

HEALTH DISPARITIES/HEALTH EQUITY  
MINORITY HEALTH MONTH  
REQUEST FOR PROPOSALS

Mini-Grant

Issued By:

Michigan Department of Community Health  
Division of Health, Wellness and Disease Control  
Health Disparities Reduction/Minority Health Section

Date of Issuance:

January 12, 2012

Full Proposal Due:

February 21, 2012

## Table of Contents

I.	Introduction.....	3
II.	Background.....	5
III.	Available Funds.....	10
IV.	Applicant Eligibility.....	10
V.	Program Requirements.....	12
VI.	Proposed Outline.....	14
VII.	Format Requirements.....	16
VIII.	Scope of Work.....	17
IX.	Selection Criteria.....	18
X.	Letter of Intent.....	19
XI.	Submission of Application.....	19
XII.	Important Dates and Deadlines.....	20
XIII.	Attachments.....	20
	A.    Proposal Cover Sheet	21
	B.    Intent to Apply Form	22
	C.    Partnership Commitment Statement Form	23
	D.    Summary Budget Form	24
	E.    Cost Detail Budget Form	25
	F.    Financial Status Report	26

**Michigan Department of Community Health**

**2012 Michigan Minority Health Month**

**Request for Proposals**

***“Exploring Solutions to Violence, Obesity, and HIV/AIDS/STDs  
Among Minority Youth”***

**I. Introduction**

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC), Health Disparities Reduction and Minority Health section (HDRMHS) is currently soliciting proposals from organizations to work with youth to develop youth- and community-driven media projects that highlight social and community factors related to violence, obesity/overweight and/or HIV/AIDS/STDs among minority youth. Funded projects will focus on ***“Exploring Solutions to Violence, Obesity and HIV/AIDS/ STDs Among Minority Youth”***. This grant is issued in recognition of National Minority Health Month 2012. Grant funds will sponsor activities related to the development of a media project and resulting campaign focused on one or more of the identified topic areas. Each media project will include the following components:

1. Identifying risk and protective factors for **violence, overweight/obesity or HIV/AIDS/STDs** among minority youth.
2. Documenting in the local community factors that put youth at risk or are protective for violence, overweight/obesity or HIV/AIDS/STDs. Suggested activities for documenting risk and protective factors might include: community mapping, PhotoVoice, walking audit, focus group, town hall meeting, windshield survey, etc.
3. Identifying strategies and solutions to violence, overweight/obesity or HIV/AIDS/STDs among minority youth within the community,
4. Creating a media project which promotes strategies/solutions to eliminate violence, overweight/obesity or HIV/AIDS/STDs among minority youth.

**Media projects might include but are not limited to:**

- a.** Public Service Announcement
- b.** Social media – (Twitter, Face book, blogs, etc)
- c.** Bill boards
- d.** Poster display
- e.** Music/Song
- f.** Video
- g.** Audio
- h.** Story or comic books
- i.** Play (needs to be recorded for continuous use)
- j.** Photographic Display

- 5. Organizing and conducting a community event or activity at which the media project will be showcased.

**Funded organizations will be responsible for the following:**

- 1) Collaborate with other organizations (i.e. **youth serving organizations, schools, community and faith-based organizations, Tribal Councils, local health departments and businesses, etc.**) to develop and implement the grant activities. Funded organizations are required to submit Partnership Commitment Statement forms for each key partner/collaborating organization.
- 2) Include youth in all phases of the project (planning and implementation). NOTE: Funded organizations are expected to provide employment/stipend opportunities to some youth through the funds provided by this grant.
- 3) Complete all activities outlined in the grant work plan.
- 4) Provide overall coordination of planning and development of a media project that focuses on violence, overweight/obesity or HIV/AIDS/STDs among minority youth.
- 5) Monitoring grant budget and submitting all financial and program related reports to the MDCH by stated timelines. Monthly project reports are due no later than the 10<sup>th</sup> of the month beginning June 10, 2012. The final, cumulative report is due no later than October 10, 2012.

## **II. Background**

The Health Disparities Reduction and Minority Health Section (HDRMHS) is the coordinating body of the Michigan Department of Community Health (MDCH) for health disparities related issues in the state of Michigan. The HDRMHS Mini-Grant Program is designed to support activities to increase education and awareness of disparate minority health outcomes. For the purposes of this RFP this will be accomplished by providing funding to organizations with a demonstrated capacity to conduct a culturally and linguistically competent media project and programming that focuses on the prevalence, impact, prevention strategies and solutions related to health risks for youth in one of the three following areas: violence, overweight/obesity or HIV/AIDS/STDs.

The Michigan Department of Community Health is currently soliciting applications statewide from Youth Serving Organizations, community-and faith-based organizations, Tribal Councils, local health departments, community health centers, hospitals, schools and other entities that can demonstrate experience in: 1) working with youth and 2) organizing culturally competent, health related forums and events focused on one or more of the five racial and ethnic minority populations served by the HDRMHS (African-Americans, Arab/Chaldean Americans, American Indians/Native Americans, Hispanic/Latinos and/or Asian Americans).

**This grant addresses three program areas related to youth, violence, overweight/obesity and HIV/AIDS/STDs.**

### **YOUTH VIOLENCE**

“Nationally, sixteen young people are murdered on average each day. Homicide is the second leading cause of death of young people between the ages of 10 and 24 that is more deaths from HIV, heart disease, suicide and cancer combined”.<sup>1</sup>

Violence is linked to health at all levels: health outcomes (depression, eating and sleeping disorders, heart disease, low birth weight, death); health behaviors (increased substance abuse, increased sexual risk taking, decreased physical activity); and social determinants of health

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<sup>1</sup> Transforming Youth Creating Safer Schools -<http://tkf.org/s3k/?gclid=CPKkib-ryKwCFU1x5Qodkqggs>.

(access to healthy food, education, employment, social cohesion).<sup>2</sup> . In addition to its impact on health at every level, violence has increasingly negative effects with increased exposure: as exposure to violence increases health outcomes continue to worsen.<sup>2</sup> The Prevention Institute lists five key community resilience factors that make violence less likely: economic opportunity, built environment/community design, strong social networks, quality schools, and opportunities for meaningful participation<sup>3</sup> Efforts to strengthen these may reduce violence experienced by communities and by individuals.

Violence is an important public health issue in Michigan. In Michigan in 2010 there were 153,722 reported incidents of crimes where a person was victimized.<sup>4</sup> The actual number of incidents is likely higher due to crimes that were not reported to the police. Additionally, there are large racial/ethnic disparities in violent crimes. Different races and ethnicities are disproportionately affected by violence, and that the groups most affected change depending on the type of violence in question.

In Michigan violence is an especially serious problem among youth. In a survey conducted in 2009, 7.4% of Michigan high school students reported that they did not go to school at least one day in the past month because they felt unsafe at school or on their way to or from school. This percent ranged from 2.7% of Asian high school students to 17.1% of Black high school students. In the same survey, 24% of Michigan high school students reported being bullied on school property in the year before the survey. The bullying experience also varied by race/ethnicity, with Hispanic, White, and Multiracial youth reporting higher percentages than Black or Asian youth. Dating violence is another serious issue for youth in Michigan. In 2007, 12.4% of high school students reported being hit, slapped, or physically hurt on purpose by their girlfriend or boyfriend. The percentage of high school students reporting this ranged greatly, from 11.8%

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<sup>2</sup> “How Social Factors Shape Health: Violence, Social Disadvantage and Health” (2011), by Robert Wood Johnson Foundation, downloaded from [www.rwjf.org/files/research/sdohseries2011violence.pdf](http://www.rwjf.org/files/research/sdohseries2011violence.pdf) on November 22, 2011.

<sup>3</sup> “Making the case fact sheet: Violence and Health Equity” (2011), by Prevention Institute, downloaded from <http://preventioninstitute.org/component/jlibrary/article/id-311/127.html> on November 22, 2011.

<sup>4</sup> Michigan Incident Crime Reporting, 2010, Michigan State Police.

among Black students to 28% among American Indian students. In addition to the direct experiences of violence described above, youth are affected by violence experienced by family, friends, neighbors, and others in their communities. With its adverse impacts on health, roots in social structures, and unequal impacts on different races and ethnicities, addressing violence is an issue of health equity. The Health Disparities Reduction and Minority Health Section of the Michigan Department of Community Health recognizes that violence affects youth in many ways, and that the epidemic of violence looks different in different communities. In reference to violence the purpose of this RFP is to request proposals that address violence among racial and ethnic minority youth in Michigan. Violence includes but is not limited to: bullying, hate crimes, domestic violence, emotional and physical abuse, homicide, and suicide.

### **YOUTH OVERWEIGHT/OBESITY**

Over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America are overweight or obese. The numbers are even higher in African American and Hispanic communities where nearly 40% of the children are overweight or obese. If we don't address this issue, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer and asthma.

Obesity is a critical health issue in Michigan: in 2010, nearly one third (31.7%) of interviewed Michigan adults were obese.<sup>5</sup> Obesity is an important predictor of premature mortality, as it is a risk factor for hypertension, diabetes, heart disease, and stroke. In Michigan there are large racial and ethnic disparities in obesity rates among youth.

There are also large disparities among youth in risk factors for obesity. For example, in a survey of high school students in Michigan in 2009, an average of 14.2% responded that they did not participate in at least 60 minutes of physical activity on any day in the past week. However, when separated by race and ethnicity, 22.1% of African American students and 21.5% of Asian students reported not participating in that amount of exercise. In the same survey in 2007, 25.2% of American Indian students reported not participating in at least 60 minutes of exercise on any

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<sup>5</sup> 2010 Michigan Behavioral Risk Factor Survey, Michigan Department of Community Health.

day in the past week.<sup>6</sup> All three of these groups are 1.5-2 times greater than the average rate reported for the state.

Racial and ethnic disparities in obesity and risk factors for obesity are driven by disparities in social structures and access to opportunities for healthy lifestyle choices. It is not sufficient to implement programs to increase individual healthy eating or physical activity behaviors. To address racial and ethnic health disparities in obesity rates programs must also target social factors creating inequitable and unjust environments and opportunities for people of different races and ethnicities. For example, interventions could address community safety to increase safe spaces for physical activity, transportation and proximity to healthy and affordable food, translating nutrition information into other languages, or discriminatory housing policies that limit access to neighborhoods with green space and grocery stores.

### **YOUTH HIV/AIDS/STDs**

Far too many people who are HIV infected don't know they have HIV (human immunodeficiency virus). About 1.2 million people are living with HIV in the US but about 240,000 don't know they are infected. Each year, about 50,000 people get infected with HIV in the US. In Michigan, HIV infections are increasing rapidly among youth. Between 2004 and 2009, new HIV diagnoses *increased* at an average rate of 23 percent each year among people between 13 and 19 years.<sup>7</sup> This was the only age group to show an increase in the rate of new diagnoses during this time period. In addition to the rapid increase in this age group, there are large racial and ethnic disparities in HIV infections among Michigan youth. In Michigan, 76% of people diagnosed with HIV when they were between 13 and 19 years old were black, 18% were white, and 6% were Hispanic or some other race.<sup>7</sup> Data about STD infections among Michigan youth are not available, but there are large racial/ethnic disparities in the Michigan population. Disparities in STD infection rates between African Americans and Whites are the largest health disparities among all health outcomes in Michigan, with rates for gonorrhea being 28 times higher among African Americans than among Whites, rates for syphilis being 16 times

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<sup>6</sup> High School Youth Risk Behavior Survey, 2009, Centers for Disease Control and Prevention.

<sup>7</sup> 2010 Epidemiologic Profile of HIV/AIDS in Michigan. Lansing, MI: Michigan Department of Community Health, Bureau of Epidemiology, HIV/STD/VH/TB Epidemiology Section.

higher, and rates for chlamydia being 11 times higher.<sup>7</sup> There is an urgent need to focus on these racial and ethnic disparities in HIV and STD infections among Michigan youth.

In addition to disparities among infection rates, there are also racial/ethnic disparities in risk factors for HIV and STD infection among youth in Michigan. In a 2009 survey of Michigan public high school students, 10.4% reported that they had never been taught about HIV/AIDS in school. However, 13.4% of all African American students and 15.2% of all Hispanic/Latino students reported never having been taught about HIV/AIDS in school, suggesting that lower numbers of minority youth are learning how to prevent HIV/AIDS in school than their white counterparts.<sup>8</sup> This is one of several risk factors that show disparate rates among different minority populations, including injection drug use and sexual health.

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<sup>8</sup> High School Youth Risk Behavior Survey, 2009, Centers for Disease Control and Prevention.

### **III. Available Funds**

The MDCH/HDRMHS will Award up to a total of \$80,000 and award up to 10 mini grants of to \$7,500 - \$10,000 to applicants selected. Applicants for the Minority Health Month mini grants may apply for one or more of the following media projects focused on youth:

1. Violence
2. Overweight/Obesity
3. HIV/AIDS/STDs

The project activities must be conducted within a 5-month project period from May, 2012 through September 30, 2012. Convening of the community event must take place no later than September 30, 2012. Applicants must be a youth serving organization or show evidence of collaboration with a youth serving organization and include representation from one or more of the five racial/ethnic populations MDCH/HDRMHS is mandated to serve (African-Americans, Arab/Chaldean Americans, American Indians/Native Americans, Hispanic/Latinos and/or Asian Americans).

### **IV. Applicant Eligibility**

It is the intent of the HDRMHS to provide funding to organizations 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 population. (Acceptable documentation may include, but is not limited to, grant agreements, annual reports, letter from previous funders, documentation of broad community stakeholder participation, list of stakeholders and contact information, shared data, minutes of planning meetings, education sessions regarding community health assessment, etc.).

Applicant agencies are encouraged to participate in a one hour conference call on **January 31, 2012 at 2:00 PM** during which HDRMHS staff will be available to respond questions about the Minority Health Month mini grant application process. The conference call line is: **877.336.1829, the access code is 8619905.**

#### **The following are eligible to apply for the Minority Health Month Mini-Grant**

- **Youth Servings Organizations**
- **Community Based Organizations (CBOs)**
- **Other non-Governmental Organizations (NGOs)**

- **Local Health Departments (LHDs)**
- **Federally Recognized Indian Tribes (FRT)**
- **Colleges/Universities**
- **Federally Qualified Health Centers (FQHCs)**
- **Non-Recognized Indian Tribes**
- **Community Health Centers**

**Eligible entities applying for this mini-grant must comply with the following:**

- 1) Document a minimum of three years of experience organizing/ hosting/health related forums/events and communications.
- 2) Demonstrate cultural and linguistic competence in working with one or more of the five racial/ethnic populations that the MDCH/HDRMHS is mandated to serve (African American, American Indian/Native American, Arab American/Chaldean, Asian American and Hispanic/Latino).
- 3) Must be a non profit organization. If the non-profit organization is a 501(C) 3, the organization must provide documentation of Internal Revenue Code 501(C) 3 designation.
- (4) If applicable, organization must provide documentation of the eligibility to claim indirect cost within the program budget summary.
- 5) Applicant must be a youth serving organization or partner with a youth serving organization.
- 6) Must agree to participate in the 2012 Health Disparities/HIV/STD Conference (fall 2012).
- 7) Applicants must obtain a media consent or release form from all participants/persons featured in the media project..
- 8) Applicants are encouraged to provide summer employment and/or stipends for youth and ensure the youth will take an active role in the development of the media project.
- 9) Applicant must provide all appropriate supervision and documentation which include obtaining proper work permits for employed youth. [http://www.michigan.gov/mde/0,4615,7-140-6530\\_2629\\_59590---,00.html](http://www.michigan.gov/mde/0,4615,7-140-6530_2629_59590---,00.html)
- 10) MDCH-Health Disparities Reduction and Minority Health Section (HDRMHS) should be acknowledged as the funder on all written and/or electronic media developed as a result of this grant.

## V. Program Requirements

### **Each media project will include the following components:**

1. Identifying risk and protective factors for violence, overweight/obesity or HIV/AIDS/STDs among minority youth.
  - a. Documenting in the local community factors that put youth at risk or are protective for violence, overweight/obesity or HIV/AIDS/STDs. Suggested activities for documenting risk and protective factors might include community mapping, PhotoVoice, walking audit, focus group, town hall meeting, windshield survey, etc. *(Note: All data gathering activities may be subject to additional review by the Michigan Department of Community Health (MDCH) Institutional Review Board (IRB).*
2. Identifying strategies and solutions to violence, overweight/obesity or HIV/AIDS/STDs among minority youth within the community,
3. Creating a media project which promotes strategies/solutions to eliminate violence, overweight/obesity or HIV/AIDS/STDs among minority youth. **Media projects might include but are not limited to:**
  - a. Public Service Announcement
  - b. Social media – (Twitter, Face book, blogs, etc)
  - c. Bill boards
  - d. Poster displays
  - e. Music/Song
  - f. Video
  - g. Audio
  - h. Story or comic books
  - i. Play (needs to be recorded for continuous use)
  - j. Photographic Display
4. Organizing and conducting a community event or activity at which the media project will be showcased.

**Funded organizations will be responsible for the following:**

- 1) Collaborate with other organizations (i.e. youth serving organizations, schools, community and faith-based organizations, Tribal Councils, local health departments and businesses, etc) to develop and implement the grant activities. Funded organizations are required to submit Partnership Commitment Statement forms for each key partner/collaborating organization.
- 2) Work with local youth to create a media project that highlights risk and protective factors and strategies and solutions targeting violence, overweight/obesity or HIV/AIDS/STDs among minority youth. Youth should be included in all phases of the project (planning and implementation). NOTE: Funded organizations are expected to provide employment/stipend opportunities to some youth through the funds provided by this grant.
- 3) Ensure that all materials developed for dissemination are culturally, linguistically and population specific in an effort to reach the identified target populations to ensure broad community participation.
- 4) Secure media project event appropriate venue/location and supplies required including audio/visual and other equipment.
- 5) Complete all activities outlined in the grant work plan.
- 6) Provide overall coordination of planning and execution of a media project that focuses on violence, overweight/obesity or HIV/AIDS/STDs among minority youth.
- 7) Monitor grant budget and submit all financial and program related reports according to MDCH by stated timelines. This includes submission of the final project report along with the final invoice for payment. Monthly project reports are due no later than the 10<sup>th</sup> of the month beginning June 10, 2012. The final, cumulative report is due no later than October 10, 2012.
- 8) Participate in the Michigan Department of Community Health-Health Disparities/HIV/STD conference in the fall of 2012. Participation includes the submission of the completed media project which will be judged by MDCH staff.

## VI. Proposal Outline

### I. Application Components

a. Completed **Grant Cover Sheet** which contains the following:

1. Organization Name
2. Contact Person (name, address, phone/fax number, email address)
3. Region/County Represented

b. **Project Narrative**

Narrative should be no more than six pages **NOT** including the budget/ budget justification pages.

1. Narrative should be typed in 12-point font, single spaced (Times New Roman, Arial, Courier are traditional font formats) and should contain the following:
  2. **Organization Background/Experience:** Organizational description and history including: leadership, capacity and experience working in the communities and with one or more of the five target racial/ethnic populations, and outline recent experience in conducting health related forums/events.
    - i. Describe skills, experience and training of staff in media related products, data gathering activities and assessments.
    - ii. Describe skills, experience and training of project staff related to:
      - a. Cultural and Linguistic Competency
      - b. Multi-Lingual Fluency (if relevant to proposed project)
  3. **Collaborations/Partnerships:** Please document on Partner Commitment Statement form, information related to any subcontracts, partnerships or collaborations that will be required to develop the media project, conduct data gathering activities, or conduct health related forums and events.
  4. **Project Description:** Describe how the project will address the goals of the RFP.

- i. Clearly state project goals, objectives and intended outcomes.
  - ii. Briefly describe the community challenges and assets related to the topic chosen.
  - iii. Provide a detailed description of the activities you have chosen to accomplish the program goals and objectives.
  - iv. Describe the media formats and content being considered.
  - v. Describe how the proposed media format is expected to achieve the stated goals, objectives and intended outcomes.
  - vi. Describe the specific racial/ethnic population, age group and geographical area to be targeted.
  - vii. Describe the type of event, potential attendees and event venue for the media project presentation.
  - viii. Describe strategies to ensure cultural/linguistic competency is achieved.
5. Submit a timeline for the completion of tasks and activities.
  6. Discuss how you will monitor expenditures related to the project.

**c. Budget/ Budget Justification**

Budgets expenditures may include: wages & salaries, fringe benefits, travel cost, supplies/materials, contractual and equipment cost. Expenditures classified as “other” must be clearly defined in the budget justification and may **NOT exceed 10%** of total project expenditures.

**d. Copy of the Organizations 501 (C) 3 documentation, if applicable**

**e. Documentation of Indirect Cost Approval Eligibility, if applicable**

Indirect costs which are not supported by acceptable documentation will not be paid until acceptable documentation is received by the Department. Administrative cost distributions which are not supported by an acceptable indirect cost rate should not be budgeted and will not be reimbursed.

Agencies should be advised to apply the administrative costs to the appropriate budget category or remove them from the budget.

## **II. Proposal Package**

A complete proposal package will consist of:

1. Proposal Cover Sheet, signed by authorized agency representative(s)
2. Narrative Proposal
3. Budget Forms Summary and Detailed Budget Narrative
4. Required Attachments
5. Proposal Checklist

## **VII. Format Requirements**

### **Formatting/Packaging**

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

## **VIII. Scope of Work**

1. Identify risk and protective factors for violence, overweight/obesity or HIV/AIDS/STDs among minority youth.
2. Document in the local community factors that put youth at risk or are protective for violence, overweight/ obesity or HIV/AIDS/STDs. Suggested activities for documenting risk and protective factors might include: community mapping, PhotoVoice, walking audit, focus groups, town hall meeting, windshield survey, etc.
3. Identify strategies and solutions to violence, overweight/obesity or HIV/AIDS/STDs among minority youth within the community,
4. Create a media project which promotes strategies/solutions to eliminate violence, overweight/obesity or HIV/AIDS/STDs among minority youth.
5. Organize and conduct a community event or activity at which the media project will be showcased.

## IX. Selection Criteria

### Selection Process

Proposals submitted to the Division of Health, Wellness and Disease Control, Health Disparities Reduction and Minority Health Section in response to this RFP will be reviewed utilizing an OBJECTIVE REVIEW PANEL (ORP). A selection review committee will be appointed by the HDRMHS Section Manager and will be comprised of individuals who have expertise and experience in relevant areas. Reviewers will be required to disclose any potential conflict of interest, and review assignments will be made in light of the information received regarding a potential conflict of interest by a reviewer. All proposals will be scored by reviewers according to pre-established scoring criteria. Scoring criteria will be responsive to the requirements of this RFP mini-grant. The relative weight that each component of the proposal will receive in the review process is described below. Decisions will be based on the following criteria:

Organization Background/Experience:	<b>20</b>
Project Description:	<b>40</b>
Collaborations/Partnerships:	<b>20</b>
<u>Budget/ Budget Justification:</u>	<u><b>20</b></u>
<b>Total Possible Points:</b>	<b>100</b>

## **X. Letter of intent**

Applicants **are encouraged but not required** to submit a “Letter of Intent to Apply” form by 5:00 p.m. Eastern Standard Time (EST) on 1/30/12. Forms may be submitted by fax or email.

Submit to:  
Jacquetta Hinton  
Program Specialist  
Michigan Department of Community Health  
Division of Health Wellness and Disease Control  
Health Disparities Reduction and Minority Health Section  
3056 W. Grand Boulevard, Suite 3-150  
Detroit, Michigan 48202  
hintonjac@michigan.gov  
fax # 313.456.4427

## **XI. Proposal Submission**

Please submit applications **no later than 5:00 p.m. EST on February 21, 2012.** Copies must be received by mail, recognized Carrier or hand delivered. **Late, faxed or emailed proposals will not be considered.**

The invoices will be approved by the Program and will be in sufficient detail to provide the Agency with necessary information for payment for the proper performance of services.

All invoices and correspondence should be directed to:

Jacquetta Hinton  
Program Specialist  
hintonjac@michigan.gov  
Michigan Department of Community Health  
Division of Health Wellness and Disease Control  
Health Disparities Reduction and Minority Health Section  
3056 W. Grand Boulevard, Suite 3-150  
Detroit, Michigan 48202

## **XII. Important Dates/ Timeline:**

**1/12/12**.....RFP Distribution

**1/30/12** .....Due Date for Letter of Intent to Apply

**1/31/12**.....Conference Call 3p to 4 p. Call #877.336.1829 Code: 8619905

**2/21/12**.....Application Deadline

**3/5/12**.....Award Notification

**5/1/12**.....Project Start Date

**9/14/12**.....Final contract invoice Due Date

**9/28/12**.....Project End Date

## **XIII. List of Attachments**

**A. Proposal Cover Sheet**

**B. Intent to Apply form**

**C. Partnership Commitment Statement Form**

**D. Summary Budget Forms**

**E. Cost Detail Budget Forms**

**F. Financial Status Report**

ATTACHMENT A  
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

**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 \_\_\_\_\_

## Partnership Commitment Statement

Michigan Department of Community Health (MDCH)  
 Division of Health, Wellness, and Disease Control (DHWDC)  
 Health Disparities Reduction and Minority Health (HDRMH)  
 Minority Health Month  
 May 1 - September 30, 2012

Completion of this form indicates that you commit and agree to be an active participant or partner for:

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**Name of Lead Organization (Grantee)**

**Partner Information**

<b>Name/Title:</b>	
<b>Organization:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Racial/ Ethnic Population(s) Represented:</b>	
<b>Sector Represented</b> (e.g., healthcare, non-profit, faith-based, tribal councils, education, community member, private business, etc.)	
<b>What role will you play on the media project?</b>	
<b>What skills, resources, and/or experience, does your organization bring to this project?</b>	

\_\_\_\_\_  
 Signature (Partner Organization Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Administrative Signature/Title (Lead Organization)

\_\_\_\_\_  
 Date

**Team Leaders must submit a copy of this commitment statement for each current/new member and/or organization of the Partnership Commitment Statement with the request for proposal application on 2/21/2012.**



**PROGRAM BUDGET – COST DETAIL SCHEDULE**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page Of

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

<b>PROGRAM</b>		<b>BUDGET PERIOD</b>		<b>DATE PREPARED</b>
		From:	To:	
<b>CONTRACTOR NAME</b>		<b>BUDGET AGREEMENT</b>		<b>AMENDMENT #</b>
		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
<b>1. SALARY &amp; WAGES</b>	<b>POSITION DESCRIPTION</b>	<b>COMMENTS</b>	<b>POSITIONS REQUIRED</b>	<b>TOTAL SALARY</b>
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>1. TOTAL SALARIES &amp; WAGES:</b>			0	\$ 0
<b>2. FRINGE BENEFITS (Specify)</b>				
<input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS.      COMPOSITE RATE				
<input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP.      AMOUNT 0.00%				
<input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS.				
<input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____		<b>2. TOTAL FRINGE BENEFITS:</b>		\$0
<b>3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)</b>				
				<b>3 TOTAL TRAVEL:</b> \$0
<b>4. SUPPLIES &amp; MATERIALS (Specify if category exceeds 10% of Total Expenditures)</b>				
				<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b> \$0
<b>5. CONTRACTUAL (Specify Subcontracts/Subrecipients)</b>				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
				<b>5. TOTAL CONTRACTUAL:</b> \$0
<b>6. EQUIPMENT (Specify items)</b>				
				<b>6. TOTAL EQUIPMENT:</b> \$0
<b>7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)</b>				
				<b>7. TOTAL OTHER:</b> \$0
<b>8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES:</b>		\$ 0
<b>9. INDIRECT COST CALCULATIONS</b>		Rate #1: Base \$0 X Rate 0.0000 % Total	\$ 0	
		Rate #2: Base \$0 X Rate 0.0000 % Total	\$ 0	
		<b>9. TOTAL INDIRECT EXPENDITURES:</b>	\$ 0	
<b>10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>				\$ 0
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding		The Department of Community Health is an equal opportunity employer, services and programs provider.		
DCH-0386 (E) (Rev 04/11) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

**FINANCIAL STATUS REPORT**  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

	Contract Number	Page	Of
Local Agency Name	Program	Code	
Street Address	Report Period Thru <input type="checkbox"/> Final	Date Prepared	
City, State, ZIP Code	Agreement Period Thru	FE ID Number	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9a. Indirect Costs Rate #1:_%				
9b. Indirect Costs Rate #2:_%				
10. TOTAL EXPENDITURES				
<b>SOURCE OF FUNDS:</b>				
11. State Agreement				
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING				

**CERTIFICATION:** I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title
Contact Person Name	Telephone Number	

**FOR STATE USE ONLY**

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

<b>Authority:</b> P.A. 368 of 1978 <b>Completion:</b> is a Condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.
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