

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

**REQUEST FOR PROPOSALS (RFP)**  
for  
**Grants for**  
**Sexual Violence Prevention (SVP) Programs**

Issued: January 29, 2010

**Application Deadline: March 17, 2010**

Michigan Rape Prevention and Education Program  
Injury & Violence Prevention Section  
Division of Chronic Disease and Injury Control  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, MI 48909

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**PLEASE NOTE:** Any change/correction made to this RFP after the release date is in **RED**.  
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# INTRODUCTION AND GENERAL INFORMATION

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## INTRODUCTION

The Michigan Department of Community Health (MDCH) announces availability of Fiscal Year 2011 grant funds for local comprehensive Sexual Violence Prevention (SVP) Programs. SVP grants are a vital part of the MDCH Rape Prevention and Education Program (MDCH RPE Program) efforts to support local solutions to preventing sexual violence. This grants program is intended to support communities and Tribes in developing and implementing community-based, multifaceted, well-thought-out, and coordinated primary prevention strategies to prevent first time perpetration of sexual violence that is based on a public health approach<sup>1</sup>. Such efforts must involve public/private collaboration among local prevention practitioners, stakeholders, and advocates, including the local health department, organizations serving boys, men, youth, and underserved populations, high profile community influencers, schools and other education institutions, faith based organizations, the justice system, the foster care system, substance abuse, mental health and health care providers, and other appropriate local institutions, agencies, or individuals.

This Request for Proposals (RFP) addresses several key objectives set forth in the state plan's executive report *Preventing Intimate and Sexual Violence In Michigan*<sup>2</sup> released in October 2009 by the Michigan Domestic and Sexual Violence Prevention Steering Committee.

This RFP is to provide potential contractors with sufficient information to enable them to prepare and submit proposals for consideration by the State of Michigan to satisfy its need for health promotion inquiry and prevention. It is issued by the Injury and Violence Prevention (IVP) Section, Division of Chronic Disease and Injury Control, Michigan Department of Community Health.

PLEASE NOTE: APPLICANTS *MUST* BE ABLE TO PROVIDE EVIDENCE OF STRONG COMMUNITY PARTNERSHIPS. IF AN APPLICANT IS **NOT** A RAPE CRISIS CENTER (RCC) OR DUAL DOMESTIC/SEXUAL VIOLENCE SERVICE PROVIDER (D/SV SERVICE PROVIDER), THE APPLICANT'S LOCAL RCC OR DUAL D/SV SERVICE PROVIDER **MUST** AGREE TO PARTNER IN PROPOSED ACTIVITIES, AS DEMONSTRATED BY AN *RCC-DUAL D/SV SERVICE PROVIDER PARTNER COMMITMENT FORM* (APPENDIX A).

## BACKGROUND

Sexual violence, including rape, is a significant—but preventable—public health problem. The *Violence Against Women Act* landmark legislation, passed by Congress in 1994, established the RPE program at the Centers for Disease Control and Prevention (CDC). The goal of the program is to strengthen sexual violence prevention efforts in U.S. states and territories.

Primary prevention is the cornerstone of the RPE program. The RPE program encourages the development of comprehensive prevention strategies through a continuum of activities addressing all levels of the social ecological model. It is important that these activities are developmentally appropriate for the audience and are conducted at different life stages. This approach is more likely to prevent sexual violence across a lifetime than any single intervention or policy change. Program activities are guided by prevention principles that include:

- Preventing first-time perpetration;
- Reducing modifiable risk factors while enhancing protective factors associated with sexual violence perpetration and victimization;

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<sup>1</sup> A **public health approach** uses data to define the magnitude of a problem, identifies risk and protective factors, develops and tests possible solutions, and assures widespread adoption.

<sup>2</sup> The *Preventing Intimate and Sexual Violence in Michigan* executive summary is available at: [http://www.Michigan.gov/documents/Michigan\\_Suicide\\_Prevention\\_Plan\\_2005\\_135849\\_7.pdf](http://www.Michigan.gov/documents/Michigan_Suicide_Prevention_Plan_2005_135849_7.pdf)

- Using the best available evidence when planning, implementing, and evaluating prevention programs;
- Incorporating behavior and social change theories into prevention programs;
- Using population-based surveillance to inform program decisions and monitor trends; and
- Evaluating prevention efforts and using the results to improve future program plans.

RPE funds may not be used for direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence. RPE funds also may not be used for media or campaigns that exclusively promote awareness of where to receive victim services.

There are many types of SV. Not all include physical contact between a victim and perpetrator, e.g., sexual harassment, intimidation, peeping, and taking nude photos. Most rapes and other types of sexual violence are committed against children and adolescents, especially adolescent females.

SV can impact health in many ways. Some are very serious and can lead to long-term health problems. These include chronic pain, headaches, stomach problems, and sexually transmitted diseases. SV can have an emotional impact as well. Victims often are fearful and anxious. They may have problems with trust and be wary of becoming involved with others. The anger and stress that victims feel may lead to eating disorders and depression. Some even think about or attempt suicide. SV is also linked to negative health behaviors. For example, victims are more likely to smoke, abuse alcohol, use drugs, and engage in risky sexual activity.

The National Injury Control and Risk Survey conducted between 2001 and 2003 found that 10.2% of women and 2.1% of men reported experiencing a completed rape at some time in their lives (Basile, Chen, Black & Saltzman, 2007). Another study estimates that 1 in 7 women in Michigan has experienced at least one forcible rape during her lifetime (Kilpatrick and Ruggiero, 2003). More information about sexual violence [may be viewed or downloaded at www.cdc.gov/violenceprevention/sexualviolence/index.html](http://www.cdc.gov/violenceprevention/sexualviolence/index.html).

Rape or sexual assault is the violent crime least often reported to law enforcement. In 1999, only 28% of victims reported the assault to police. (Criminal Victimization 2000: Changes 1999-2000 with Trends 1993-2000. Bureau of Justice Statistics, U.S. Department of Justice. June 2001.)

*2007 Michigan Incident Crime Reporting data indicate:*

- 10,940 forcible and non-forcible sex offenses were reported to law enforcement;
- Over 70% of rape victims were under the age of 20;
- Approximately 79% of rape incidents reported to law enforcement occurred in a “residence/home;” and
- The largest percentage for Victim to Offender Relationship reported was an Acquaintance (24.2%); the smallest percentage reported was a Grandparent (.02%).
- *Youth Risk Behavior Survey data from Michigan high school students surveyed in 2007 indicate:*
- 10% reported having been forced to have sexual intercourse (U.S.:7.8%);
- 5% reported having sexual intercourse for the first time before age 13;
- 42% reported having sexual intercourse for the first time before age 16;
- 21% who ever had sexual intercourse reported that their first partner was 3 or more years older;
- 23% who had sexual intercourse in the three months prior to being surveyed, reported having drunk alcohol or used drugs before last sexual intercourse; and
- 12% reported ever being hit, slapped, or physically hurt on purpose by a boyfriend/girlfriend in the past 12 months.

Additional data is available by visiting: [www.michigan.gov/msp](http://www.michigan.gov/msp), [www.michigan.gov/mde/0,1607,7-140-28753\\_38684\\_29233\\_41316---,00.html](http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_41316---,00.html), and [www.cdc.gov/violenceprevention/sexualviolence/index.html](http://www.cdc.gov/violenceprevention/sexualviolence/index.html).

Certain factors may increase the risk for SV. **PLEASE NOTE:** THE PRESENCE OF THESE FACTORS DOES NOT MEAN THAT SV WILL OCCUR. A COMBINATION OF FACTORS CONTRIBUTES TO THE RISK OF PERPETRATION SEXUAL VIOLENCE, AND AN UNDERSTANDING THESE MULTILEVEL FACTORS CAN HELP IDENTIFY VARIOUS OPPORTUNITIES FOR PREVENTION. Risk factors for perpetration (harm to someone else) may include:

- Being male;
- Having friends that are sexually aggressive;
- Witnessing or experiencing violence as a child;
- Alcohol or drug use; and
- Being exposed to social norms, or shared beliefs, that support sexual violence.

*Note:* This is a partial list of risk factors. For more information, see [www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.html](http://www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.html).

## **EXPECTATIONS OF APPLICANTS**

Successful applicants will:

- Focus on efforts directly connected to identifying, implementing and evaluating primary prevention strategies—especially those that prevent first-time perpetration of sexual violence (SV)—based on a community’s priority population(s) and the corresponding risk and protective factors for the population(s)—rather than more general SV prevention awareness and prevention activities, even though more general activities might also have an impact on priority population(s).
- Use required forms found in the appendices to respond to this RFP.
- Ensure dedication of at least a 1.0 FTE Program Coordinator to carry out daily program activities as well as program management, coordination, and oversight.
- Participate in an existing public/private coalition comprising institutions, agencies, and individuals who are committed to preventing sexual violence.
- Use the Spectrum of Prevention<sup>3</sup> as a framework for SVP efforts and apply the Principles of Effective Prevention Programs<sup>4</sup> to strengthen proposed activities.
- Have in place a disclosure plan should a participant disclose an incident of sexual violence. The plan must include notification to participants of mandated reporting status as well as assurances of timely and confidential referral, services and resources to be provided. If the applicant is not an RCC or Dual D/SV Service Provider, the disclosure plan must have signoff from the local RCC or Dual D/SV Service Provider.
- Participate in ongoing evaluation and other technical assistance, consultation, meetings and trainings provided by MDCH and MDCH-identified provider(s).

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<sup>3</sup> Cohen L, Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*. 1999;5:203-207. More information is available at [www.preventioninstitute.org/tool\\_spectrum.html](http://www.preventioninstitute.org/tool_spectrum.html) and <http://new.vawnet.org/category/documents.php?docid=422>.

<sup>4</sup> Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. *American Psychologist*, 58, 449-456. The complete article is available at [www.mentoring.org/downloads/mentoring\\_4.pdf](http://www.mentoring.org/downloads/mentoring_4.pdf).

## HOW MUCH MONEY IS AVAILABLE?

Approximately \$900,000 is available in Fiscal Year 2011 to fund up to fifteen community-based Sexual Violence Prevention (SVP) Programs. The maximum award will be \$60,500 for the 11 month budget period November 1, 2010-September 30, 2011. It is anticipated that successful applicants will have an opportunity, through a non-competitive continuation process, to apply for up to \$66,000 per year for two more years. Cost sharing, matching funds, or cost participation are not required.

## FEDERAL FUNDING LIMITATIONS/RESTRICTIONS

MDCH-RPE funds are intended to support strategies and activities to stop initial occurrence of sexual violence. SVP grant funds must be used for purposes supported by the program and may not be used to:

- Pay for direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence. This includes crisis intervention, case management, counseling, support groups, and outreach efforts for these activities.
- Pay for media or awareness campaigns that exclusively promote awareness of where victim services are available.
- Pay for any lease beyond the project period.
- Pay for purchase or construction of any building or structure to house any part of the program.
- Pay expenses associated with lobbying, whether conducted directly or indirectly.
- Pay any fundraising costs (including bingo, financial campaigns, endowment drives, solicitation of gifts and bequests) incurred only to raise capital or obtain contributions. Likewise, salary (or portion of) of staff engaged in such activities and indirect costs associated with those efforts are ineligible.
- Pay for supplies and materials (e.g., laptops), space, or general operating expenses not justified by grant objectives.
- Pay for food-related expenses.
- Pay for indirect costs. Only agencies having an established indirect agreement with MDCH may request indirect. Expenses **must** be directly related to program implementation.

Please call Jessica Grzywacz at 517-335-8627 with specific questions about eligible expenses.

## ELIGIBLE APPLICANTS

- Rape Crisis Centers or Dual Domestic/Sexual Violence Service Providers;
- Private nonprofit or not-for profit community based organizations;
- Faith-based organizations;
- Local government including public health, human service, and law-enforcement agencies;
- Local public or private school, school district or group of school districts; and
- Federally recognized Indian Tribes

Only one application will be accepted from each eligible applicant. **Please note:** applicants that are not an RCC or Dual D/SV Service Provider must secure documentation of the local RCC or Dual D/SV Service Provider's **agreement to partner** in proposed activities and approval of the proposed disclosure plan. **Applications failing to meet this eligibility requirement will be returned to the applicant.**

## KEY DATES

Release Date: January 29, 2010

Letter of Intent Due Date: February 17, 2010

Proposal Submission Deadline: March 17, 2010

Review Date(s): April 2010

Year 1 Budget Period: November 1, 2010-September 30, 2011

## **SPECIFIC OBJECTIVES OF THE AWARDS**

SVP grants will help support the primary prevention of sexual violence in committed communities to:

1. Assess existing systems gaps and strengths related to SVP and monitor change over time;
2. Enhance a collaborative group focusing on SVP;
3. Implement SVP programming in appropriate settings with priority populations using the Spectrum of Prevention and applying the Principles of Prevention;
4. Use programming and services drawn from specified resources, operated with fidelity, and in combination that provides for a multilayered sexual violence prevention approach that addresses several areas at once;
5. Support implementation of the state plan and local sexual violence prevention plan, if one exists.

## **GENERAL REVIEW CRITERIA**

Applications will be evaluated for technical merit and responsiveness to this RFP. Efforts will be made to achieve broad geographic distribution of funded proposals. Final funding decisions will be made by the IVP Section based on recommendations/ratings of review panel members, geographic balance of proposed projects, the needs of the MDCH RPE Program, and availability of funds.

Conciseness and clarity of expression will contribute to a favorable review of your proposal, as will adherence to the format presented in the Application Content section of this RFP.

## **ADMINISTRATIVE GUIDELINES**

### **1. Type of Contract**

The contract will be a cost reimbursement contract. The contract agreed upon will be most advantageous to MDCH, cost and other factors considered.

### **2. Rejection of Proposals**

MDCH reserves the right to award portions of proposals or reject any and all proposals received as a result of this RFP.

### **3. Incurring Costs**

MDCH is not liable for any costs incurred by the grantee or its fiduciary prior to issuance of a contract fully signed by all necessary parties.

### **4. Contractor Responsibilities**

The applicant whose proposal is selected for funding (the grantee) will be required to assume responsibility for all services offered in its proposal, whether or not the applicant is the agency performing those services. Further, MDCH will consider the selected grantee to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. All subcontracts entered into by the grantee, subsequent to the contract award, must be approved by MDCH before they can be put into effect.

### **5. Project Control and Reports**

The grantee will carry out the project activities in consultation with, and approval of, the IVP Section, Division of Chronic Disease and Injury Control, MDCH. A Project Officer from the IVP Section will be the sole point of contact for MDCH.

The grantee's Project Director and the MDCH Project Officer will confer regularly, at a mutually agreed upon interval, for the purpose of reviewing progress and providing necessary guidance to the grantee in solving problems that arise. Documentation of the content of the meetings will be prepared by the grantee.

The MDCH Project Officer will schedule a negotiation session with the applicant receiving the award to address any concerns expressed by the reviewers and to work out final details of the budget and work plan. If at all possible, this session will occur within four working days after the award is made. Within five working days of the negotiation session, the grantee will submit to the MDCH Project Officer for final approval a work plan that includes, if necessary, a revised budget.

The grantee will submit triannual progress reports to the MDCH Project Officer with 15 days of the end of each reporting period, using the format provided by the Project Officer. Where applicable, the grantee will also be required to submit a detailed plan for next year activities prior to submitting the second progress report.

#### **6. Contract Payment Schedule**

Financial Status Reports, which reflect actual program expenditures, shall be prepared and submitted to MDCH on a monthly basis for payment. **The monthly Financial Status Report will be utilized to replenish the operating funds on a regular recurring basis.**

### **SUBMISSION AND DEADLINES**

#### LETTER OF INTENT

#### **Deadline for Receipt of Letters of Intent: February 17, 2010.**

Prospective applicants are asked to submit a letter of intent (LOI) to apply for SVP grant funding. Although an LOI is not required and is not binding, the information that it contains will allow IVP staff to estimate the potential proposal review workload and plan the review. The LOI should include:

- Name of the applicant
- Name, address, and telephone number of the primary contact for the application

The LOI can be submitted via fax, email, or postal mail. It should be sent to:

Cheryl Rockefeller  
Injury & Violence Prevention Section  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, MI 48909  
Fax: 517-335-9669  
Email: [RockefellerC@michigan.gov](mailto:RockefellerC@michigan.gov)

#### APPLICATIONS:

**Applications are due by 5:00 P.M., March 17, 2010.**

*Faxed or emailed applications will **not** be accepted.*

Mail or deliver an original and three copies of the proposal following the instructions below.

Your application must be received by the application deadline, or you must have proof of its timely submission.

- For packages submitted via an overnight delivery service (e.g., DHL, Federal Express [FedEx], or United Parcel Service [UPS]), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.
- For packages submitted via the United States Postal Service [USPS] Overnight Express Service proof of timely submission shall be a postmark not later than 24 hours prior to the application deadline, and the following upon request by MDCH:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a Post Office receipt containing post office name, location, and date and time of mailing.
- For packages submitted via the USPS by other than overnight Express Service, proof of timely submission shall be a postmark not later than four days prior to the application deadline, and the following upon request by MDCH:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a Post Office receipt containing post office name, location, and date and time of mailing.

**If the application package is being submitted via the United State Postal Service (excluding Overnight Express Service), use the following address:**

Jessica Grzywacz.  
Injury & Violence Prevention Section  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, MI 48909

**If the application is being submitted via an overnight delivery service (e.g., UPS, FedEx, DHL, USPS Overnight Express) or being delivered in person, use the following address:**

Jessica Grzywacz  
Injury & Violence Prevention Section  
Michigan Department of Community Health  
8<sup>th</sup> Floor, Washington Square Building  
109 W. Michigan Ave  
Lansing, MI 48913

Applications will be considered as meeting the deadline if they are received by the IVP Section on or before the deadline time and date. Applications that do not meet this criterion will be considered late. LATE APPLICATIONS WILL NOT BE CONSIDERED IN THE CURRENT COMPETITION AND WILL BE RETURNED TO THE APPLICANT.

Upon receipt, applications will be evaluated for completeness and responsiveness to this RFP. INCOMPLETE AND NON-RESPONSIVE APPLICATIONS WILL NOT BE REVIEWED.

To receive verification that your application package was received, check the appropriate box in Line 4 on application's cover sheet.

**WHERE TO OBTAIN ADDITIONAL INFORMATION**

A complete program description and information on application procedures are contained in this application package.

**Additional assistance or information may be obtained from Jessica Grzywacz.** She can also provide the cover page, completion check list, templates/charts, or budget pages in Microsoft Word format (budget forms also available in Excel; fill-in enabled commitment forms in Adobe). Ms. Grzywacz can be reached at [grzywaczj@Michigan.gov](mailto:grzywaczj@Michigan.gov) or 517-335-8627 (Secretary Cheryl Rockefeller's telephone: [rockefellerc@michigan.gov](mailto:rockefellerc@michigan.gov); 517-335-9518). Answers to significant questions that have been asked will be posted after February 12, and updated regularly thereafter, on the IVP Section website at: [www.Michigan.gov/injuryprevention](http://www.Michigan.gov/injuryprevention). The RFP—and any corrections or changes to it—will be available through that website. Opportunities to build capacity around a public health approach, primary prevention, the Spectrum of Prevention, the state plan, etc., will be provided by the Michigan Coalition Against Domestic Violence by the end of February, 2010. Dates for these opportunities will be posted on the website when finalized. **Please check the website regularly.**

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## **PROPOSAL REQUIREMENTS AND EVALUATION CRITERIA**

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**Applications that do not meet the following requirements will not be reviewed.**

**Proposals for sexual violence prevention programs must:**

1. Provide evidence, if the applicant is **not** an RCC or Dual D/SV Service Provider, that the local RCC or Dual D/SV Service Provider agrees to partner in proposed activities, as demonstrated by a completed *RCC-Dual D/SV Service Provider Partner Commitment Form*. The form must include sign-off on the proposed disclosure plan.
2. Propose efforts clearly related to reducing first time perpetration of sexual violence.
3. Addresses **each** of the following goal areas: Strengthening Individual Knowledge and Skills; Promoting Community Education; Educating Providers; Fostering Coalitions and Networks; Changing Organizational Practices; and Developing Policy and Legislation. Proposed programs may also include, but are not limited to activities such as:
  - Improvement of local data collection and sharing.
  - Conducting an information campaign that focuses on building positive relationship skills. Such a campaign must use effective communication mechanisms that focus on and reach youth, families, educators, childcare professionals, youth workers, community care providers, or the general public. The campaign must meaningfully connect to other components of the overall SVP strategy. Such campaigns should also incorporate promising practices from the latest available research on how to implement safe, effective information campaigns.
4. Clearly identify and describe the population(s) who will be the focus for proposed activities, including discussion of risk and protective factors for selected priority populations.
5. Demonstrate ability to incorporate the Principles of Effective Prevention Programs into activities. These principles are available at [www.mentoring.org/downloads/mentoring\\_4.pdf](http://www.mentoring.org/downloads/mentoring_4.pdf).
6. Provide evidence of strong community partnerships that include public and private sector stakeholders.
7. Demonstrate the applicant's or a community partner's access to the focus population(s).
8. Demonstrate the applicant's or a community partner's experience in planning, delivering, and managing community-based interventions/programming.
9. Provide assurance that proposed programming will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and that all relevant program

components are appropriate and accessible for the priority population(s) with regard to age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender;

10. Provide an adequate plan should a participant disclose an incident of sexual violence. The disclosure plan must include notification to participants of mandated reporting status as well as assurances of timely and confidential referral, services and resources to be provided. If the applicant is not an RCC or Dual D/SV Service Provider, the disclosure plan must have signoff from the local RCC or Dual D/SV Service Provider on the appropriate commitment form.
11. Describe desired outcomes to be promoted, in both the short- and long-term. Short-term outcomes might include, for example, changes in skills and attitudes. Long-term outcomes could include, but are not limited to, behavioral changes or reductions in sexual violence perpetration or victimization.
12. Demonstrate the applicant's commitment to participate in specified evaluation activities.
13. Explain how proposed effort will accomplish the objectives of this announcement within a project period not to exceed 35 months.

## APPLICATION CONTENT

Each application must:

- be typewritten in black ink on 8.5" x 11" paper in a font no smaller than 12 points (e.g., this RFP is in 12 pt Times Roman font). The font can be smaller in charts, tables, graphs and footnotes, but must still be easily read.
- be double-spaced.
- contain a Program Narrative (Sections D–K, below) no more than 20 pages in length. Be aware that if your narrative starts on page 5 and ends on page 25, it is 21 pages long, not 20 pages.
- have consecutively numbered pages, starting with the cover page and including appendices.
- have at least 1" margins (page numbers can be placed within the margin).
- be printed on one side only.
- be unbound (the original must be held together only with rubber bands or binder clips. The three copies can be held together with rubber bands, binder clips, or a staple in the upper left hand corner).

**Please organize your proposal using the forms and section headings described below. The Program Narrative (sections D–K) together may be no longer than 20 pages.**

Applications will be reviewed and rated according to the following criteria (maximum 100 points total). Points will be subtracted from the final score if the technical instructions (e.g., page formatting, font size, etc.) are not followed.

### **A. Cover Sheet, Proposal Completion Checklist, and RCC or Dual D/SV Service Provider Commitment Form:**

The **Application Cover Sheet** (Appendix A-1) must be attached to the *front* of your application. The following elements must be filled in on this cover page:

1. Box checked for if applicant is not a local RCC or DUAL D/SV agency.
2. Total amount of funding requested for the program for this budget period (cannot exceed **\$60,500**).
3. Name of the Agency or Tribe applying for the grant.
- 4a. Box checked if applicant wants e-mail notification that application was received by the deadline.

- 4b. Contact information for the person who can answer questions about the application.
5. Name and phone number of person to be contacted in case of an award (if different than #4B).
6. Typed or printed name and signature of the director or authorized signator for the applicant (if applicable).

The **Proposal Completion Checklist** (Appendix A-2) must be filled in and inserted behind the Application Cover Sheet.

If the applicant is **not** an RCC or Dual D/SV Service Provider, a completed **RCC-Dual D/SV Service Provider Partner Commitment Form** (Appendix A-3) must be filled in and inserted behind the Proposal Completion Checklist.

## **B. Proposal Summary**

This **one-page** summary of the proposed program should briefly outline the program's goals and objectives, the focus population(s), the proposed partners and collaborators, the proposed activities, and the desired outcomes. *CONCISE WORDING RATHER THAN SMALLER TYPE, SINGLE SPACING, OR SMALLER MARGINS MUST BE USED TO GET THE SUMMARY ON ONE PAGE.*

## **C. Table of Contents**

Include page numbers for each of the major sections of your proposal and for each appendix.

## **D. Background and Need (10 Points)**

This section should identify and describe the community in which you propose to conduct the proposed program. It should explain exactly why sexual violence is a problem in the selected community or Tribe—including a description of populations most affected by sexual violence—and adequately justify the need for the program in the selected community. The applicant must:

1. Provide a clear picture of the community to be served, including such things as demographics, injury data, cultural and socio-economic context, the availability of existing sexual violence prevention and other relevant programs and services.
2. Describe, to the extent possible, the pattern of sexual violence within the geographic area or Tribe to be served. Also describe identified risk factors for sexual violence perpetration and victimization in the area to be served, if available.
3. Demonstrate an understanding of needs related to SVP among the various systems within the community or Tribe, including (but not limited to) mental health, substance abuse, education, justice, and foster care.
4. Provide empirical, theoretical, and/or anecdotal evidence that the chosen program components have the potential to be effective with the given population(s).

## **E. Priority Population(s) (15 points)**

This section should describe exactly for whom the proposed program is intended and justify why this population(s) is a priority in your community. The applicant must:

1. Clearly and concisely describe population(s) to be focused on for the proposed activities, including—but not limited to—age, race/ethnicity, location, gender, other demographics, as appropriate. Risk and protective factors for selected priority population(s) must be clearly identified.
2. Justify the appropriateness of the priority population(s) and discuss in detail how members from this group(s) will be accessed and recruited for program.

3. Demonstrate an understanding of the language, beliefs, norms, and values of the priority population(s), as well as socioeconomic factors to be considered program delivery.

Please note that applicants may choose to select one or more subgroups of a larger priority population (e.g., elementary school students in City X, males aged 10–19 years old in Community X, Board of Directors at Business X, etc.). The selection of priority population(s) must be supported by data provided in this Section and Background and Needs Section as well as be meaningfully connected to components of the overall SVP proposal.

## **F. Community Partnering (15 Points)**

With successful community partnerships, it is possible to identify key problems and take advantage of opportunities, while making the best use of available resources. The applicant must:

1. Describe strong community partnerships—or a plan to develop critical partnerships—that include public and private sector stakeholders as well as advocacy groups, survivor organizations, faith-based organizations, academic institutions, and others, as appropriate, to oversee implementation, performance, and evaluation of proposed activities. Public sector partners may include mental health, substance abuse, juvenile justice, public health, education, and foster care/child protective services, etc.
2. Provide evidence that it or a community partner has access to the priority population(s) for proposed activities. Details on how the group(s) will be accessed and recruited for the activities must also be provided.
3. Provide evidence that it or a community partner has expertise and experience in the management and delivery of programming at the community level.
4. Provide evidence of the appropriateness of proposed partnerships, given proposed activities. Note successful SVP collaboration among key community partners and discuss the role of your local SVP Team in past, current, and proposed SVP efforts, if appropriate. Describe the roles and responsibilities of participating partners and demonstrate their commitment to the project.
5. Include in an appendix to your proposal Partner Commitment Forms (see Appendix B) or Letters of Commitment from community partners and any other agencies, organizations, and individuals that will have significant involvement in the program. We prefer you use the form, but you may substitute letters of commitment. **THE QUALITY AND COMPLETENESS OF THE FORMS OR LETTERS ARE VERY IMPORTANT TO YOUR APPLICATION.** They should precisely indicate the nature of any past and proposed collaborations with the applicant and the products, services, and other activities that will be provided by and to the applicant through collaboration on the proposed program, including any cash or in-kind contributions that will be made to support the program.

## **G. Goals, Objectives, and Work Plan (35 Points)**

Narrative in this section should provide evidence of the quality and specificity of the applicant's proposed plan to operationalize a multifaceted and coordinated primary sexual violence prevention program having the potential to effectively achieve program goals and objectives. It should also demonstrate the applicant's adherence to the intended purpose of this funding. The applicant must:

1. Clearly state the purpose of the overall **35**-month project period;
2. Adequately explain how achievement of goals, objectives, and activities will advance existing local and/or state prevention plans;
3. Demonstrate continuation or enhancement of a relevant public/private partnership including appropriate stakeholders from the private and public sectors *to oversee implementation*,

*performance, and evaluation of activities supported by this grant.* This public/private partnership may be the community's or Tribe's existing SVP Team;

4. Clearly demonstrate use of the Spectrum of Prevention as a framework for the proposed program and provide evidence that applicant or appropriate partner(s) has the ability to apply the Principles of Prevention to activities;
5. Describe plans for ensuring that the activities implemented through the project will be drawn from best or promising practice resources and support implementation of the state plan and the local sexual violence prevention plan, if one exists. State if you have a current local SVP plan and provide a copy as an appendix to your proposal.

Please see the National Sexual Violence Resource Center Web site ([www.NSVRC.org](http://www.NSVRC.org)) or the Michigan Resource Center on Domestic and Sexual Violence ([www.resourcecenter.info](http://www.resourcecenter.info)) for additional information on SVP programs;

6. Describe how you will ensure that proposed programming is provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and that all relevant program components are appropriate and accessible for the priority population(s) with regard to age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender;
7. Describe the relevance of the setting of each major activity to the focus population and outcomes (i.e., why was this particular setting or context chosen?);
8. Provide, as an appendix, a plan to be implemented should a participant disclose an incident of sexual violence. The disclosure plan must include notification to participants of mandated reporting status as well as assurances of timely and confidential referral, services and resources to be provided. If the applicant is NOT the local RCC or Dual D/SV Service Provider, the disclosure plan must have that agency's signoff on the appropriate commitment form;
9. Describe how parental consent will be obtained and family involvement promoted for youth education activities, as applicable;
10. Describe any barriers to successful completion of objectives and how you will overcome them;
11. Discuss Year 1 steps that will be taken to develop a sustainability plan for the program;
12. Provide, as an appendix to your proposal, a work plan (see Appendices C & D) that:
  - o contains *specific* 11-month process and outcome objectives<sup>5</sup> related to Spectrum of Prevention goal areas (objectives for the remaining two years will be in the continuation applications). **ALL OBJECTIVES MUST BE MEASURABLE, ACHIEVABLE, TIME-PHASED, AND ACHIEVABLE WITH IN THE INITIAL 11 MONTH BUDGET PERIOD.** Following examples provided in footnote five will result in a more favorable proposal.
  - o clearly connects to needs identified in the Background and Need Section, risk and/or protective factors identified in the Priority Population(s) Section, and key partners identified in the Community Partnering Section.

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<sup>5</sup> *Process objectives* measure the amount and quality of activities or services undertaken to achieve outcome objectives, such as hiring project staff or enrolling a specified number of individuals into a program. SAMPLE PROCESS OBJECTIVE WORDING: "By month three, 100 boys ages 10-19 from Community X will be enrolled in Program X."

*Outcome objectives* measure the success of activities related to the goals of the program, such as increasing the behaviors that support healthy relationships among boys ages 10-19 in Community X. SAMPLE OUTCOME OBJECTIVE WORDING: "After participating in Program X, 75% of participants will increase their behaviors that support healthy relationships and boundaries by 20%."

- o identifies **specific activities** necessary to achieve *each* program objective. For each activity, include **who** will do **what** to implement the activity. It should be clear how proposed activities will produce desired objectives and how outcomes will be measured.

A sample work plan is provided in Appendix D; and

13. Provide a realistic, detailed timeline (chart or graph) for the first eleven months of the project showing key activities, milestones, and responsible staff. This timeline must be part of the narrative. It should NOT be placed in an appendix.

Applicants are encouraged to utilize existing programs, delivery systems, and personnel for their program rather than create new ones, in order to maximize the cost effectiveness and collaborative nature of the program, enhance acceptance of the program by potential participants, and help assure continuation of SVP programming after the state funded project period has ended.

## **H. Project Evaluation (5 Points)**

Your evaluation is an extension of your goals and objectives. It is important to clearly describe how evaluation data will be collected, documented, and reported back to assist your program, SVP Team, and community partners in making informed decisions and ensuring ongoing program improvement. Read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your program. If so, you are required to describe the process you will follow for obtaining Institutional Review Board approval or, at a minimum, commit to working with the MDCH IVP Section staff to obtain that approval. The applicant must:

1. Describe past success(es) with evaluation processes related to SVP or a similar project.
2. Briefly describe plans for data collection, management, analysis, interpretation, and reporting your results. Both quantitative and qualitative data can be used to document lessons learned; what barriers inhibited implementation; how barriers were resolved; and what should be done differently to effect improvements.
3. Discuss the role of the SVP team in the evaluation process.
4. Describe how evaluation methods and tools will be culturally and developmentally relevant to priority populations, as well as how community input on evaluation methods and tools will be garnered and integrated.
5. Provide, as an appendix to your proposal, any tools that will be used to measure processes and outcomes resulting from project activities. For example, if pre and post-tests will be used to assess an increase in bystander intervention skills, include a copy. If pre and post-tests are identical, included only one copy with an indication that they are the same. If tests are different, include both. If focus groups will be conducted to shape or elicit community feedback on prevention activities, include the focus group protocol. If school or community climate surveys will be used, include the survey. If tools have not yet been developed to measure program effectiveness, a plan for developing tools must be discussed.
6. Commit to completing and submitting triannual and year-end progress reports and evaluation reports to the MDCH Project Officer.
7. Explicitly state your willingness to work with an evaluation consultant(s) and MDCH Project Officer to refine evaluation plan and activities.

### **Protection of Human Subjects Regulations**

Applicants may also have to comply with Protection of Human Subjects Regulations (45 CFR 46), depending on evaluation and data collection procedures proposed and the population to be served.

Applicants whose programs must comply with the Protection of Human Subjects Regulations must

describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed program activities.

General information about Protection of Human Subjects Regulations can be obtained at [www.hhs.gov/ohrp](http://www.hhs.gov/ohrp), by e-mail ([ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov)), or by phone (301/496-7005).

## **I. Project Management and Staffing (10 points)**

The applicant must use the chart provided in Appendix E to:

1. Identify proposed program staffing—paid and voluntary—noting existing staff as well as additional staffing needs that is sufficient and in proportion to the proposed work plan.
2. Designate a 1.0 FTE Project Coordinator. It must be clear that this person has sufficient authority, responsibility, and expertise to carry out the project, including content-specific knowledge of sexual violence, primary prevention concepts, principles of effective programming, understanding of the cultural context of sexual violence in the focus population(s), and evaluation methods.
3. Clearly indicate qualifications and experience of other key personnel for providing the types of resources required by this project. Provide, in an appendix, a résumé for each identified staff member and **any** other individuals who will play a major role in implementing the program. For positions to be established or filled as part of this project provide position descriptions (PD).
4. Sufficiently describe qualifications, roles, and responsibilities of any proposed subcontractors. Additionally, a partner commitment form (Appendix D) and the following information is required for each proposed subcontractor:
  - Name of Subcontractor;
  - Method of Selection;
  - Scope of Work;
  - Period of Performance;
  - Method of Accountability; and
  - Itemized Budget and Justification.

If the above information is unknown for any subcontractor when the application is submitted, information may be submitted later as a revision to the budget. Copies of all executed subcontracts must be sent to the MDCH Project Officer.

PLEASE NOTE: Proposals reflecting a budget that places emphasis on direct staffing cost with less weight placed on subcontractors will be viewed more favorably. All subcontractors require prior approval from MDCH annually.

5. Describe how smooth program oversight, management, and daily operations will be maintained.
6. Describe adequate resources available to support staff (e.g., facilities, training, supplies, etc.).
7. Chart does not exceed 2 pages.

## **J. Additional Requirements (5 points)**

Applicants must indicate a commitment to:

1. Send the project coordinator to a mandatory 1½- 2 day meeting to be held in Lansing.

2. Have the project coordinator serve on the Michigan Domestic and Sexual Violence Prevention Steering Committee.

**K. Proposed Budget (5 points)**

This section of the proposal must provide a **detailed narrative justification** for budget components that is consistent with the intended use of SVP Grant funds. Salaries, benefits, and reasonable administrative costs are eligible for reimbursement.

Requirements for the proposed budget:

1. The budget request is clearly explained, adequately justified, reasonable, and sufficient for proposed project activities. It must be clear for what purpose(s) each budgeted item is requested and budget items must coincide with stated objectives and delineated activities.
2. The budget must include funding for at least one person (project coordinator or designee) to attend a 1½- 2 day meeting in Lansing and for the project coordinator or designee to attend at least one ½-1 day meeting of the Michigan Prevention Steering Committee in Okemos.
3. Proposals reflecting a budget with substantial emphasis on implementation of project activities (including direct staffing costs) and less weight placed on administrative overhead and/or indirect costs will be viewed favorably.
4. Proposals including budget expenses exceeding the maximum award under this RFP will not be viewed favorably unless the budget identifies other funding to cover additional expenses.
5. Only organizations with federally negotiated indirect rates or indirect rates negotiated with MDCH can request indirect. Documentation of the approved indirect rate must be provided.
6. Include, as part of your narrative, a table or chart estimating the percentage of the proposed budget allocated to SVP program components. Put zero if no time will be spent on an activity. The total must equal 100%. A sample chart appears below

3%	Strategic Planning
15%	Strengthening Individual Knowledge and Skills (educational seminars)
20%	Promoting Community Education (community mobilization), including increasing awareness of facts about or preventing sexual assault <i>in underserved communities</i> , e.g., disabled community
25%	Educating Providers (training program for professionals)
20%	Fostering Coalitions and Networks
10%	Changing organizational policies
2%	Developing policy and legislation
5%	Evaluation of SVP activities
0%	Administrative activities ( <b>only</b> for applicants with approved indirect rate agreement)
<b>100%</b>	<b>TOTAL</b>

7. Include information on any local match and/or in-kind funds **in the budget narrative only**. Do **not** include these funds on the budget forms. A table or chart showing what is covered by this grant versus what is covered by the match would be helpful.
8. Include, as an appendix to your proposal, a detailed eleven-month budget for the period November 1, 2010-September 30, 2011. This budget **must** be prepared using the MDCH Budget Summary and Budget Cost Detail forms and instructions provided in Appendix F.

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# GLOSSARY

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**Best or Promising Practices:** Practices that incorporate the best objective information currently available from recognized experts regarding effectiveness and acceptability (see *Evidenced-based*).

## **Comprehensive Sexual Violence Prevention Strategies/Methods**

Comprehensive sexual violence primary prevention includes the use of widely accepted and proven methods and strategies. These methods/strategies include:

- **Evidence-based:** Using the best available evidence for program planning and development. Evidence can range from evaluation and research data on the effectiveness of a certain program or strategy to local and published data such as data from police reports or surveys. Published data can be helpful in identifying risk and protective factors and risk groups for sexual violence. In the absence of evidence-based programming, best or promising practices should be utilized.
- **Address multiple levels of the social ecological model:** This model supports a comprehensive public health approach that not only addresses an individual's risk factors, but also the norms, beliefs and social and economic systems that create conditions for SV to occur.
- **Multiple-session programs:** Research strongly indicates that multi-session programs produce positive long-term outcomes as opposed to single-session efforts that rarely produce positive long-term outcomes. Funded programs should concentrate efforts on those organizations/venues that will commit to multi-session programming.
- **Cultural Relevance and Specificity:** Prevention strategies should be appropriate for the populations for whom the strategy is intended and adapt to that community's culture. Applicants should demonstrate use of materials that are culturally appropriate for populations such as Hispanic Americans or other non-English speaking or English as second language populations.
- **Partnerships and Collaboration:** Partnership and collaborative efforts can enhance program capacity to achieve intended outcomes. Applicants should demonstrate collaboration with other organizations to share resources and integrate messages into existing systems.

**Cultural Competence:** The willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective that values differences and is responsive to diversity at all levels of a program. A culturally competent program values differences and integration of cultural attitudes, beliefs, and practices relevant to the program's focus population. It is also the development and continued promotion of skills and practices important to program implementation, cross-cultural interactions, and systems practices among providers and staff to ensure that services are delivered in a culturally competent manner. Guidelines on the following Website may help ensure appropriate attention to cultural competence: [www.endabuse.org/userfiles/file/ImmigrantWomen/Culture%20Handbook.pdf](http://www.endabuse.org/userfiles/file/ImmigrantWomen/Culture%20Handbook.pdf).

**Direct Services:** For the purposes of RPE funding, "direct services" includes direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence. This includes crisis intervention, case management, counseling, support groups, and outreach efforts for these activities. RPE funds may not be used for direct services.

**Educational Institution:** A school or institution of higher education.

**Evaluation:** Systematic collection and assessment of information to provide useful feedback.

**Evidence-based:** Programs that have undergone scientific evaluation and have proven to be effective. Little is known about what works to prevent sexual violence. The majority of SVP programs have not been rigorously evaluated to determine their effectiveness. In the absence of proven prevention strategies, program planners can use the 9 prevention principles to strengthen their approach. These principles are available at [www.mentoring.org/downloads/mentoring\\_4.pdf](http://www.mentoring.org/downloads/mentoring_4.pdf). See also definitions for best or promising practices and prevention principles.

**In-kind Contribution:** In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) derived from non-State sources, such as foundation grants or contributions from other public or private entities.

**Letter of Commitment:** A letter from an individual or agency that will be making a significant contribution to the program overall or to specific proposed activities. The letter *must* precisely state the nature of past and proposed collaborations with the applicant organization and products, services, and other activities that will be provided by and to the applicant through collaboration on the proposed project (*see Partner Commitment Form*).

**Michigan Prevention Steering Committee:** A multidisciplinary group of experienced practitioners, stakeholders, and advocates who are working prevent intimate and sexual violence in Michigan.

**National Sexual Violence Resource Center (NSVRC):** Funded by the CDC, the NSVRC is the nation's principle information and resource center regarding all aspects of sexual violence. It provides national leadership, consultation and technical assistance by generating and facilitating the development and flow of information on sexual violence intervention and prevention strategies. The NSVRC works to address the causes and impact of sexual violence through collaboration, prevention efforts and the distribution of resources ([www.nsvrc.org](http://www.nsvrc.org)).

**Partner Commitment Form:** A form from an individual or agency that will be making a significant contribution to the program overall or to specific proposed activities. The form *must* precisely state the nature of any past and proposed collaborations with the applicant organization and the products, services, and other activities that will be provided by and to the applicant through the collaboration on the proposed project (*see Letter of Commitment*).

**Perpetrator:** Someone who inflicts the sexual violence.

**Prevention Principles:** The majority of SVP programs have not been rigorously evaluated to determine their effectiveness. In the absence of proven prevention strategies, program planners should use the nine prevention principles to strengthen their proposed efforts.

- **Comprehensive:** Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.
- **Varied Teaching Methods:** Strategies should include multiple teaching methods, including some type of active, skills-based component.
- **Sufficient Dosage:** Participants need to be exposed to enough of the activity for it to have an effect.
- **Theory Driven:** Preventive strategies should have a scientific justification or logical rationale.
- **Positive Relationships:** Programs should foster strong, stable, positive relationships between children and adults.
- **Appropriately Timed:** Program activities should happen at a time (developmentally) that can have maximal impact in a participant's life.
- **Socio-Culturally Relevant:** Programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms.
- **Outcome Evaluation:** A systematic outcome evaluation is necessary to determine whether a program or strategy worked.
- **Well-Trained Staff:** Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision.

These principles are available at [www.mentoring.org/downloads/mentoring\\_4.pdf](http://www.mentoring.org/downloads/mentoring_4.pdf) Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). **What works in prevention: Principles of Effective Prevention Programs.** *American Psychologist*, 58, 449-456 (see *Best or Promising Practices and Evidenced-Based*).

**Primary Prevention of Sexual Violence:** Strategies that take place *before* sexual violence has occurred to prevent initial perpetration or victimization. Primary prevention strategies are multifaceted and broad-based, seeking to change people's attitudes and behaviors as well as the events, exposures, conditions, environments and systems related to the initiation of sexual violence. Primary prevention requires collaborative expertise and support from multiple disciplines, systems, and individuals in a community

**Priority Population:** The specific population or subset of people that a particular program, strategy, or activity is designed to serve or reach. **Protective Factors:** Conditions or characteristics whose presence decrease likelihood of perpetration or victimization.

**Public Health Approach:** A four-step process applicable to violence and other health problems that affect populations. For the purposes of this RFP, it uses data to define the magnitude of a problem, identifies risk and protective factors, develops and tests possible solutions, and disseminates results.

**Risk Factors:** Conditions or characteristics whose presence increase likelihood of perpetration or victimization.

**Sexual Assault Survivor:** Describes the individual who was assaulted. This term is largely used by advocacy groups to acknowledge the strength of an individual who endures trauma such as a sexual assault. Not every individual refers to herself or himself as a survivor (see *Victim*).

**Sexual Violence Definitions:** For the purposes of this RFP, sexual violence (SV) is any sexual act that is perpetrated against someone's will. SV encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). These four types are defined in more detail below. All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.

- **A completed sex act** is defined as contact between the penis and vulva or penis and anus involving penetration, however slight; contact between the mouth and penis, vulva, or anus; or penetration of anal or genital opening of another person by a hand, finger, or other object.
- **An attempted (but not completed) sex act.**
- **Abusive sexual contact** is defined as intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse.
- **Non-contact sexual abuse** does not include physical contact of a sexual nature between a perpetrator and victim. It includes acts such as voyeurism; intentional exposure of an individual to exhibitionism; unwanted exposure to pornography; verbal or behavioral sexual harassment; threats of sexual violence to accomplish some other end; or taking nude photographs of a sexual nature of another person without his or her consent or knowledge, or of a person unable to consent or refuse.

**Spectrum of Prevention:** For the purposes of this RFP, the Spectrum of Prevention will be used as a framework for proposed efforts.

- Strengthening Individual Knowledge and Skills;
- Promoting Community Education;
- Educating Providers;
- Fostering Coalitions and Networks;
- Changing Organizational Practices; and
- Developing Policy and Legislation.

**Stakeholder:** An individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Sustainability:** Ability to continue a program or practice after MDCH-RPE grant funding ends.

**Training:** An organized activity leading to the development and application of desired skills or behaviors. An example would be organization staff members attending training on strategies for the primary prevention of sexual violence.

**Victim:** A term used to describe the individual who was assaulted. This word is most commonly used in the criminal justice system, in news stories and by general public (see *Sexual Assault Survivor*).

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INJURY & VIOLENCE PREVENTION SECTION

**SEXUAL VIOLENCE PREVENTION GRANTS  
APPLICATION COVER SHEET**

<b>LEAVE BLANK—MDCH USE ONLY</b>
Date Received:
1°:
2°:
Reader:

1.  APPLICANT IS **NOT** A LOCAL RAPE CRISIS CENTER or DUAL D/SV SERVICE PROVIDER

2. TOTAL AMOUNT OF FUNDING REQUESTED:

3. NAME OF APPLICANT ORGANIZATION:  
ADDRESS:

4. NAME OF CONTACT PERSON (must be able to answer questions about application):  
 Please send email notification that the application package was received by deadline  
 TITLE:  
 PHONE NUMBER:  
 ADDRESS:  
 EMAIL: FAX:

5. NAME OF PERSON TO BE NOTIFIED IF AWARD IS MADE (if different than #4):  
 TITLE:  
 PHONE NUMBER:  
 ADDRESS:  
 EMAIL: FAX:

6.

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Typed or printed name of official signing for agency.

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Signature Date

**PROPOSAL COMPLETION CHECKLIST**  
*(fill out and place in proposal behind cover page)*

- One original and three copies are enclosed
- The original document is held together only with rubber bands or binder clips
- Copies are held together with rubber bands, binder clips, or a staple in the upper left hand corner
- Cover Sheet, Line 1 box is check if applicant is NOT an RCC or Dual D/SV Service Provider and the appropriate commitment for is included
- Cover Sheet, Line 4 box is checked (only if verification of proposal's receipt is desired)
- The appropriate signature is included on the cover sheet

The proposal

- Is typewritten on 8.5" x 11" paper in a font no smaller than 12 points
- Is double-spaced
- Is no longer than 25 pages, excluding cover page, checklist, budget forms and narrative, and appendices
- Has all pages numbered consecutively, starting with the cover page
- Is set up with at least 1" margins
- Is printed on only one side of the paper
- Has been proofread and spell-checked
- All required lines are filled out on the cover sheet
- The appropriate budget forms have been filled out and included at the end of the narrative
- A detailed budget narrative is included in the budget section
- If indirect is requested, appropriate documentation of indirect cost rate is included
- All necessary commitment forms or letters of commitment are included

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Signature of person completing the checklist

Print Form

## Primary Prevention of Sexual Violence RCC or Dual D/SV Service Provider COMMITMENT FORM

A partner is an agency, organization, business, group, or individual with an ongoing, specific role(s) that is key to successfully achieving SVP program goals and objectives.

**RCC or Dual D/SV Service Provider**

<p>Name: <input style="width: 90%;" type="text"/></p> <p>Website: <input style="width: 90%;" type="text"/></p> <p>Street Address: <input style="width: 90%;" type="text"/></p> <p>City: <input style="width: 90%;" type="text"/></p>	<p>Main Contact: <input style="width: 90%;" type="text"/></p> <p>Title: <input style="width: 90%;" type="text"/></p> <p>Email: <input style="width: 90%;" type="text"/></p>
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**Commitment Across the Spectrum of Prevention.**

Check as many levels as apply. Under each checked level, indicate the type of partner support you will provide to the applicant.

- |  |   |
|--|---|
| <p><input type="radio"/> <b>LEVEL 1: Strengthening Individual Knowledge &amp; Skills</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 80%;" type="text"/></p> | <p><input type="radio"/> <b>LEVEL 4: Fostering Coalitions and Networks</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 80%;" type="text"/></p>  |
| <p><input type="radio"/> <b>LEVEL 2: Promoting Community Education</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 80%;" type="text"/></p>                   | <p><input type="radio"/> <b>LEVEL 5: Changing Organizational Practices</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 80%;" type="text"/></p>  |
| <p><input type="radio"/> <b>LEVEL 3: Educating Providers</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 80%;" type="text"/></p>                             | <p><input type="radio"/> <b>LEVEL 6: Influencing Policy and Legislation</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 80%;" type="text"/></p> |
- My agency has reviewed and approved the applicant's disclosure plan.

**Comments, including examples of past collaboration:**

Signed By \_\_\_\_\_

Print Form

## Primary Prevention of Sexual Violence PARTNER COMMITMENT FORM

A partner is an agency, organization, business, group, or individual with an ongoing, specific role(s) that is key to successfully achieving SVP program goals and objectives.

**Partner Agency, Group, or Individual**

<p>Partner Name: <input style="width: 90%;" type="text"/></p> <p>Website: <input style="width: 90%;" type="text"/></p> <p>Street Address: <input style="width: 90%;" type="text"/></p> <p>City: <input style="width: 90%;" type="text"/></p>	<p>Main Contact: <input style="width: 90%;" type="text"/></p> <p>Title: <input style="width: 90%;" type="text"/></p> <p>Email: <input style="width: 90%;" type="text"/></p>
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**Commitment Across the Spectrum of Prevention.**

Check as many levels as apply. Under each checked level, indicate the type of support you will provide to the applicant.

<p><input type="radio"/> <b>LEVEL 1: Strengthening Individual Knowledge &amp; Skills</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 90%;" type="text"/></p>	<p><input type="radio"/> <b>LEVEL 4: Fostering Coalitions and Networks</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 90%;" type="text"/></p>
<p><input type="radio"/> <b>LEVEL 2: Promoting Community Education</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 90%;" type="text"/></p>	<p><input type="radio"/> <b>LEVEL 5: Changing Organizational Practices</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 90%;" type="text"/></p>
<p><input type="radio"/> <b>LEVEL 3: Educating Providers</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 90%;" type="text"/></p>	<p><input type="radio"/> <b>LEVEL 6: Influencing Policy and Legislation</b></p> <p><input type="radio"/> Access to Participants</p> <p><input type="radio"/> Resources (e.g., staff, time)</p> <p><input type="radio"/> Other: <input style="width: 90%;" type="text"/></p>

**Comments, including examples of past collaboration:**

Signed By \_\_\_\_\_

**Goals, Objectives, and Work Plan (no page limit)**

**Level 6 Goal:** Develop Policy and Legislation

**Priority Population(s):**

**Priority Risk/Protective Factors:**

**Partners:**

<b>Level 6 Goal: Develop Policy and Legislation</b>					
<b>Process Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
<b>Outcome Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>

**Level 5 Goal:** Change Organizational Practices

**Priority Population(s):**

**Priority Risk/Protective Factors:**

**Partners:**

<b>Level 5 Goal: Change Organizational Practices</b>					
<b>Process Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
<b>Outcome Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>

**Level 4 Goal:** Foster Coalitions and Networks

**Priority Population(s):**

**Priority Risk/Protective Factors:**

**Partners:**

<b>Level 4 Goal: Foster Coalitions and Networks</b>					
<b>Process Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
<b>Outcome Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>

**Level 3 Goal:** Educate Providers  
**Priority Population(s):**  
**Priority Risk/Protective Factors:**  
**Partners:**

<b>Level 3 Goal: Educate Providers</b>					
<b>Process Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
<b>Outcome Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>

**Level 2 Goal:** Promote Community Education

**Priority Population(s):**

**Priority Risk/Protective Factors:**

**Partners:**

<b>Level 2 Goal: Promote Community Education</b>					
<b>Process Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
<b>Outcome Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>

**Level 1 Goal:** Strengthen Individual Knowledge and Skills

**Priority Population(s):**

**Priority Risk/Protective Factors:**

**Partners:**

<b>Level 1 Goal: Strengthen Individual Knowledge and Skills</b>					
<b>Process Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
<b>Outcome Objective</b>		<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>
	<b>Work Plan Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Person(s)</b>	<b>Completion Measurement</b>

## SAMPLE WORK PLAN

**Level 1 Goal:** Strengthen Individual Knowledge and Skills

**Priority Population(s):** Elementary school children

**Priority Risk/Protective Factors:** Lack of social development; Experience that violence and coercion are acceptable; Personal belief in caring and empathy for others; Key influencers model & teach positive interpersonal skills

**Partners:** SVP Agency A, F. Kruger Elementary School, Bates Academy, Michael County ISD, Michael County Rape Crisis Center

<b>Level 1 Goal: Strengthen Individual Knowledge and Skills</b>					
<b>1) Process Objective</b> Agency A will coordinate delivery of 6 multi-session programs to 100 children in 2 elementary schools by 5/2011		<b>Start Date</b> 11/2010	<b>End Date</b> 5/2011	<b>Responsible Person(s)</b> Project Coordinator	<b>Completion Measurement</b> A log of multi-session programs noting the number of children who complete each program will be maintained.
	<b>Work Plan Activities</b> Appropriate participating school staff will receive training on implementation and/or reinforcement of multi-session curriculum	<b>Start Date</b> 11/2010	<b>End Date</b> 11/2010	<b>Responsible Person(s)</b> Project Coordinator, RCC Prevention Coordinator	<b>Completion Measurement</b> Certificate of completion for participating staff. Copies of the certificates will be maintained by the agency
	Prevention staff will contact staff at 2 elementary schools to coordinate multi-session programs	11/2010	1/2011	Project Coordinator	Phone log of calls
<b>2) Outcome Objective</b> Participants will increase beliefs, attitudes, and behaviors that support healthy relationships and boundaries by 20% after multi-session programming		<b>Start Date</b> 11/2010	<b>End Date</b> 5/2011	<b>Responsible Person(s)</b> School Partners	<b>Completion Measurement</b> Pre- and post-assessment to measure change in behavior; teacher/school staff interviews

	<b>Work Plan Activities</b> Identify, purchase or develop materials required for programming	<b>Start Date</b> 11/2010	<b>End Date</b> 11/2010	<b>Responsible Person(s)</b> Project Coordinator RCC Prevention Coordinator School Partners	<b>Completion Measurement</b> Invoice of purchased materials; Record of materials developed
	Training or other resources to support students to understand, recognize, and demonstrate the healthy relationships and boundaries is provided for staff at schools where curriculum will be presented	11/2010	11/2010	Project Coordinator RCC Prevention Coordinator School Partners	Record of Participation in Training; Record of Receipt of Materials
	Present programs in accordance to the curriculum to be used	11/2010	5/2011	School Partners	The Project Coordinator will complete & maintain session log
<b>3) Outcome Objective</b> After completion of the program, 20% of participants will report having successfully used at least 1 behavior that supports healthy relationships or boundaries.		<b>Start Date</b> 11/2010	<b>End Date</b> 5/2011	<b>Responsible Person(s)</b> Project Coordinator RCC Prevention Coordinator School Partners	<b>Completion Measurement</b> A second post-test will be administered 1 month following completion of the program to measure reported skill
	<b>Work Plan Activities</b> Behavioral post-test for outcome measurement will be designed	<b>Start Date</b> 12/2010	<b>End Date</b> 12/2010	<b>Responsible Person(s)</b> Project Coordinator RCC Prevention Coordinator School Partners	<b>Completion Measurement</b> Post-test instrument is completed
	Present programming in accordance to the curriculum	11/2010	5/2011	School Partners	The Project Coordinator will complete & maintain session log

**Project Management and Staffing Chart-may not exceed 2 pages**

List proposed staffing in the chart below. The time that personnel are budgeted for must be sufficient and in proportion to objectives and activities in your work plan. **A 1 FTE SVP PROJECT COORDINATOR MUST BE DESIGNATED. FAILURE TO DO SO RESULT IN YOUR APPLICATION BEING RETURNED.** Provide résumés, in an appendix, for each identified staff member and **any** other individual who will play a major role in implementing the program. For positions to be established or filled as part of this program, put TBD in the “Staff Person’s Name” column and include position descriptions (PD) with in the appendix with résumés.

Position Title	Staff Person’s Name	FTE	Grant Responsibilities (clearly indicate staff person’s qualifications, experience, authority, and authority to carry out proposed activities)	Staff Worksite	Knowledge, Education, Experience of (check all that apply)
<b>Project Coordinator</b> <input type="checkbox"/> Resume or PD Provided in attachments		1			<input type="checkbox"/> sexual violence <input type="checkbox"/> primary prevention <input type="checkbox"/> public health approach <input type="checkbox"/> spectrum of prevention <input type="checkbox"/> principles of effective prevention programs <input type="checkbox"/> evaluation <input type="checkbox"/> public policy <input type="checkbox"/> leadership/community mobilization <input type="checkbox"/> coalition building/collaboration <input type="checkbox"/> norms change <input type="checkbox"/> teaching/professional training <input type="checkbox"/> program management <input type="checkbox"/> media/technology <input type="checkbox"/> administrative support <input type="checkbox"/> accounting/finance
<input type="checkbox"/> Resume or PD Provided in attachments					<input type="checkbox"/> sexual violence <input type="checkbox"/> primary prevention <input type="checkbox"/> public health approach <input type="checkbox"/> spectrum of prevention <input type="checkbox"/> principles of effective prevention programs <input type="checkbox"/> evaluation <input type="checkbox"/> public policy <input type="checkbox"/> leadership/community mobilization <input type="checkbox"/> coalition building/collaboration <input type="checkbox"/> norms change <input type="checkbox"/> teaching/professional training <input type="checkbox"/> program management <input type="checkbox"/> media/technology <input type="checkbox"/> administrative support <input type="checkbox"/> accounting/finance

<input type="checkbox"/> Resume or PD Provided in attachments				<input type="checkbox"/> sexual violence <input type="checkbox"/> primary prevention <input type="checkbox"/> public health approach <input type="checkbox"/> spectrum of prevention <input type="checkbox"/> principles of effective prevention programs <input type="checkbox"/> evaluation <input type="checkbox"/> public policy <input type="checkbox"/> leadership/community mobilization <input type="checkbox"/> coalition building/collaboration <input type="checkbox"/> norms change <input type="checkbox"/> teaching/professional training <input type="checkbox"/> program management <input type="checkbox"/> media/technology <input type="checkbox"/> administrative support <input type="checkbox"/> accounting/finance
<input type="checkbox"/> Resume or PD Provided in attachments				<input type="checkbox"/> sexual violence <input type="checkbox"/> primary prevention <input type="checkbox"/> public health approach <input type="checkbox"/> spectrum of prevention <input type="checkbox"/> principles of effective prevention programs <input type="checkbox"/> evaluation <input type="checkbox"/> public policy <input type="checkbox"/> leadership/community mobilization <input type="checkbox"/> coalition building/collaboration <input type="checkbox"/> norms change <input type="checkbox"/> teaching/professional training <input type="checkbox"/> program management <input type="checkbox"/> media/technology <input type="checkbox"/> administrative support <input type="checkbox"/> accounting/finance

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1) Identify resources available to support proposed staff (e.g., facilities, training, supplies) in accomplishing the program objectives:

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2) Application includes a request for subcontractual to pay an individual, organization, or institution to provide professional advice or services for a fee and who is not an employee or subsidiary of the applicant.  No  Yes (if yes, complete information below)

a. Describe qualifications, roles, and responsibilities of any subcontractors requested.

b. Additionally, the following information is required for each proposed subcontractor:

- Name of Subcontractor:
- Method of Selection:
- Scope of Work:
- Period of Performance:
- Method of Accountability:
- Itemized Budget and Justification:

If the above information is unknown for any subcontractor when the application is submitted, it may be submitted later as a revision to the budget. Copies of all executed subcontracts MUST be sent to the MDCH Project Officer.

PLEASE NOTE: Proposals reflecting a budget that places emphasis on direct staffing cost with less weight placed on subcontractors will be viewed more favorably. All subcontractors require prior approval from MDCH annually. Partner Commitment Forms (Appendix D) are required from all proposed subcontractors identified. If awarded SVP grant funds, you are responsible for sufficiently monitoring all subcontractor activities, including checking the EPLS system and maintaining all documentation related to the subcontract and its monitoring.

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3) Indicate types of quality control mechanisms that will ensure smooth oversight, management, and day-to-day operations of this project:

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**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.
- 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 Expenditure

- 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:
1. 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.
  2. 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.
  3. 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.
  4. 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.
  5. 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.
  6. 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. 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 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

## Appendix F

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 subrecipient 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.
- 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

## Appendix F

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.

- 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.
  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 program operation 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 was 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.

**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	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			
<b>(I) EXPENDITURE CATEGORY</b>						<b>(K) TOTAL BUDGET</b> (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 %						
<b>10. TOTAL EXPENDITURES</b>			<b>110,090</b>			<b>110,090</b>

**(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)						
<b>16. TOTAL FUNDING</b>			<b>110,090</b>			<b>110,090</b>

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

**PROGRAM BUDGET – COST DETAIL SCHEDULE**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use **WHOLE DOLLARS ONLY**

<b>(B) PROGRAM</b>		<b>(C) BUDGET PERIOD</b>		<b>(D) DATE PREPARED</b>
Budget and Contracts		From: 10/01/xx	To: 9/30/xx	7/01/xx
<b>(E) CONTRACTOR NAME</b> Michigan Agency		<b>(F) BUDGET AGREEMENT</b> ORIGINAL      AMENDMENT X		<b>AMENDMENT #</b> 1
<b>(G)</b> 1. <b>SALARY &amp; WAGES</b> <b>POSITION DESCRIPTION</b>	<b>(H)</b> <b>COMMENTS</b>	<b>(I)</b> <b>POSITIONS REQUIRED</b>	<b>(J)</b> <b>TOTAL SALARY</b>	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
<b>(K) 1. TOTAL SALARY &amp; WAGES:</b>		1.5	\$ 43,000	
<b>(L) 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 26% <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>				\$ 11,180
<b>(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)</b>				
Conference registration		\$350		
Airfare		\$600		
Hotel accommodations and per diem for 4 days		\$450		
<b>3. TOTAL TRAVEL:</b>				\$ 1,400
<b>(N) 4. SUPPLIES &amp; MATERIALS (Specify if category exceeds 10% of Total Expenditures)</b>				
Office Supplies		2,000		
Medical supplies		35,000		
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>				\$ 37,000
<b>(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)</b>				
<b>Subcontractor Name</b>	<b>Address</b>	<b>Amount</b>		
ACME EVALUATION SERVICES	555 WALNUT, LANSING, MI 48933	\$ 2,000		
<b>Subrecipient Name</b>				
HEALTH CARE PARTNERS	333 KALAMAZOO, LANSING, MI 48933	\$ 1,500		
<b>5. TOTAL CONTRACTUAL:</b>				\$ 3,500
<b>(P) 6. EQUIPMENT (Specify items)</b>				
Microscope		\$5,000		
<b>6. TOTAL EQUIPMENT:</b>				\$ 5,000
<b>(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)</b>				
Communication Costs		\$2,400		
Space Costs		\$3,600		
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing		\$2,000		
<b>7. TOTAL OTHER:</b>				\$ 8,000
<b>(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES:</b>		\$ 110,090
<b>(S) 9. INDIRECT COSTS CALCULATIONS</b>				
		Rate #1: Base \$0 X	Rate 0.0000 %	Total
		Rate #2: Base \$0 X	Rate 0.0000 %	Total
<b>9. TOTAL INDIRECT EXPENDITURES:</b>				\$ 0
<b>(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>				\$ 110,090
<b>AUTHORITY:</b> P.A. 368 of 1978		The Department of Community Health is an equal opportunity		
<b>COMPLETION:</b> Is Voluntary, but is required as a condition of funding		employer, services and programs provider.		
DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

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"> <li>• Binocular</li> <li>• Trinocular with C-mount or eye tube</li> <li>• 35mm and digital camera adapters available</li> <li>• Diopter adjustment</li> <li>• Inclined 30 degrees (45 degrees available), rotates 360 degrees</li> <li>• 10X/20 high point eyepieces</li> <li>• Interpupillary distance range 50-75mm</li> </ul>	N1038438EW109	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total</b>				\$ 5,000

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPENDIX F**

**PROGRAM BUDGET – COST DETAIL SCHEDULE**  
**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

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

Page    Of

<b>PROGRAM</b>		<b>BUDGET PERIOD</b>		<b>DATE PREPARED</b>
		<b>From:</b>	<b>To:</b>	
<b>CONTRACTOR NAME</b>		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		<b>AMENDMENT #</b>
<b>1. SALARY &amp; WAGES</b> POSITION DESCRIPTION	<b>COMMENTS</b>	<b>POSITIONS REQUIRED</b>	<b>TOTAL SALARY</b>	
			\$0	
			\$0	
			\$0	
			\$0	
<b>1. TOTAL SALARIES &amp; WAGES:</b>		<b>0</b>	<b>\$ 0</b>	
<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;</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		
		<b>9. TOTAL INDIRECT EXPENDITURES:</b>		\$ 0
				\$ 0
<b>10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>				<b>\$ 0</b>
<b>AUTHORITY:</b> P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
<b>COMPLETION:</b> Is Voluntary, but is required as a condition of funding				
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