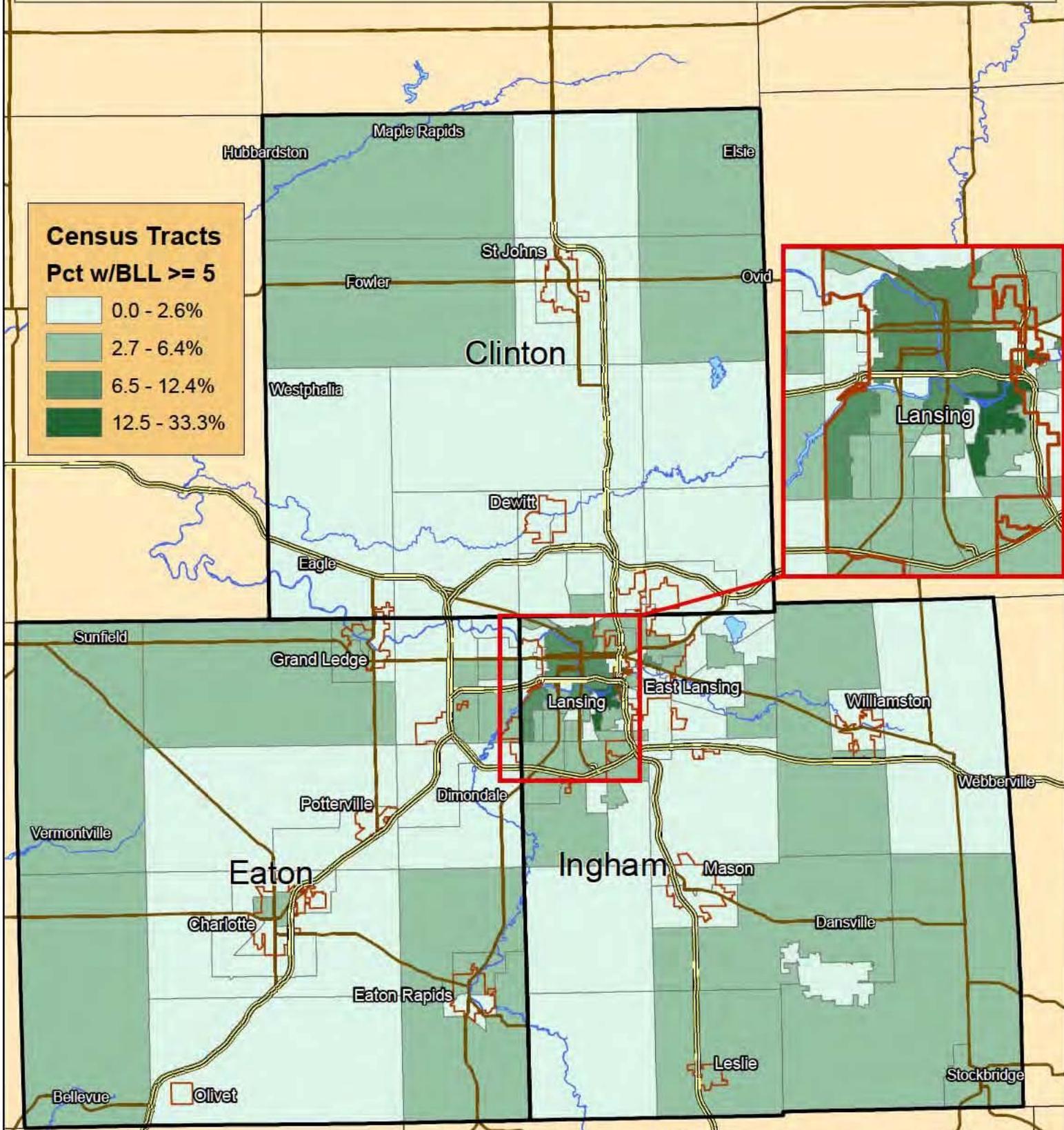
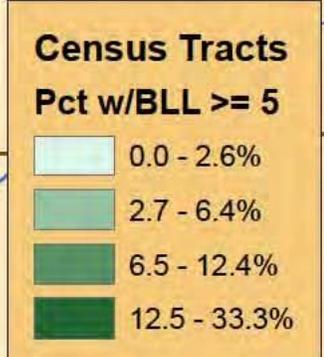


## Prosperity Region 6 Percentage of Children Tested with Blood Lead Levels $\geq$ 5 ug/dL CY 2010 - 2012



# Prosperity Region 7

## Percentage of Children Tested with Blood Lead Levels $\geq 5$ ug/dL CY 2010 - 2012

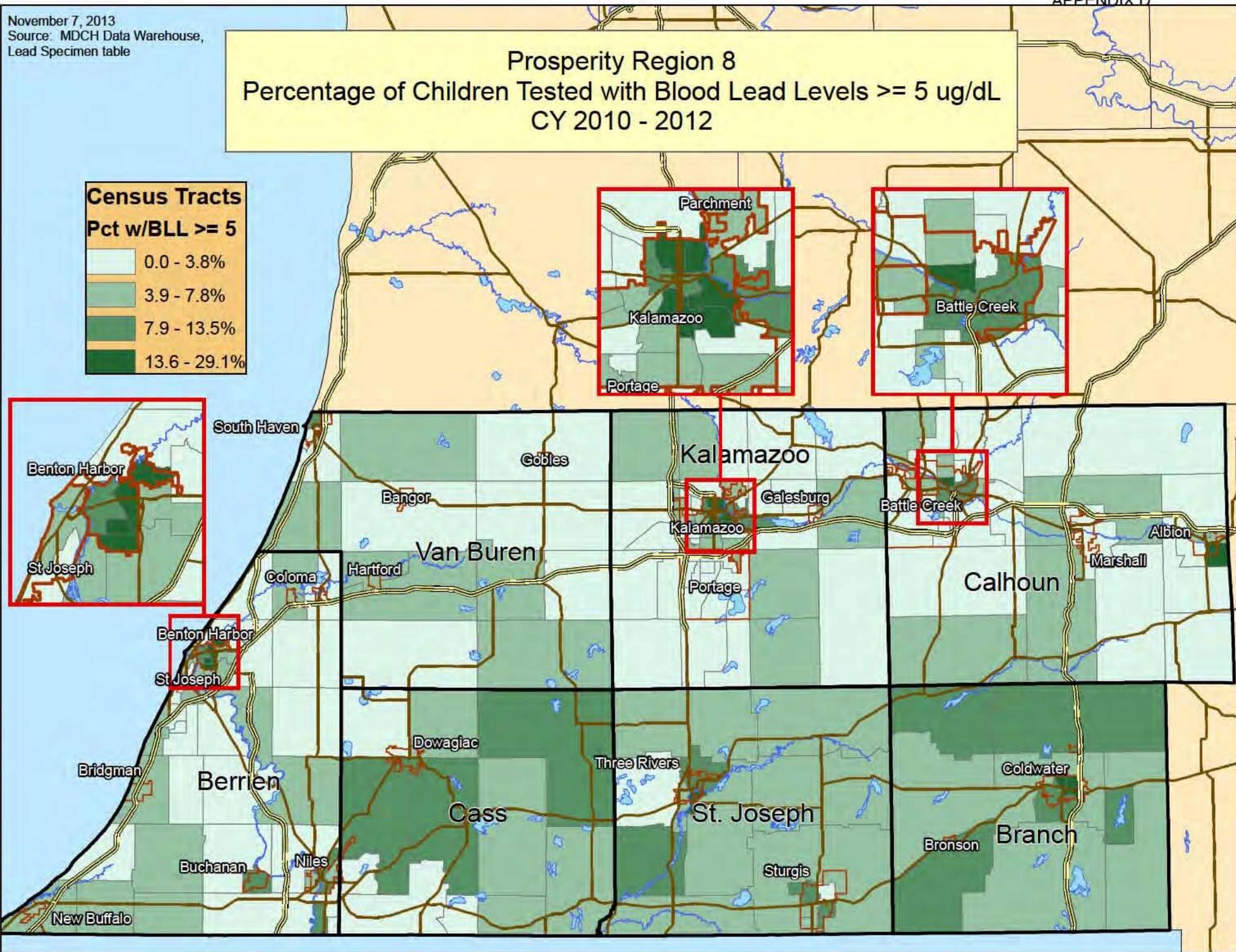


November 7, 2013

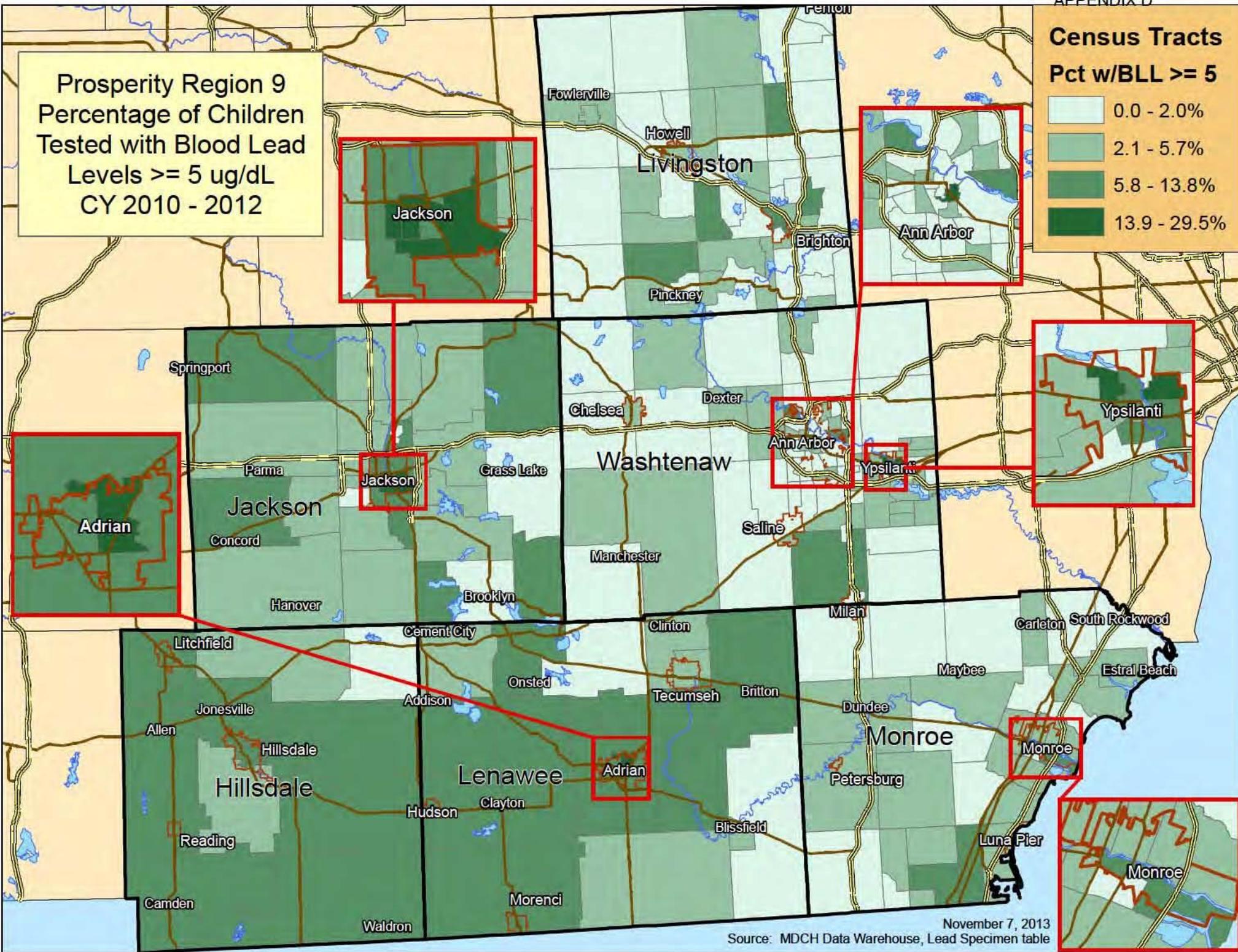
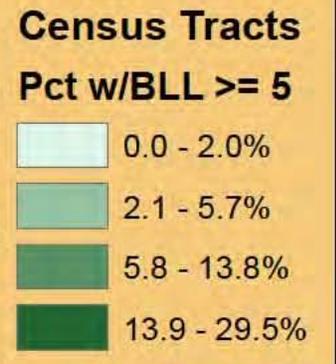
Source: MDCH Data Warehouse, Lead Specimen table

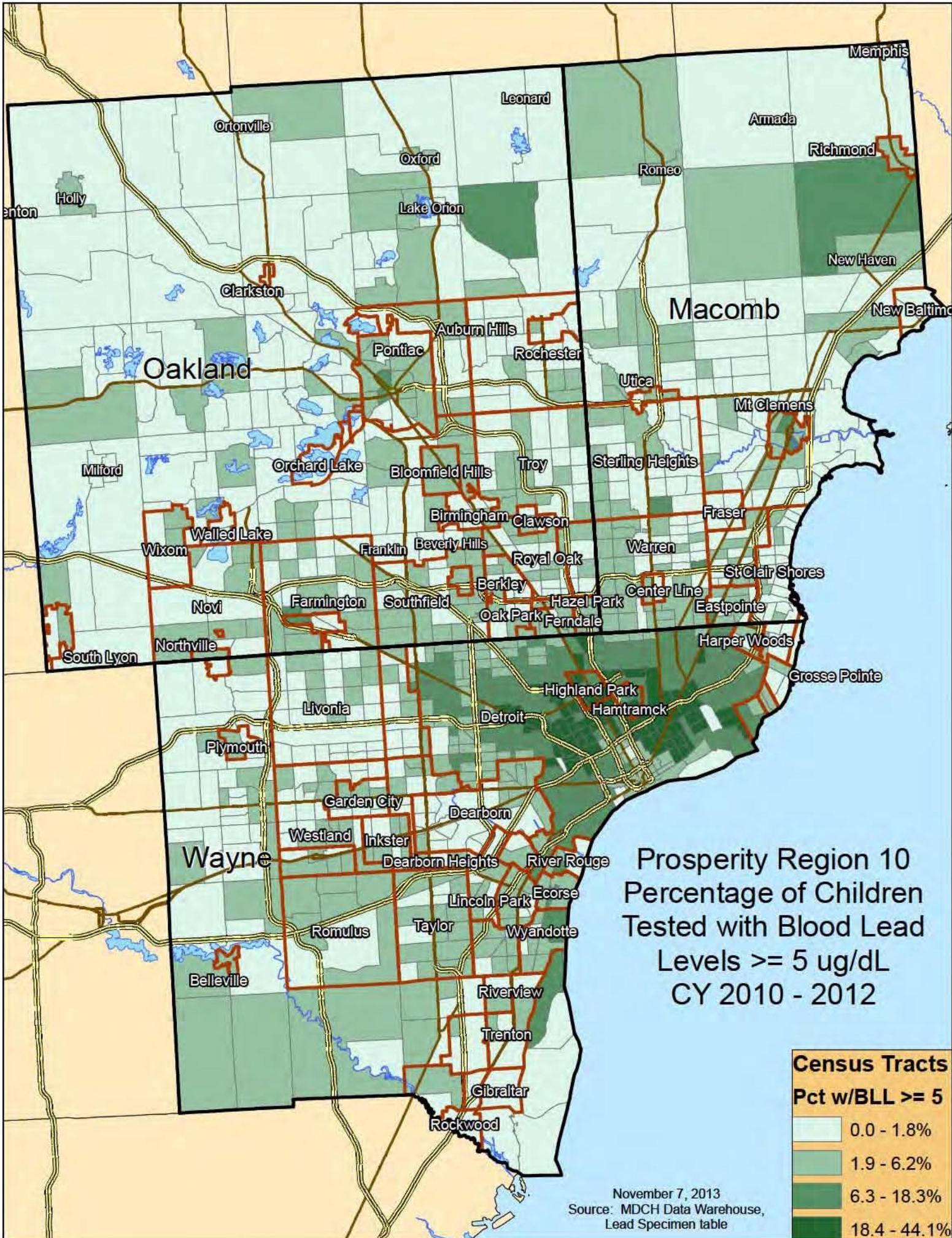
November 7, 2013  
 Source: MDCH Data Warehouse,  
 Lead Specimen table

**Prosperity Region 8**  
 Percentage of Children Tested with Blood Lead Levels  $\geq 5$  ug/dL  
 CY 2010 - 2012



Prosperity Region 9  
 Percentage of Children  
 Tested with Blood Lead  
 Levels  $\geq 5$  ug/dL  
 CY 2010 - 2012





Prosperity Region 10  
 Percentage of Children  
 Tested with Blood Lead  
 Levels  $\geq 5$  ug/dL  
 CY 2010 - 2012

Census Tracts	
Pct w/BLL $\geq 5$	
	0.0 - 1.8%
	1.9 - 6.2%
	6.3 - 18.3%
	18.4 - 44.1%

November 7, 2013  
 Source: MDCH Data Warehouse,  
 Lead Specimen table

	Line Item	Qty	Rate	UOM	Amount	Cash	Inkind	Total
1.	<b>Salary &amp; Wages</b>							
	Instructions : Select the position description. Identify the quantity as FTEs. Identify the rate as average cost per FTE.							
	1. Accountant							
	2. Administrator							
	3. Analyst							
	4. Assistant							
	5. Chief Financial Officer							
	6. Community Health Nurse							
	7. Clerk							
	8. Consultant							
	9. Coordinator							
	10. Counselor							
	11. Community Professional Authority							
	12. Case Manager							
	13. Deputy Health Officer							
	14. Director							
	15. Epidemiologist							
	16. Finance Analyst/Specialist							
	17. Finance Officer							
	18. Health Educator							
	19. Health Officer							
	20. Information Technician							
	21. Intern							







	2. Consultant Services [ ]							
	3. Depreciation							
	4. Equipment Repair							
	5. Insurance							
	6. Lab Fees							
	7. Membership							
	8. Miscellaneous							
	9. Staff Training							
	10. Supporting Services							
	11. Other [ ]							
<b>11.</b>	<b>Indirect Costs</b>							
	1. Fiscal Year Rate							
	2. Calendar Year Rate 1							
	3. Calendar Year Rate 2							
	4. Indirect Costs - Other [ ]							
<b>12.</b>	<b>Other Costs Distributions</b>							
	1. Health Adm Distribution							
	2. Federally Provided Vaccines							
	3. Cost Distributions-LPHO							
	4. Nursing Adm Distribution							
	5. Environmental Hlth Adm Distribution							
	6. Other Cost Distributions [ ]							
	7. Cost Distributions for Fees [ ]							
	8. Distributions for Medicaid							

9. Clinic Admin							
10. GDC ADMIN							
<b>Totals</b>							

	Category	Amount	Cash	Inkind	Total	Narrative
1.	Salary & Wages					
2.	Fringe Benefits					
3.	Cap. Exp. for Equip & Fac.					
4.	Contractual					
5.	Supplies and Materials					
6.	Travel					
7.	Communication					
8.	County-City Central Services					
9.	Space Costs					
10.	All Others (ADP, Con. Employees, Misc.)					
11.	Indirect Costs					
12.	Other Costs Distributions					
	<b>Totals</b>					

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total	Narrative
1.	Fees and Collections - 1st and 2nd Party					
2.	Fees and Collections - 3rd Party					
3.	Federal or State (Non MDCH)					
4.	Federal Cost Based Reimbursement					
5.	Federally Provided Vaccines					
6.	Federal Medicaid Outreach					

7.	Required Match - Local					
8.	Local Non-ELPHS					
9.	Local Non-ELPHS					
10.	Local Non-ELPHS					
11.	Other Non-ELPHS					
12.	MDCH Non Comprehensive					
13.	MDCH Comprehensive					
14.	ELPHS – MDCH Hearing					
15.	ELPHS – MDCH Vision					
16.	ELPHS – MDCH Other					
17.	ELPHS – Food					
18.	ELPHS – Drinking Water					
19.	ELPHS – On-Site Sewage					
20.	MCH Funding					
21.	Local Funds - Other					
22.	Inkind Match					
23.	MDCH Fixed Unit Rate					
	<b>Totals</b>					