

## Local Health Department (LHD) Small Grant Cycle 2019-2020

### Guidelines

**Grant year:** October 1, 2019 through September 30, 2020

**Objectives:**

- (1) Increase outreach efforts to families who have a child(ren)/youth with special health care needs (including all children who have, or are at an increased risk for: physical, developmental, behavioral or emotional conditions).
- (2) Educate the community and target audiences about the Children's Special Health Care Services (CSHCS) and the Family Center for Children and Youth with Special Health Care Needs (Family Center) program and benefits.
- (3) Increase family support and involvement through implementation of family-centered activities in order to increase knowledge and care for children with special health care needs and their families.
- (4) Obtain feedback regarding improvements in the systems of care serving families, including LHD policies and procedures.

**Purpose:**

Local Health Departments/Districts are eligible to apply for up to \$10,000 to meet the objectives outlined above. Due to the competitive nature of this grant and its purpose, we have had to prioritize activities in which we can fund.

Here are some examples of activities that we can fund in order to meet objectives of the grant:

- A parent of a child with special health care needs **must** be hired/contracted/reimbursed to coordinate all grant related activities to receive funding.
  - Create and/or maintain parent advisory groups to the LHD.
  - Educate and promote CSHCS and Family Center programming and benefits or a disability related topic to parents who have children that may or may not be currently enrolled by using newsletters, attending outreach events in the community, etc. No more than 25% of the total budget may be spent on any one event or activity.
  - Hold focus groups for targeted populations to improve program service delivery.
  - Use grant funds to provide financial assistance to remove barriers for families so they may be able to participate in the feedback process. This may include: paying stipends for attendance; childcare reimbursement; group/event refreshments; transportation and/or mileage to and from meetings or forums related to the goals of the grant. Mileage may not be used for staff.

## **Guidelines (Cont'd)**

### **Grant Requirements and Award Process**

Please submit the grant application (including Work Plan Template) by the deadline listed below.

Applications will be reviewed by a review committee within the Family Center. Again, since this is a competitive grant process, preference will be given to the grant applicant that shows a demonstrated ability to meet/exceed the objectives and purpose of the grant. Demonstrating the use of "In Kind" is not required for this grant. Notification of award will be made after Monday, July 1, 2019.

After the close of the grant period, a final grant report will need to be submitted. This grant report can be submitted as a narrative and must include proof of deliverables for the Work Plan and Budget submitted at the time of application. Examples of these proofs may include (but are not limited to): examples of marketing materials, sign-in sheets for events, satisfaction surveys, updated budget showing expenditures, and proofs of outreach efforts.

### **Grant Deadlines**

Grant Application postmarked and mailed deadline: **March 22, 2019**

Notification of award after: **July 1, 2019**

Funding awarded to recipient after: **October 1, 2019**

Funds expend Date: **September 30, 2020**

Final grant report postmarked and mailed to Family Center: **October 31, 2020**

# Grant Application

Local Health Department and/or District Name: \_\_\_\_\_

Address: \_\_\_\_\_

County(ies): \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Primary Contact Information: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Lead Project Coordinator Name

\_\_\_\_\_  
Health Officer Name

\_\_\_\_\_  
Lead Project Coordinator Signature

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Grant Application (Cont'd)**

Please include the following information with your grant application:

### **Work Plan Project Narrative and Work Plan Template**

The Work Plan Project Narrative and Work Plan Template include the overall goals and objectives of the project. Submit a work plan that states the project's objectives, activities, timeframe, and outcomes (Work Plan Template attached).

### **Outcome Measures and Evaluation Component**

Discuss outcomes and any other measurable benefits to be derived from the project in the form of project outcomes and an evaluation component. Outcomes should describe the project's expected results in terms that are quantifiable and time-limited and should be included in the Work Plan Template.

### **Budget Section**

Complete the budget form included in this application packet. Include a narrative of the proposed budget. Explain how the cost of the project was determined. Include any cost sharing that will occur among the project partners and identify expenses that will be cost-shared if any. Please note: the grant money is not intended to fund LHD staff salaries/wages, benefits, and/or mileage.

Grant Application Deadline: **March 22, 2019**

Please complete and return the grant application by:

Scanning as a PDF and sending to: [JonesK50@michigan.gov](mailto:JonesK50@michigan.gov)

This is the preferred method of submission.

Or Fax: 517-241-8970

Or by mailing postmarked by March 22, 2019 to:

Family Center

Attention: Kate Jones

320 S. Walnut – 6th Floor

Lansing, MI 48913

For questions, please call Kate at (517) 335-9096 or send an email to

[JonesK50@michigan.gov](mailto:JonesK50@michigan.gov)

**\*\*If you do not receive an email receipt within two weeks of sending your application please follow up. An email will be sent out to the primary contact for all applications that are received. If you do not receive an email we have not received your application. Email is the preferred method to receive the application.\*\***

## LHD Grant Application Budget Form

	Grant Funds	Other Funds	In Kind	TOTAL
Contractor				
LHD Support	<del></del>			
Supplies				
Mileage				
Participation Reimbursement				
Volunteer	<del></del>			
Other				
<b>TOTAL</b>				

## **Budget Justification Narrative**

## **Work Plan Project Narrative**

State the overall goal of the project, and list: objectives, timeframe, and outcomes (use additional pages as needed).

## Work Plan Template

<b>OBJECTIVE 1:</b>	Increase outreach efforts to families who have a child(ren)/youth with special health care needs (including all children who have, or are at an increased risk for: physical, developmental, behavioral or emotional conditions).
<b>OBJECTIVE 1 ACTIVITIES:</b>	
<b>OBJECTIVE 1 OUTCOMES:</b>	
<b>OBJECTIVE 1 MEASUREMENT:</b>	

Please use additional pages for each objective if needed.



<b>OBJECTIVE 2:</b>	Educate the community and target audiences about the Children’s Special Health Care Services (CSHCS) and the Family Center for Children and Youth with Special Health Care Needs (Family Center) program and benefits.
<b>OBJECTIVE 2 ACTIVITIES:</b>	
<b>OBJECTIVE 2 OUTCOMES:</b>	
<b>OBJECTIVE 2 MEASUREMENT:</b>	

Please use additional pages for each objective if needed.

<b>OBJECTIVE 3:</b>	Increase family support and involvement through implementation of family-centered activities in order to increase knowledge and care for children with special health care needs and their families.
<b>OBJECTIVE 3 ACTIVITIES:</b>	
<b>OBJECTIVE 3 OUTCOMES:</b>	
<b>OBJECTIVE 3 MEASUREMENT:</b>	

Please use additional pages for each objective if needed.

<p><b>OBJECTIVE 4:</b></p> <p><b>OBJECTIVE 4 ACTIVITIES:</b></p> <p><b>OBJECTIVE 4 OUTCOMES:</b></p> <p><b>OBJECTIVE 4 MEASUREMENT:</b></p>	<p>Obtain feedback regarding improvements in the systems of care serving families, including LHD policies and procedures.</p>
---	---

Please use additional pages for each objective if needed.