

REQUEST FOR APPLICATIONS # 1604 DPH-LS

Minority Health Mini-Grants

August 30, 2007

Issued by:

STATE OF WISCONSIN
DEPARTMENT OF HEALTH & FAMILY SERVICES
DIVISION OF PUBLIC HEALTH
MINORITY HEALTH PROGRAM

**Written applications must be submitted
no later than 4:00 PM Central Time
Friday, September 28, 2007**

Mail or deliver applications to:

Minority Health Program
Division of Public Health
1 West Wilson Street, Room 372
Madison, WI 53703
Phone: (608) 261-9302

For questions, contact:

Evelyn Cruz
Minority Health Policy Analyst
608/266-3716
cruze@dhfs.state.wi.us

**Late or faxed proposals will be rejected.
The State of Wisconsin reserves the right to reject any and all proposals.**

Background

This Request for Applications (RFA) invites proposals from individuals and organizations to conduct activities related to improving the health status of economically disadvantaged minority group members in Wisconsin. The Department of Health and Family Services (DHFS) has requested a \$200,000 appropriation for the 2007-2009 state biennium for matching grants to conduct said activities. The funding for the biennium will be distributed in a two-year funding cycle. DHFS will distribute \$100,000 in year one, and \$100,000 in continuation awards to eligible projects in year two. **Funding for these grant awards is contingent on the approval of the appropriate funding.** These grants are intended to build the capacity of local communities to provide culturally and linguistically appropriate resources and services for targeted minority populations and eliminate racial and ethnic disparities in health.

Criteria and Interested Projects

Priority will be given to projects with focus in one or more of the following areas: health related to reproduction, children, men, sexual behavior; health education; promotion of healthy behaviors and/or lifestyle changes; mental health and/or substance abuse. Applicants are encouraged to address projects that recognize health outcomes as a function of different life cycle stages and/or social networks (for example, family structure).

All projects funded under these grants must:

- Target one or more of the following racial and ethnic minority groups; African American, American Indian, Hispanic/Latino, Southeast Asian;
- Be specifically tailored to the cultural, linguistic, and social norms of the target communities;
- Demonstrate promising or evidence-based practices to eliminate racial/ethnic health disparities; and
- Address one or both of the following health priority areas in support of the State Health Plan:

Priority Area 1: Access to primary and preventive health services

Priority Area 2: Overweight, obesity, and lack of physical activity

<http://dhfs.wisconsin.gov/health/physicalactivity/StatePlan/index.HTM>

Projects funded under this RFP will be expected to work in cooperation with other related programs within the Division of Public Health

Funding

For Year One of the biennium cycle, DHFS will distribute \$100,000 for matching grant awards. Eligible grants, in amounts not to exceed **\$10,000** per grant, will be awarded for the period of October 15, 2007 to June 30, 2008 to support (a) implementation of short-term minority health-related projects through June 30, 2008, with the possibility for funding to continue into year 2 or (b) planning activities for longer-term projects.

For Year Two of the biennium cycle, DHFS will distribute continuation funds of \$100,000 for matching grant awards. Eligible continuation grants, in amounts not to exceed **\$10,000** per grant, will be awarded for the period from July 1, 2008, to June 30, 2009; or (b) initial implementation funding for projects planned in Year One, per (b) above.

Monies may be used for a variety of purposes including community mobilization, capacity development activities, and to implement environmental and policy changes; health promotion and education activities and materials, workshops and conferences when part of a larger project; interpretation and translation services; personnel; and capital equipment (e.g., medical equipment and supplies) if used primarily for health-related programs and services targeting racial and ethnic minorities as described in 'Criteria and Priorities' above.

All applicants are required to explicitly demonstrate the ability to provide local match in an amount equal to at least 50% of the requested grant funds. The match can be in the form of funding, personnel, or in-kind services. For example, an applicant who requests \$5,000 must demonstrate and document the ability to provide funds or in-kind services that total at least \$2,500 or one-half of the grant award. The match requirement also applies to continuation awards.

Period of Support

Year One. October 15, 2007 to June 30, 2008.

Year Two. July 1, 2008, to June 30, 2009

Eligible Applicants

Applications are targeted to racial/ethnic minority community-based organizations and tribes in Wisconsin. An applicant that is not a federally qualified health center shall receive priority for grant awards.

Award Criteria

For Year One, awards will be granted competitively based on the Review Criteria and Scoring stated in this RFA. An evaluation committee will score and tabulate the applications and rank applications in each category according to the numerical score received. Recommendations for funding are based on the numeric rating of individual proposals in each category **and** assurance that the selected combination of proposals addresses priority needs across minority populations and subgroups across the State. The Division Administrator will make a final decision as to whether a contract will be awarded. The Division reserves the right to reject any or all proposals and to negotiate the award amount, the evaluation process, authorized budget items, and specific programmatic goals with the selected applicants prior to entering into a grant agreement. Anyone receiving a contract must comply with DHFS affirmative action and civil rights compliance requirements (see <http://dhfs.wisconsin.gov/civilrights/CRC/crcplan&resources.htm> for details). Should additional funding become available, we reserve the right to utilize the results of this process to award additional mini-grants.

Grant projects funded in Year One may be eligible for continuation awards and will be asked to submit an abbreviated application for Year Two.

Application Guidelines

Proposals must be typed, using at least 10 point font, double-spaced on 8 ½ by 11 inch paper, with at least one-inch margins. **Proposals should not exceed 5 pages**, excluding the cover page and budget/budget narrative pages. Number all pages and organize the application according to the following application guideline. Applications must be submitted by mail. **Submit 5 identical copies** of your application, each one stapled in the upper left-hand corner.

Application Deadline

Mini-grant applications are due on Friday, September 28, 2007, at 4 p.m. to: Evelyn Cruz / Minority Health Policy Analyst/Division of Public Health/1 West Wilson Street, Room 372/Madison, WI 53703, phone: (608) 266-3716. The RFA can be downloaded from the DHFS website at <http://dhfs.wisconsin.gov/rfp/index.htm>. Click on "Minority Health Mini-Grants."

Application Checklist

The grant proposal should include:

- Cover page
- Narrative (**no more than 5 pages, doubled-spaced**) with the following sections:

- Organizational Profile
- Statement of Needs or Assets
- Program Goal(s) and Objective(s)
- Methods
- Evaluation
- Budget form and budget narrative
- If letters of support are included for consideration, please make sure all five packets contain copies of such letters.
- Signed Assurances of Compliance form (Only 1 copy needed)
- A completed W-9 form (Only 1 copy needed)

Mini-Grant Application Format

A. Cover Page

- Complete the cover page and make it the first page of the submitted proposal.
- Include a brief description of the project in the cover page block.

B. Narrative

1) Individual or Organizational Profile

- Identify the applicant and include a statement about the applicant organization's history, mission, and qualifications as related to the project.

2) Statement of Needs or Assets

- Identify the priority health area and the population-specific health needs or assets that the project will address.
- Identify the target racial/ethnic population(s) and subgroups for which the project is designed.
- Explain why the project is needed and how the project relates to elimination of health disparities.

3) Program Goals and Objectives

- List your overall project goal and at least one measurable outcome objective that will be satisfied by your project within the performance period.

Examples—

Goal: *To enhance the health and well-being of Anytown Neighborhood infants and their families.*

Objective: By 6/30/08, implement a community-driven, neighborhood-based program to enhance positive social support and resilience among pregnant women and families residing in Anytown Neighborhood zip codes 00001, 00002, 00003.

4) Methods

- State specifically how grant funds will be used to achieve the stated goals and objectives.
- Describe the promising or evidence-based strategies your project will use to address the problems and unmet needs you have identified.
- Provide an overview of the kinds of activities proposed and dates that activities will be conducted.

5) Evaluation

- Describe how you will determine that project objectives have been satisfied.

C. Budget

b) Budget Form

Complete the attached budget form. The budget form serves as a one-page summary of anticipated expenditures. The budget should be based on the best available estimates of personnel and supporting resources needed to perform the services described in the proposal. All figures should be rounded to the nearest dollar. Calculate the total for each category and the *Grand Total-All Costs Categories*. Double-check all figures and calculations.

c) Budget Narrative

Complete a budget narrative to explain how figures were determined when this is not clear from the budget form alone. Sources of match should also be identified in the budget narrative. Descriptions of the budget categories are as follows:

Category I—Personnel

List, by title, each position that will be supported in whole or in part with grant funds or local match. In the *Grant Amount* column, indicate the total salary that will be paid with grant funds during the grant period. If fringe benefits are to be paid, indicate the percentage/rate and add the total fringe benefit amount for all positions to be paid with grant funds. Minority health mini-grant funds cannot be used to support staff hours that will be concurrently obligated to other sources of funding, including federal or state grants and private or local foundations. Agency records are subject to audit.

NOTE: If you plan to subcontract out part or all of your project, you must provide the above information pertaining to your agency and/or the subcontractor(s). Be very clear in describing and distinguishing between your agency's staff and/or the staff of the subcontractor(s).

Category II—Consultant and Contractual

The organization may choose to subcontract to provide some required program components. The Department reserves the right to approve all subcontracts as a condition of the award.

Identify consultants and/or other subcontractors who will provide services that will be paid with grant or local match funds. All expenditures to be made to consultants and/or subcontractors must be fully explained in the budget narrative.

Category III—Program Supplies

Examples of costs to be included in this category include medical, dental, laboratory, and education/outreach supplies. Estimate the cost for each type of expenditure and itemize it in the space provided.

Category IV—Agency/Organization Operations

Include costs such as rent; telephone; utilities; staff development, recruitment and travel; office supplies; postage; printing; and data processing.

Category V—Indirect Costs

For community-based agencies, **indirect charges may not exceed 10 percent of salaries/wages (excluding fringe benefits) charged to the grant.** Tribal organizations must adhere to the DHFS Tribal Indirect Cost Policy. An indirect cost rate plan may be requested, reviewed, and subject to approval by the Grantor.

D. Local Match

Local organizations are required to provide local match in an amount at least equal to 50 percent of the requested grant funds. Local match is the value of local agency efforts in furthering the objectives of the proposed project. An organization may count as a match any local expense which meets the qualifications outlined above and which contributes to the project. Examples of in-kind match include staff time, travel costs, private donations, and other contributions.

E. Letters of Support (Optional but Preferred)

- Attach 2 letters of support for your specific project. Please ensure your letters of support are attached to all five copies of the project.

Review Criteria and Scoring***Organization Profile* (10 points)**

- Proposer's organization purpose and goals relate to the project proposal.
- Proposer described experiences and accomplishments with the target populations or subgroups.
- Proposer appeared well-positioned to implement the proposal request.

***Statement of Needs or Assets* (15 points)**

- Proposer identified a grant program priority.
- Proposer identified the target racial/ethnic population(s) and subgroups for which the project is designed and the population-specific health needs or assets that the project will address.
- Proposer explained how the project relates to elimination of health disparities in the target population.

***Proposal Goals and Objectives* (10 points)**

- Proposer clearly identified the overall purpose or goal of the project.
- Proposer developed at least one realistic, measurable outcome objective for the proposed project.

***Methods and Strategies* (30 points)**

- Proposer clearly stated how grant funds will be used to achieve the stated goals and objectives.
- Proposer described activities proposed to accomplish the stated objectives and included projected dates of performance.
- Project demonstrated promising or evidence-based practices to eliminate racial/ethnic health disparities.
- Project uses strategies tailored to the specific cultural, linguistic, and social norms of the target communities.

***Budget* (10 points)**

- Proposer completed the budget form with correct calculations and met the match requirement.
- Proposer adequately described budget line items in the budget narrative.
- The staff, equipment, and resources appear to be reasonable with respect to the quantity and type of services to be delivered.

***Evaluation* (15 points)**

- Proposer adequately described the methods and criteria used to evaluate success of the project and justification for continued funding.

***Overall Project Assessment* (10 points)**

- Project demonstrated a strong commitment and promising interventions to eliminate disparities in health among disadvantaged racial and ethnic minority group members.
- Project did not duplicate existing community resources and services or strongly justified the need for the applicant organization to provide similar services.

COVER PAGE

MINORITY HEALTH MINI-GRANTS (Year One 10/15/07-6/30/08)

(Grants funded in Year One may be eligible for continuation funds and will be asked to submit an abbreviated application for Year Two)

LEGAL NAME OF APPLICANT: _____

TITLE OF PROPOSAL: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

TAX IDENTIFICATION NUMBER: _____

DOLLAR AMOUNT REQUESTED: \$ _____ MATCH: \$ _____

PROPOSAL PRIORITY AREA (Check one):

Priority Area 1. Access to primary and preventive health services

Priority Area 2. Overweight, obesity, and lack of physical activity

PROJECT DESCRIPTION: *(Concisely describe purpose of request, target population, and services to be provided.)*

SIGNATURE OF AUTHORIZED PROPOSER REPRESENTATIVE:

_____ DATE: _____

**MINORITY HEALTH MINI-GRANTS
BUDGET FORM
October 15, 2007 – June 30, 2008**

AGENCY NAME: _____ PROJECT: _____

| I. PERSONNEL (By Position Title) | ANNUAL SALARY RATE | NUMBER MONTHS BUDGETED | % TIME | GRANT AMOUNT | PROGRAM INCOME/MATCH | TOTAL GRANT and PROGRAM INCOME/MATCH |
|---|---------------------------|-------------------------------|---------------|---------------------|-----------------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| FRINGE BENEFITS (_____ %) | | | | | | |
| TOTAL CATEGORY I | | | | | | |

| II. CONSULTANT & CONTRACTUAL | GRANT AMOUNT | PROGRAM INCOME/MATCH | TOTAL GRANT and PROGRAM INCOME/MATCH |
|---|---------------------|-----------------------------|---|
| | | | |
| | | | |
| TOTAL CATEGORY II | | | |

| III. PROGRAM SUPPLIES | GRANT AMOUNT | PROGRAM INCOME/MATCH | TOTAL GRANT and PROGRAM INCOME/MATCH |
|------------------------------|---------------------|-----------------------------|---|
| | | | |
| | | | |
| | | | |
| TOTAL CATEGORY III | | | |

| IV. AGENCY OPERATIONS | GRANT AMOUNT | PROGRAM INCOME/MATCH | TOTAL GRANT and PROGRAM INCOME/MATCH |
|------------------------------|---------------------|-----------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL CATEGORY IV | | | |

| V. INDIRECT COSTS | | | |
|--------------------------|--|--|--|
| | | | |

| TOTAL ALL COSTS CATEGORIES (I-V) | | | |
|---|--|--|--|
| | | | |

Department of Health and Family Services
CRC LETTER OF ASSURANCE
 (For the funding period from January 1, 2007 to December 31, 2009)

1. RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

| | |
|--|----------------|
| Recipient | |
| Address (include city, state, zip code and county) | |
| Print Name of Equal Opportunity Coordinator | |
| Signature of Equal Opportunity Coordinator | Signature Date |
| Phone Number () - | Email |
| Print Name of Limited English Proficiency (LEP) Coordinator | |
| Signature of LEP Coordinator | Signature Date |
| Phone Number) - | Email |
| Print Name of Executive Director or Chief Executive Officer (CEO) | |
| Signature of Executive Director or CEO | Signature Date |
| Phone Number () - | Email |

- Notes: **Be sure to show the names in print as well as include their signatures.**
- **Important:** Please provide e-mail address(es) as we use e-mail to communicate training opportunities and policy updates.