

REQUEST FOR PROPOSALS

To Conduct a Comprehensive Project Evaluation of an Integrated HIV, Hepatitis C, and STD Testing Project in Methadone and Residential Substance Use Disorder Treatment Facilities

APRIL 2012

SCHEDULE

Evaluation RFP Published	May 21, 2012
Deadline to Receive Written Questions to be Addressed on the Conference Call	May 29, 2012
Conference Call (Mandatory)	June 5, 2012
Deadline to Receive Proposals	June 15, 2012
Evaluator Contracted	July 2, 2012

**Issued By
Michigan Department of Community Health (MDCH)
Division of Health, Wellness, and Disease Control (DHWDC)
HIV/AIDS Prevention and Intervention Section (HAPIS)**

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC), HIV/AIDS Prevention and Intervention Section (HAPIS) is making funds available through this Request for Proposals (RFP) to conduct a comprehensive program evaluation of a four-year demonstration project. The project is designed to integrate HIV, hepatitis C, and STD testing in methadone and residential substance use disorder treatment facilities.

I. BACKGROUND

Injection drug use (IDU) is a risk factor for both HIV and hepatitis C (HCV). As of January 2010, 16 percent of reported persons living with HIV/AIDS in Michigan were IDU. In 2009, of acute hepatitis C cases reported in Michigan, 52 percent reported IDU. Drug use plays other, less recognized roles in HIV transmission through both increased likelihood of engagement in high-risk sexual activity and altered physiological susceptibility to infection. It is estimated that there are 229,000 persons living in Michigan at substance use risk for HIV. Substance use also increases risk for other sexually transmitted diseases (STD). Nationally, having an STD in the past year was more common among persons aged 18 to 25 who used alcohol and/or illicit drugs than those who used neither.

In an effort to address the increased risk of HIV, hepatitis C, and STD transmission among persons who use injection drugs and other substance using populations, the MDCH will partner with local substance use disorder treatment providers to integrate communicable disease (CD) screening in substance use disorder treatment programs and provide linkages to care and treatment.

The goal of the project is to implement HIV, hepatitis C, gonorrhea and chlamydia testing on-site in methadone and residential substance use disorder treatment programs. The project will focus on structural change, including policy and practice adjustments, that will ensure testing integration, as well as efforts to ensure that testing becomes the standard of care in these programs, and therefore sustainable. The focus of program objectives, increasing HIV, hepatitis C, gonorrhea and chlamydia testing, will remain the same over the four years of the project, however, there will be incrementally increasing performance targets.

II. PROJECT EVALUATION GOAL AND OBJECTIVES

The project evaluation goal is to answer the following evaluation questions: 1.) How well does the project achieve the intended sustainable organizational changes in the treatment programs? and 2) What impact does the project have on improving screening, counseling and referral services for clients?

Proposed outcomes include:

- A structural shift in how staff provides communicable disease screening, counseling, and referrals
- Increased number of clients tested for HIV, HCV, and STDs
- Screening is integrated, successful, cost-efficient and sustainable
- Clients are effectively linked to providers for communicable disease management and treatment

III. AVAILABLE FUNDS

MDCH expects to make one grant award, for an amount up to \$60,000 annually for a four year period. The grant will be reviewed annually and renewed based on availability of funding, performance, grantee compliance with contractual obligations, and ongoing responsiveness to prevention priorities.

IV. APPLICANT ELIGIBILITY

All applicants **must** be registered in the State Of Michigan vendor registration file in order to execute their agreements with the Department and receive payments. Early registration will assist applicants in avoiding delays in the processing their agreements if they receive a grant award. Details of the process and required information can be found at: <http://michigan.gov/cpexpress>

Eligible applicants include:

- Non-profit, non-governmental organizations (NGOs)
- For-profit, non-governmental organizations
- Colleges/universities

Organizations may submit proposals either independently or in collaboration with other agencies/organizations. If a collaborative proposal is submitted, one agency must be designated to serve as the lead agency and fiduciary. Applicant agencies must be located and operate primarily in Michigan.

Any non-profit organization applying under this RFP must have been certified by the Federal Internal Revenue Service (IRS) as a 501(c)(3) organization by December 31, 2011. **A copy of the IRS certificate of non-profit status must be included as an attachment to the proposal. Proposals from NGOs which are lacking documentation of tax exempt status will not be reviewed and will be ineligible to receive funding under this RFP.**

V. USE OF FUNDS

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

- Project management and oversight including:
 - Project staff salaries and associated payroll taxes and fringe
 - Project administration (e.g., accounting, payroll staff)
 - Supplies and materials (e.g., office supplies)
 - Communications (e.g., telephone, fax, postage and internet access)
- Costs associated with conducting comprehensive evaluation
 - Consultant costs
 - Data collection and analysis
 - Local travel

VI. REQUIRED ACTIVITIES

Reporting

Agencies awarded funding under this RFP will be required to submit progress reports, according to a format and guidelines established by MDCH/DHWDC/HAPIS. In an effort to ensure efficient and timely communication with grantees, MDCH relies heavily on electronic means of communication. Successful applicants must therefore assure a confidential fax machine and secure e-mail capacity for key staff.

Reimbursement

Agencies awarded funding under this RFP will be reimbursed on a monthly basis for expenditures incurred. Grantees will be required to prepare and submit monthly financial status reports electronically, pursuant to established protocol and procedures.

VII. Human Subjects

The Contractor will comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Contractor agrees that prior to the initiation of the research, the Contractor will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the MDCH or in programs which receive funding from or through the State of Michigan, to MDCH's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but MDCH's IRB can only accept the review and approval of another institution's IRB under a formally-approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Contractor's IRB Chairperson or Executive Officer(s).

VII. SCHEDULE

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VIII. CONFLICT OF INTEREST

Proposed vendor must disclose any existing client relationship(s) that involves the State of Michigan which could prevent their ability to be objective.

IX. CONFIDENTIALITY REQUIREMENTS

The staff members that are assigned by the successful vendor to this project may be required to sign a non-disclosure statement. MDCH/DHWDC/HAPIS cannot protect proprietary data submitted in vendors' proposals.

X. RFP AMENDMENTS

The MDCH reserves the right to amend the RFP prior to the date of proposal submission. Any addenda will be posted in the *HIV Prevention Section* on the following website: http://www.michigan.gov/mdch/0,4612,7-132-2940_2955_2982_46000_46001---,00.html

It is the responsibility of any proposing vendor to monitor the web site and to include any requirement in any addendum posted to the web site.

XI. COSTS FOR PREPARING PROPOSALS

The cost for developing the proposal is the sole responsibility of the vendor. Neither MDCH/DHWDC/HAPIS nor the State of Michigan will provide reimbursement for such costs.

XII. OFFICE SPACE

MDCH/DHWDC/HAPIS will not provide office space, telephone service, or clerical support for the project.

XIII. BIDDER'S CONFERENCE CALL

PARTICIPATION ON THE BIDDER'S CONFERENCE CALL IS MANDATORY FOR ANY VENDOR WHO WISHES TO SUBMIT A PROPOSAL.

The MDCH/DHWDC/HAPIS will host a Bidder's Conference Call for all vendors who wish to submit proposals in response to this RFP. From the issue date of this RFP until a vendor is selected and the selection is announced, evaluation vendors are not allowed to communicate orally for any reason with any MDCH staff or MDCH Evaluation Committee members except during the Bidder's' Conference Call. For violation of this provision, MDCH shall reserve the right to reject the proposal of the offending evaluation vendor. All questions concerning this RFP must be submitted in writing via e-mail to the e-mail address of the MDCH contact person listed below by the date set forth in the schedule set forth in this RFP. MDCH staff will confirm the receipt of the questions via e-mail. No questions other than written questions will be accepted. No response other than responses provided during the Bidder's' Conference Call will be binding upon MDCH.

The Bidder's Conference Call shall be held on June 5, 2012 beginning at 10:30 a.m. To participate in the Bidder's' Conference Call, dial the toll-free number 1-888-808-6929, access code 4779383.

After the call, MDCH will send out a list via email of all questions received for the call with the responses from the MDCH to those who participated on the call.

Please submit questions for the Bidder's Conference to: Gerri Motley at MotleyG@michigan.gov

XIV PROJECT PROPOSAL AND REQUIREMENTS

Formatting/Packaging

- Sequentially number all pages, including attachments and appendices.
- Include a table of contents and a list of attachments for the entire package submitted.
- Use 8 ½" by 11" paper, only.
- Use 12-point font, only. Budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be readily legible.
- Use 1" margins. (top and bottom, left and right)
- Double-space, single-sided pages only.
- Narrative CANNOT EXCEED 20 PAGES.

Organization and Content/Specifications - Proposals should be organized with the following headings and subheadings:

1. **Cover Letter**: On agency letterhead, signed by authorized representative(s). Cover letter should include:
 - a. Date
 - b. Proposal title
 - c. Proposer name and address
 - d. Summary of proposal
 - e. Contact person name, title, telephone number and e-mail address
2. **Narrative**
 - a. Proposer Organization and Experience
 - i. Briefly describe your organization's mission and structure. Provide a full discussion of your organization's experience that demonstrates your capacity to complete this project. Include a description of your organization's experience related to program evaluation, development of evaluation goals, measures and methods; and development and implementation of various types of research and evaluation methods.
 - ii. Successful experience involves a track record of being able to develop measures that will be easily understood and useful to a variety of stakeholders who will be using the results of the evaluation.
 - iii. Describe an evaluation project that your organization has performed for a program that is most similar to the subject of this RFP. Identify successes and challenges faced in performing this evaluation, how stakeholders were involved, what the results showed and how the results were used, and any program improvements that resulted from the evaluation.
 - iv. Discuss your organization's plan to ensure data security and compliance with Centers for Disease Control (CDC) confidentiality standards. The document *Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs* can be found at: http://www.michigan.gov/mdch/0,4612,7-132-2940_2955_2982_46000_46001---,00.html.

- b. Staffing and Qualifications
 - i. The proposer organization and/or its subcontractors must have sufficient and qualified staff to design and conduct the evaluation project.
 - ii. Identify the personnel who will perform the activities described in your proposal and describe their qualifications and experience in sufficient detail to demonstrate their ability to perform assigned activities. Identify any subcontractors who will be involved in the project and describe their qualifications. Attach resumes for all key personnel who will be involved with the project.
 - c. Project Design
 - i. Describe how you will approach developing the evaluation plan and conducting the evaluation. Include your initial thoughts on how to measure evaluation project goals and objectives, the process you will use to develop the measures and ensure stakeholder buy-in, and the methods you anticipate using to conduct the evaluation. Explain how you would design the project to ensure that the goals and objectives for the evaluation project identified in *Section II: Project Evaluation Goals and Objectives* are realized.
 - ii. Your proposal should provide sufficient information to indicate an understanding of program evaluation and research methods.
 - d. Anticipated Outcomes
 - i. Identify and describe the outcomes that will result from the project, including the evaluation plan, measures and methods, and progress reports. Describe how results of the project could be used to improve the quality and effectiveness of service delivery.
 - ii. Any measures, instruments, protocols or other methods developed as part of this project shall be available for future use at no additional cost by MDCH.
 - e. Work Plan
 - i. Provide a detailed work plan for the first 18 months of the project and a brief work plan for the remaining 2 years.
 - ii. Describe the tasks, activities and procedures that will be used to carry out the evaluation project. Include the assignment of responsibility to specific personnel and a timetable identifying when each task or activity will be started and completed. The methods described in the work plan must be related to and facilitate the accomplishment of the project goals and objectives.
3. Budget and Budget Narrative
- a. Provide a line item budget and a budget narrative that identifies how funds will be expended. The purposes of the expenditures should be clearly identified and be congruent with the activities in the work plan.

NOTE: The successful candidate will be required to transcribe their budget on MDCH budget forms prior to contract approval.

4. Sample Work Product

- a. Provide a sample of an evaluation report for a project that your organization has done that is as similar as possible to that described in your proposal. Identify the role of any personnel identified in your work plan for this proposal who had a role in conducting the sample evaluation and briefly describe that role.
5. Resumes of Key Project Staff
- a. Include resumes of all key personnel who will be involved in the project.

XIV. PROPOSAL SCORING & AWARDING

Proposals will be reviewed by the MDCH Evaluation Committee and scored against stated criteria.

The MDCH Evaluation Committee's scoring will be tabulated and proposals ranked based on the numerical scores received. To be considered for an award, a proposal must score at least 80 points, unless the Evaluation Committee determines it is in the best interest of the MDCH to make an award to a proposer who scores less than 80 points.

A proposer may not contact any member of the MDCH Evaluation Committee except at the request of the MDCH. The committee may request interviews, either by telephone or in person, and use the results in scoring the proposals.

XV. EVALUATION CRITERIA

Proposals will be scored based on the extent to which the proposal addresses the requirements described in Section XIII of this RFP. The maximum number of points a proposal may receive are indicated below.

	Points
Organization/Experience	15
Staffing and Qualifications	15
Project Design	25
Anticipated Outcome	15
Work Plan	20
Budget/Narrative	5
Sample Work Product	<u>5</u>
Total Possible Points	100

MDCH reserves the right to consider additional criteria in addition to scores in making final decisions. Other criteria which may be utilized for consideration may include, but is not limited to: resource availability, 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 project outcomes.

MDCH reserves the right to require an applicant to participate in an oral presentation of the scope of work to obtain clarification of ideas presented in the application. In the event an applicant is required to participate in an oral presentation, the applicant will receive a written notification of request from MDCH.

XVI. SUBMISSION CRITERIA

All complete applications should be submitted electronically to:
Gerri Motely at MotleyG@michigan.gov by 5:00 pm June 15, 2012.

XVII. NOTICE OF AWARD

An award recommendation is expected to be made by July 1, 2012 subject to approval by the State Administrative Board.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**I. INTRODUCTION**

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must 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. Budgets must be submitted on Michigan Department of Community Health approved forms.

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 page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: 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 Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

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

- I. Expenditure Category – 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). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salary and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts/Subrecipients)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Costs
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
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 includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
 13. Local - Enter the amount of Contractor funds utilized for support of this program. 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.

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

15. Other(s) - 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 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures
- K. 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 "K" Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

**III. INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
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. Use additional pages if needed.

- 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 Name - Enter the name of the contractor.
- F. Budget Agreement: 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.

Expenditure Categories:

- G. Salary 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 (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) 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.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION
(continued)

- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)
- 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, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary 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 category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the 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, office furniture, 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 category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount for each subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to the subrecipient 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.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

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 (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 specified. Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance 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.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION**
(continued)

3. Consultant or Vendor 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 to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, such as patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs 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 costs rate. **Detail on how the indirect costs were calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures – Enter the sum of items 8 and 9 on line 10.

ATTACHMENT B.1

PROGRAM BUDGET SUMMARY
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY					(K) TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES		43,000				43,000
2. FRINGE BENEFITS		11,180				11,180
3. TRAVEL		1,400				1,400
4. SUPPLIES & MATERIALS		37,000				37,000
5. CONTRACTUAL (Subcontracts/Subrecipients)		3,500				3,500
6. EQUIPMENT		5,000				5,000
7. OTHER EXPENSES						
		8,000				8,000
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		110,090				110,090
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES		110,090				110,090

EXAMPLE

(J) SOURCE OF FUNDS						
11. FEES & COLLECTIONS		10,000				10,000
12. STATE AGREEMENT		90,000				90,000
13. LOCAL		9,090				9,090
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING		110,090				110,090
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						

DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete.

ATTACHMENT B. 2

PROGRAM BUDGET – COST DETAIL SCHEDULE (A) Page 2 Of 2

View at 100% or Larger MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
 Use **WHOLE DOLLARS ONLY**

(B) PROGRAM		(C) BUDGET PERIOD		(D) DATE PREPARED																
Budget and Contracts		From: 10/01/xx	To: 9/30/xx	7/01/xx																
(E) CONTRACTOR NAME Michigan Agency		(F) BUDGET AGREEMENT ORIGINAL AMENDMENT		AMENDMENT #																
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY																	
Nurse	9 month position	1	25,000																	
Project Director		.5	18,000																	
(K) 1. TOTAL SALARY & WAGES:		1.5	\$ 43,000																	
(L) 2. FRINGE BENEFITS (Specify) FICA LIFE INS. DENTAL INS COMPOSITE RATE UNEMPLOY INS. VISION INS. WORK COMP AMOUNT 26% RETIREMENT HEARING INS. HOSPITAL INS. OTHER (specify) _____																				
2. TOTAL FRINGE BENEFITS:				\$ 11,180																
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures) Conference registration \$350 Airfare \$600 Hotel accommodations and per diem for 4 days \$50																				
3. TOTAL TRAVEL:				\$ 1,400																
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures) Office Supplies 2,000 Medical supplies 35,000																				
4. TOTAL SUPPLIES & MATERIALS:				\$ 37,000																
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients) <table border="0"> <tr> <td><u>Subcontractor Name</u></td> <td><u>Address</u></td> <td><u>Amount</u></td> <td><u>Sub</u></td> </tr> <tr> <td>ACME Evaluation Services</td> <td>555 Walnut, Lansing, MI 48933</td> <td>\$ 2,000</td> <td></td> </tr> <tr> <td><u>recipient Name</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Health Care Partners</td> <td>333 Kalamazoo, Lansing, MI 48933</td> <td>\$ 1,500</td> <td></td> </tr> </table>				<u>Subcontractor Name</u>	<u>Address</u>	<u>Amount</u>	<u>Sub</u>	ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		<u>recipient Name</u>				Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500		
<u>Subcontractor Name</u>	<u>Address</u>	<u>Amount</u>	<u>Sub</u>																	
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000																		
<u>recipient Name</u>																				
Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500																		
5. TOTAL CONTRACTUAL:				\$ 3,500																
(P) 6. EQUIPMENT (Specify items) Microscope \$5,000																				
6. TOTAL EQUIPMENT:				\$ 5,000																
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures) Communication Costs \$2,400 Space Costs \$3,600 Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing \$2,000																				
7. TOTAL OTHER:				\$ 8,000																
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 110,090																
(S) 9. INDIRECT COSTS CALCULATIONS																				
Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0																		
Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0																		
9. TOTAL INDIRECT EXPENDITURES:				\$ 0																
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 110,090																
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																				

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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 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. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name: Michigan Agency Contract #: 2010000 Date: 10/31/09

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
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 	N1038438EW109	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$ 5,000

EXAMPLE

Contractor's Signature: _____ Date: _____

PROGRAM BUDGET SUMMARY
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

PROGRAM			DATE PREPARED	Page	Of
CONTRACTOR NAME			BUDGET PERIOD From: To:		
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT ▶		AMENDMENT #
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER		
EXPENDITURE CATEGORY				TOTAL BUDGET	
1. SALARIES & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
9. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)			\$0	\$0	\$0
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES			\$0	\$0	\$0

SOURCE OF FUNDS

11. FEES & COLLECTIONS					
12. STATE AGREEMENT					
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
16. TOTAL FUNDING			\$0	\$0	\$0

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	

View at 100% or Larger Use WHOLE DOLLARS Only PROGRAM		MICHIGAN DEPARTMENT OF COMMUNITY HEALTH		BUDGET PERIOD	DATE PREPARED
		From:	To:		
CONTRACTOR NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #	
1. SALARY & WAGES	POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
1. TOTAL SALARIES & WAGES:			0	\$ 0	
2. FRINGE BENEFITS (Specify)					
<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.		2. TOTAL FRINGE BENEFITS:	
<input type="checkbox"/> HOSPITAL INS.		<input type="checkbox"/> OTHER (specify) _____			
\$0					
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)					
3 TOTAL TRAVEL:					
\$0					
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)					
4. TOTAL SUPPLIES & MATERIALS:					
\$0					
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)					
<u>Name</u>		<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:					
\$0					
6. EQUIPMENT (Specify items)					
6. TOTAL EQUIPMENT:					
\$0					
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)					
7. TOTAL OTHER:					
\$0					
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)			8. TOTAL DIRECT EXPENDITURES:		
			\$ 0		
9. INDIRECT COST CALCULATIONS			Rate #1: Base \$0 X Rate 0.0000 % Total		
			\$ 0		
			Rate #2: Base \$0 X Rate 0.0000 % Total		
			\$ 0		
			9. TOTAL INDIRECT EXPENDITURES:		
			\$ 0		
10. TOTAL EXPENDITURES (Sum of lines 8-9)					
			\$ 0		
AUTHORITY: P.A. 368 of 1978			The Department of Community Health is an equal opportunity employer,		
COMPLETION: Is Voluntary, but is required as a condition of funding			services and programs provider.		

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