

REQUEST FOR PROPOSALS

COMMUNITY MOBILIZATION CAMPAIGN TO INCREASE HIV TESTING AMONG AFRICAN AMERICAN COMMUNITIES

March 2010

Issued By:

**Michigan Department of Community Health
Division of Health, Wellness and Disease Control
HIV/AIDS Prevention and Intervention Section**

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I. BACKGROUND

In Michigan, African American communities are disproportionately impacted by HIV/AIDS. African Americans account for nearly 60 percent of all cases of HIV/AIDS reported to the Michigan Department of Community Health (MDCH) while representing only 14 percent of Michigan's general population. Among all cases reported to MDCH, men account for 78 percent, with African American men making up 42 percent of all reported cases. Men who have sex with men (MSM) account for 53 percent of all reported cases and 68 percent of all reported cases among men. Two thirds of all cases occur in the Detroit metropolitan area, in which approximately 40 percent of Michigan's general population resides.

Between 2003 and 2007, Michigan witnessed a one percent increase in the rate of new HIV/AIDS diagnoses made among African American men. During this time period, the rate of new diagnoses among white men decreased by two percent. MSM accounted for 46 percent of annual new diagnoses. One half of these cases occurred among African American men. Between 2003 and 2007 the number of new cases among MSM who were African American increased by four percent while the number of new cases among MSM who were white decreased by four percent.

While adolescents (13-19 years old) account for only eight percent of all new cases diagnosed each year, between 2003 and 2007 the rate of new diagnoses increased significantly in this age group (24 percent each year). Of all adolescents diagnosed in this time period, 85 percent were African American (of whom 73 percent are MSM) compared to 59 percent of persons diagnosed at older ages. New cases diagnosed among adolescents were much more likely to be African American MSM compared to adults 20 years and older (62% vs. 22%). Michigan's 2008 Behavioral Risk Factor Survey indicates that young adults, ages 18-24 years old are less likely to have been tested for HIV compared with 25-44 year olds (24% versus 51%).

The Michigan Department of Community Health, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (MDCH, DHWDC, HAPIS) is making funds available through this Request for Proposals (RFP) to develop and initiate an evidence-based and community-led community mobilization campaign with the primary goal to promote and stimulate uptake of HIV testing among African American communities. Adolescent and young adults (ages 13-25), particularly men (inclusive of men who have sex with men, regardless of self-identification) are expected to be a primary focus of such efforts.

In addition to promoting knowledge of HIV status through HIV testing, supported activities should seek to address the sources of stigma in African American communities that undermine efforts to make HIV testing normative. The target geographic area for these activities is the Detroit area, inclusive of the City of Detroit and the surrounding counties of Wayne, Oakland, and Washtenaw.

II. AVAILABLE FUNDS

DHWDC, HAPIS expects to make one grant award, for an amount up to \$300,000, for a 12-month period. The grant may be renewed for an additional 12-month period based on

availability of funding, performance, grantee compliance with contractual obligations, and ongoing responsiveness to prevention priorities.

III. ELIGIBLE ACTIVITIES

Activities supported under this funding announcement include: convening community advisory bodies; needs assessment of target audiences to identify the barriers and facilitators associated with access to and acceptance of HIV testing and to guide audience segmentation, message development, adaptation and pre-testing; assessment of media (including social media) and placement; materials and media development and production or purchase; implementation planning activities with local partners; initiation of campaign activities, inclusive of community-led HIV testing activities; and evaluation of campaign efforts.

Proposed activities must complement and enhance existing local prevention efforts supported by the Michigan Department of Community Health by promoting a uniform and consistent “message” about the importance of knowing one’s HIV status and doing so in a way which is both highly visible and uses multiple channels to disseminate and diffuse messages. Activities supported under this funding announcement must also support and encourage coordination and collaboration among local providers of HIV testing and health education/risk reduction services targeted to African American communities and engage diverse partners such as business, faith-based organizations, community organizations, community health centers and hospitals. DHWDC, HAPIS expects that the statewide HIV/AIDS toll-free information and referral telephone number will be included in all campaign materials.

IV. APPLICANT ELIGIBILITY

Eligible applicants include:

1. Non-profit non-governmental organizations (NGOs), including community-based organizations (CBOs) and AIDS service organizations (ASOs)
2. Local Health Departments (LHDs)
3. Federally recognized Indian tribes
4. Hospitals
5. Colleges/universities
6. Community health centers including Federally Qualified Health Centers

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

Any non-profit organization applying under this RFP must have been certified by the Federal Internal Revenue Service (IRS) as a 501(c)(3) organization by December 31, 2009. **A copy of the IRS certificate of non-profit status must be included as an attachment to the proposal. Proposals from CBOs or NGOs which are lacking documentation of tax exempt status will not be reviewed and will be ineligible to receive funding under this RFP.**

Ineligible applicants include:

1. Individuals
2. State-level government agencies
3. For-profit agencies and organizations

V. USE OF FUNDS

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

- Project management and oversight including:
 - Project staff salaries and associated payroll taxes and fringe
 - Project administration (e.g., accounting, payroll staff)
 - Supplies and materials (e.g., office supplies)
 - Local travel
 - Communications (e.g., telephone, fax, postage and internet access)
 - Rent, utilities, security, maintenance, and necessary insurance
 - Project evaluation, including consultant costs
- Costs associated with conducting planning and needs assessment activities including:
 - Consultant costs
 - Data collection and analysis
 - Promotion and recruitment
 - Local travel
 - Participant incentives (individual and agency)
- Cost associated with implementation of community mobilization campaign including:
 - Production and/or purchase of materials and supplies
 - Community events (e.g., facility rental, promotion, speakers)
 - Participant incentives (individual and agency, including “mini grants”)
 - Media placement

Funding awarded under this RFP may not be used to replace funding for existing needs assessment and community mobilization activities supported with other sources of funds. For-profit agencies and organizations are ineligible to apply for funding under this RFP. However, applicants may include for-profit agencies among key partners and may include reasonable costs for working with for-profit agencies, as appropriate and necessary to achieve the objectives of this RFP (e.g., for development and pre-testing of messages, the production of marketing materials, or consultation on marketing strategies).

VI. REQUIRED ACTIVITIES

A. Reporting

Agencies awarded funding under this RFP will be required to submit quarterly narrative reports, according to a format and guidelines established by DHWDC, HAPIS.

In an effort to ensure efficient and timely communication with grantees, DHWDC, HAPIS relies heavily on electronic means of communication. Successful applicants must therefore assure a confidential fax machine and secure e-mail capacity for key staff, including the Executive Director, Project Manager and Fiscal Manager.

B. Reimbursement

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

VII. FORMAT REQUIREMENTS

A. Proposal Package

A complete proposal package will consist of:

- A. Cover Letter, on agency letterhead, which must be signed by Board and Administrative authorized agency representative(s)
- B. Abstract (Maximum of 1 page)
The abstract should include:
 - Name and brief description of the applicant organization, and collaborating agencies, if applicable;
 - A summary of the proposed activities;
 - The amount of funding requested;
 - Key partnerships and/or collaborations, including the name and role of partner agencies and organizations.
- C. Table of Contents
- D. Proposal Narrative and Budget (See attached DCH -0385, DCH-0386, and instructions for MDCH required format)

B. Formatting/Packaging

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

Proposals which do not follow these guidelines may not be reviewed and will therefore be ineligible to receive funding. Please note a page limit is not being imposed. Applicants are encouraged to provide relevant detail and attachments.

VIII. PROPOSAL OUTLINE

The proposal package should follow the format and outline described under the Format Requirements. In addition, the narrative should respond to the questions outlined below using the same headings and subheadings.

AGENCY DESCRIPTION AND QUALIFICATIONS

This section is to describe the expertise and experience of the applicant agency in conducting the proposed activities. This section should specifically address the following as related activities supported under this RFP:

1. Mission: Describe the mission of the agency as it relates to the development, implementation and facilitation of community mobilization activities.
2. Experience with Community Mobilization, including marketing: Describe the experience with and capacity of the agency (and key partners and/or collaborators, if applicable) as it relates to the development, implementation and facilitation of campaign activities. Include specific examples of past or current mobilization and marketing activities.
3. Experience with Target Population: Describe the agency's (and key partners and/or collaborators, if applicable) experience with and access to the target population for activities supported under this RFP. Include specific examples, and quantitative data when available, to support access to and experience with the target population.
4. Collaboration and Coordination: Describe the agency's experience and success with leading or facilitating collaborative efforts involving multiple agencies and diverse stakeholders (e.g., business, faith-based organizations, civic groups, community groups).
5. Required Attachments:
 - 501(c) (3) certification (if applicable).
 - Board of Directors (names, position on Board, professional affiliations, expertise represented, race/ethnicity, and gender).
 - Organizational chart which clearly identifies position in the organization and reporting relationships relevant to this proposal.
 - Most recent independent financial audit or financial statements if audit is unavailable.

PROPOSED PLAN FOR COMMUNITY MOBILIZATION CAMPAIGN

This section is to describe the proposed plan for the development and implementation of community mobilization campaign activities, including associated needs assessment efforts. This section should specifically address the following as related activities supported under this RFP:

1. Target Population: Provide a description of the target population for proposed needs

assessment and community mobilization activities. Be specific in terms of geographic areas as well as the demographic or other relevant characteristics of targeted sub-populations. Provide appropriate rationale for selection of the geographic area and any targeted sub-population(s). Be specific about your plans to segment the target audience. Describe how the target population(s) will be involved in all phases of the design, implementation and evaluation of the needs assessment and community mobilization campaign activities.

2. Needs Assessment: Describe the methods that will be employed to identify the specific barriers and facilitators associated with access to and use of HIV testing among members of the targeted population(s). The needs assessment is expected to address structural (e.g., policies, organizations, institutions, and service delivery systems) as well as social and cultural factors which act as barriers or facilitators to access and use of HIV testing. Provide a description of potential stakeholder groups and organizations to be included in needs assessment activities. You should include both supporters and opponents of increased access to and utilization of HIV testing among the target population(s).
3. Message Development: Describe the strategies that will be employed to develop and refine specific messages to be used in the campaign and to identify competing messages. Describe the proposed methods to be used in pre-testing messages with target population(s). Describe how community members will be engaged in developing assessment activities and interpreting findings. Describe the methods that you plan to use to ensure that all materials and messaging will be culturally, linguistically and developmentally appropriate and relevant for the target population(s).
4. Implementation Activities:
 - a. Promotion Strategies: Describe the promotion strategies that are likely to be used for the campaign, based on your current knowledge of the target population relative to the objectives for this RFP. Be specific about the materials and channels that are likely to be used to reach the target audience (e.g., advertising, print and other materials, community events/activities, and other media). Be specific about any variation in these strategies according to sub-population. Describe the methods that you plan to use to ensure that all promotional strategies will be culturally, linguistically and developmentally appropriate and relevant for the target population(s). Use of social media (e.g., social networking sites) is strongly encouraged as DHWDC, HAPIS is looking for additional, effective ways to reach the target population. DHWDC, HAPIS acknowledges that promotion strategies may be refined based on findings from needs assessment activities.

Applicants may propose use and/or adaptation of strategies and materials developed by other organizations, such as the Test 1 Million campaign (Black AIDS Institute), Act Against AIDS (Centers for Disease Control) or the Greater than AIDS Campaign (Black AIDS Media Partners). While use and/or adaptation of existing tools and materials is allowed, applicants will be expected to demonstrate that the strategies and materials are culturally, linguistically and developmentally appropriate and relevant for the target populations(s) and are strongly encouraged to include locally developed and tailored strategies and materials.

- b. Placement Strategies: Describe the placement strategies that are likely to be used for

- the campaign, based on your current knowledge of the target population relative to the objectives for this RFP. Be specific about the venues and environments (virtual and physical) in which campaign activities are likely to be conducted. DHWDC, HAPIS acknowledges that placement strategies may be refined based on findings from needs assessment activities. Describe how placement activities will be linked with opportunities for HIV testing.
- c. Community Collaboration: Describe the collaborations proposed for development and implementation of all phases of the community mobilization campaign including needs assessment, implementation and evaluation. Be specific about the types of partners (e.g., media, marketing, business, faith-based organizations, civic groups, community groups) that you expect to involve. Applicants are *expected* to include hospitals and community health centers among partners. Describe the strategies that you plan to use to facilitate and sustain collaboration. Include a list of potential collaborators, providing a brief description of the types of organizations. The grantee will be expected to document collaborations through appropriate mechanisms such as Memoranda of Understanding. Letters of Support from potential partners should be included as attachments to the proposal.
5. Evaluation: This section is to address the strategies that will be used to community mobilization campaign activities.
 - a. Objectives: State the objectives for the proposed campaign activities. Include both process and outcome objectives. Objectives should be specific and measurable.
 - b. Methods: Describe the evaluation methods or strategies and sources of data that you anticipate using for evaluation activities.
 - c. Application: Describe how you plan to use findings from evaluation efforts to refine campaign elements. Describe how representatives of the target population(s) and collaborators will be engaged in interpretation and application of evaluation findings.
 6. Staffing Plan: Describe your plans for staffing the proposed activities. For each staff position associated with the proposed project (regardless of source of support), provide the title, name, percent of effort (i.e., full-time equivalent), a brief description of responsibilities, qualifications and credentials of the staff engaged in project activities. If specific staff has not yet been hired, describe the percent of effort required, qualifications sought, and recruitment plan for the position(s). Lines of supervision (i.e., who each person supervises and by whom they are supervised) must be described. Support of supervisory and administrative staff is allowable provided that such expenditures are reasonable and proportionate to the proposed activities. Such staff positions should be detailed on the staffing plan.
 7. Work Plan/Time Line: Provide a detailed work plan and time line associated with proposed campaign activities. The work plan and time line should address key activities and milestones associated with your proposed scope of service, including formative activities (e.g., needs assessment, message testing), implementation activities (e.g., production of materials; key community events), as well as evaluation activities. Staff with primary responsibility for items included on the work plan should be clearly noted. The timeline should reflect a 12 month project period.
 - E. Budget: Provide a detailed budget and an associated narrative justification for a 12-month project period. The narrative is to provide detailed descriptions of planned

expenditures, including justification and rationale. All budget line items must be described in the budget narrative justification. Proposed expenditures should be presented in the format required by MDCH. Proposed expenditures must be presented in the accordance with the required format. Please refer to the attached MDCH Instructions for Preparation of Budget Forms for additional information.

IX. REVIEW AND EVALUATION OF PROPOSALS

Proposals submitted in response to this RFP will be reviewed and evaluated by DHWDC staff and outside experts according to pre-established criteria. Evaluation criteria will be responsive to the requirements of the RFP. The two primary components of the proposal, Agency Description and Qualifications and Proposed Plan for Community Mobilization Campaign will receive equal emphasis in evaluation.

DHWDC, HAPIS reserves the right to consider additional criteria when making final decisions regarding awards. Other criteria which DHWDC, HAPIS may consider include, but are not limited to: resource availability, agency capacity, past performance of the applicant in State contracts (e.g., progress toward reaching objectives, success in targeting and compliance with contractual obligations), and other factors relevant to achieving the objectives for this RFP. DHWDC, HAPIS has final authority for decisions related to allocation of resources made available through this RFP.

X. LETTERS OF INTENT

Applicants **are required** to submit a Letter of Intent to Apply, on agency letterhead, with appropriate authorized signature, **no later than 5:00 p.m. Eastern Time (ET) on Friday, April 2, 2010**. Forms received after 5:00 p.m. EST will not be accepted. Letters of Intent to Apply must be submitted by US Mail or express carrier (e.g., Fed Ex, UPS etc.). Address letters to:

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness, and Disease Control
109 West Michigan, 10th Floor
Lansing, MI 48913
Attn: COMMUNITY MOBILIZATION RFP

Agencies that do not submit a Letter of Intent to Apply are **not** eligible to apply for funding under this RFP. However, there is no penalty for submitting a letter and later deciding not to make a full application. Letters of Intent to Apply are non-binding but will be used by MDCH to adequately prepare for the review of submitted proposals.

DHWDC, HAPIS requests that agencies that submit a Letter of Intent to Apply but decide not to submit a proposal, inform DHWDC, HAPIS of this decision in writing prior to or by the deadline for submission of proposals.

Proposals will not be accepted from agencies that have not submitted a Letter of Intent to Apply by the required deadline. Letters submitted by email or fax will not be accepted.

XI. TECHNICAL ASSISTANCE

Questions about the requirements of this RFP will be accepted in writing, only. Prospective applicants may submit questions via fax or US mail only. Questions and requests for clarifications must be submitted in writing by Monday April 5, 2010. DHWDC, HAPIS will prepare written responses to all questions and distribute them to applicants who have submitted a letter of intent. **Questions and requests for clarification of the requirements of this RFP must be submitted in writing and will be accepted via US mail or fax, only.** DHWDC, HAPIS will not respond to questions that have not been submitted in writing and by the specified deadline. Address questions to:

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness, and Disease Control
109 West Michigan, 10th Floor
Lansing, MI 48913
(517) 241-5922 (fax)
Attn: COMMUNITY MOBILIZATION RFP

XII. SUBMISSION OF PROPOSALS

Proposal packages must be RECEIVED by **5:00 p.m. Eastern Time, on Thursday May 6, 2010. LATE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED.** No extensions will be granted. Faxed or e-mailed proposals WILL NOT be accepted.

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

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness, and Disease Control
109 West Michigan, 10th Floor
Lansing, MI 48913
Attn: COMMUNITY MOBILIZATION RFP

If a phone number is required for delivery, use (517) 241-5900.

Please note: DHWDC, HAPIS is located in downtown Lansing. Parking and navigation can be challenging, particularly given the current road construction activities. Applicants are highly encouraged to use express carriers (e.g., Fed Ex, UPS etc.) to guarantee on-time delivery of proposals. If applications are submitted via the US Postal Service or express carriers, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. If DHWDC, HAPIS receives the submission after closing due to carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, the applicant will be given the opportunity to submit the documentation of the carrier's guarantee. If

the documentation verifies a carrier problem, DHWDC, HAPIS will consider the submission as having been received by the deadline.

XIII. NOTICE OF AWARD

An award recommendation is expected to be made by Friday, June 18, 2010 subject to approval by the State Administrative Board.

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

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

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

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

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

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

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

- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salary and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts/Subrecipients)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Costs
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
 13. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

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

15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH
 16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The "K" Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

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

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

- A. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with 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.

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

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

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

- 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.

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

3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, such as patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs 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.

ATTACHMENT B.1

PROGRAM BUDGET SUMMARY
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

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

EXAMPLE

| | | | | | | |
|--|--|---------|--|--|--|---------|
| (J) SOURCE OF FUNDS | | | | | | |
| 11. FEES & COLLECTIONS | | 10,000 | | | | 10,000 |
| 12. STATE AGREEMENT | | 90,000 | | | | 90,000 |
| 13. LOCAL | | 9,090 | | | | 9,090 |
| 14. FEDERAL | | | | | | |
| 15. OTHER(S) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 16. TOTAL FUNDING | | 110,090 | | | | 110,090 |
| AUTHORITY: P.A. 368 of 1978 | | | The Department of Community Health is an equal opportunity employer, services and programs provider. | | | |
| COMPLETION: Is Voluntary, but is required as a condition of funding | | | | | | |

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

ATTACHMENT B. 2

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

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

| | | | | |
|--|----------------------------------|--|----------------------------|--------------------------|
| (B) PROGRAM | | (C) BUDGET PERIOD | | (D) DATE PREPARED |
| Budget and Contracts | | From: 10/01/xx | To: 9/30/xx | 7/01/xx |
| (E) CONTRACTOR NAME Michigan Agency | | (F) BUDGET AGREEMENT ORIGINAL AMENDMENT | | AMENDMENT # |
| (G) 1. SALARY & WAGES POSITION DESCRIPTION | (H) COMMENTS | (I) POSITIONS REQUIRED | (J) TOTAL SALARY | |
| Nurse | 9 month position | 1 | 25,000 | |
| Project Director | | .5 | 18,000 | |
| | | | | |
| | | | | |
| (K) 1. TOTAL SALARY & WAGES: | | 1.5 | \$ 43,000 | |
| (L) 2. FRINGE BENEFITS (Specify) | | | | |
| FICA | LIFE INS. | DENTAL INS | COMPOSITE RATE | |
| UNEMPLOY INS. | VISION INS. | WORK COMP | AMOUNT 26% | |
| RETIREMENT | HEARING INS. | | | |
| HOSPITAL INS. | OTHER (specify) _____ | | | |
| 2. TOTAL FRINGE BENEFITS: | | | | \$ 11,180 |
| (M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures) | | | | |
| Conference registration | \$350 | | | |
| Airfare | \$600 | | | |
| Hotel accommodations and per diem for 4 days | \$ 50 | | | |
| TOTAL TRAVEL: | | | | \$ 1,400 |
| (N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures) | | | | |
| Office Supplies | 2,000 | | | |
| Medical supplies | 35,000 | | | |
| 4. TOTAL SUPPLIES & MATERIALS: | | | | \$ 37,000 |
| (O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients) | | | | |
| Subcontractor Name | Address | Amount | Subrecipient | |
| ACME Evaluation Services | 555 Walnut, Lansing, MI 48933 | \$ 2,000 | | |
| Health Care Partners | 333 Kalamazoo, Lansing, MI 48933 | \$ 1,500 | | |
| 5. TOTAL CONTRACTUAL: | | | | \$ 3,500 |
| (P) 6. EQUIPMENT (Specify items) | | | | |
| Microscope | \$5,000 | | | |
| 6. TOTAL EQUIPMENT: | | | | \$ 5,000 |
| (Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures) | | | | |
| Communication Costs | \$2,400 | | | |
| Space Costs | \$3,600 | | | |
| Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing | \$2,000 | | | |
| 7. TOTAL OTHER: | | | | \$ 8,000 |
| (R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7) | | 8. TOTAL DIRECT EXPENDITURES: | | \$ 110,090 |
| (S) 9. INDIRECT COSTS CALCULATIONS | | | | |
| | Rate #1: Base \$0 X | Rate 0.0000 % | Total | \$ 0 |
| | Rate #2: Base \$0 X | Rate 0.0000 % | Total | \$ 0 |
| 9. TOTAL INDIRECT EXPENDITURES: | | | | \$ 0 |
| (T) 10. TOTAL EXPENDITURES (Sum of lines 8-9) | | | | \$ 110,090 |
| AUTHORITY: P.A. 368 of 1978 | | The Department of Community Health is an equal opportunity employer, services and programs provider. | | |
| COMPLETION: Is Voluntary, but is required as a condition of funding | | | | |

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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
 CONTRACT MANAGEMENT SECTION
EQUIPMENT INVENTORY SCHEDULE

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

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

| Quantity | Item Name | Item Specification | Tag Number | Purchase Price |
|--------------|---------------------------------|---|---------------|-----------------|
| 1 | LW Scientific M5 Labscope | <ul style="list-style-type: none"> Binocular Trinocular with C-mount or eye tube 35mm and digital camera adapters available Diopter adjustment Inclined 30 degrees (45 degrees available), rotates 360 degrees 10X/20 high point eyepieces Interpupillary distance range 50-75mm | N1038438EW109 | \$ 5,000 |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Total | | | | \$ 5,000 |

EXAMPLE

Contractor's Signature: _____ Date: _____

PROGRAM BUDGET SUMMARY
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

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

SOURCE OF FUNDS

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

| | |
|--|--|
| AUTHORITY: P.A. 368 of 1978 | The Department of Community Health is an equal opportunity employer, services and programs provider. |
| COMPLETION: Is Voluntary, but is required as a condition of funding | |

| | | | | | |
|--|-----------------|--|--|--------------------------------------|---------------|
| View at 100% or Larger Use WHOLE DOLLARS Only PROGRAM | | MICHIGAN DEPARTMENT OF COMMUNITY HEALTH | | BUDGET PERIOD | DATE PREPARED |
| | | From: | To: | | |
| CONTRACTOR NAME | | BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT | | AMENDMENT # | |
| 1. SALARY & WAGES | COMMENTS | POSITIONS REQUIRED | TOTAL SALARY | | |
| | | | \$0 | | |
| | | | \$0 | | |
| | | | \$0 | | |
| | | | \$0 | | |
| | | | \$0 | | |
| | | | \$0 | | |
| 1. TOTAL SALARIES & WAGES: | | 0 | \$ 0 | | |
| 2. FRINGE BENEFITS (Specify) | | | | | |
| <input type="checkbox"/> FICA | | <input type="checkbox"/> LIFE INS. | | <input type="checkbox"/> DENTAL INS. | |
| <input type="checkbox"/> UNEMPLOY INS. | | <input type="checkbox"/> VISION INS. | | <input type="checkbox"/> WORK COMP. | |
| <input type="checkbox"/> RETIREMENT | | <input type="checkbox"/> HEARING INS. | | COMPOSITE RATE | |
| <input type="checkbox"/> HOSPITAL INS. | | <input type="checkbox"/> OTHER (specify) _____ | | AMOUNT 0.00% | |
| 2. TOTAL FRINGE BENEFITS: | | | | | \$0 |
| 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures) | | | | | |
| 3 TOTAL TRAVEL: | | | | | \$0 |
| 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures) | | | | | |
| 4. TOTAL SUPPLIES & MATERIALS: | | | | | \$0 |
| 5. CONTRACTUAL (Specify Subcontracts/Subrecipients) | | | | | |
| <u>Name</u> | | <u>Address</u> | | <u>Amount</u> | |
| 5. TOTAL CONTRACTUAL: | | | | | \$0 |
| 6. EQUIPMENT (Specify items) | | | | | |
| 6. TOTAL EQUIPMENT: | | | | | \$0 |
| 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures) | | | | | |
| 7. TOTAL OTHER: | | | | | \$0 |
| 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7) | | | 8. TOTAL DIRECT EXPENDITURES: | | \$ 0 |
| 9. INDIRECT COST CALCULATIONS | | | Rate #1: Base \$0 X Rate 0.0000 % Total | | \$ 0 |
| | | | Rate #2: Base \$0 X Rate 0.0000 % Total | | \$ 0 |
| | | | 9. TOTAL INDIRECT EXPENDITURES: | | \$ 0 |
| 10. TOTAL EXPENDITURES (Sum of lines 8-9) | | | | | \$ 0 |
| AUTHORITY: P.A. 368 of 1978 | | | The Department of Community Health is an equal opportunity employer, | | |
| COMPLETION: Is Voluntary, but is required as a condition of funding | | | services and programs provider. | | |

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