Request for Application

Illinois HIV/AIDS Communities of Color Initiative

One-Time Implementation Grant for HIV Outreach, Education and Prevention
Special Event Programs

September 1, 2005 – June 30, 2006

Illinois Department of Public Health
Center for Minority Health Services
535 W. Jefferson
Springfield, Illinois  62761

Phone (217) 785-4311
Fax (217) 558-7181
Illinois Department of Public Health
Center for Minority Health Services

Request for Application

One-Time Implementation Grant for HIV Outreach, Education, and Prevention
Special Event Programs

Program Summary

Title: One-Time Implementation Grant for HIV Outreach, Education, and Prevention Special Event Programs to be held in conjunction with:

- Hispanic Heritage Month (Sept. 15 – Oct. 15, 2005)
- Take a Loved One to the Doctor Day (Sept. 20, 2005)
- Ntl Latino AIDS Awareness Day (October 15, 2005)
- World AIDS Day (December 1, 2005)
- Black History Month (February, 2006)
- Black HIV/AIDS Awareness Day (February 6, 2006)
- Minority Health Month (April, 2006)
- Cinco de Mayo (May 5, 2006)
- National HIV Counseling & Testing Day (June 26, 2006)

Issued By: Illinois Department of Public Health
Center for Minority Health Services

Range of Award: Grants will be awarded for a maximum of $5,000. Agencies will not be considered for multiple awards. One submission per agency.

Application Processing:

- Applications must be received no later than August 1, 2005
- Applications received after this time will not be reviewed
- Fax copies will not be accepted
- Submit one signed original and four (4) photocopies of the application

Eligible Applicants: Eligible applicants include community-based organizations, non-profits, private associations, religious organizations, voluntary organizations, organizations serving youth, organizations serving ethnic populations, schools/school districts, and collaboratives of government and community-based organizations. Local health departments and other governmental agencies are not eligible to apply; however, may participate as a member of a coalition, partnership or collaborative.

Only organizations based in Illinois are eligible to compete for these funds.
Funding Period: September 1, 2005 – June 30, 2006
Notification of Award: August 5, 2005

Applications are to be mailed to:
Illinois Department of Public Health
Center for Minority Health Services
535 W. Jefferson Street, 5th Floor
Springfield, IL 62761
Attn: Kathleen Dawson
Background

The HIV and AIDS case rates among African American and Hispanic/Latinos are the highest among all racial/ethnic groups in Illinois. The current, and continuing, higher rates among these groups indicate that they are disproportionately affected by HIV diseases.

Purpose

The Illinois Department of Public Health Center for Minority Health Services is requesting applications for funding a one-time HIV outreach, education, and/or prevention special event targeting communities of color. The Center for Minority Health Services is specifically looking for community and faith-based organizations with the capacity to reach the target population with events that will provide information, awareness, educational opportunities, and result in positive behavioral change as it relates to HIV disease.

Application

The completed application must include the following sections. Each area of each section must be completed in full and as specified.

I. Cover Page (form provided)

II. Application for Public Health Program Grant (form provided)

III. Applicant Contact Information (form provided)

IV. Collaborator List (form provided)

V. Organizational Capacity (1 page maximum)
   Provide a brief overview of the applicant’s history, mission, services offered and recent accomplishments. Discuss the qualifications of project staff to implement the proposed program.

VI. Program Plan
   Provide a description of the proposed special event including primary objectives and expected outcomes. Provide a detailed time line and a work plan describing when and how the objectives will be met. Program plan should demonstrate innovative or new efforts.

VII. Program Goals
   Identify how the proposed project relates to the Illinois Department of Public Health Center for Minority Health Services HIV/AIDS Communities of Color Initiative.

VIII. Program Budget
   Use the forms provided to prepare a budget with sufficient resources to implement
the project. If needed, additional copies of the forms may be made. The instructions for completion of the forms can be found after each budget page. A list of allowable costs is included.

IX. Budget Justification
Use the form provided to submit additional justification for specific line items listed in the program budget. For example, all personal services, contracts and sub-grants must be justified in this section. Justification should clearly indicate why items being requested are essential to the achievement of the project objectives.

Please note: Applications not containing the required number of copies and all of the above-required information will not be reviewed. No exceptions.

Review Criteria for Applications

All eligible applications will be competitively evaluated by the Grant Evaluation Committee using the following 100 point scale.

- Organizational capacity (20 points)
- Statement of need and project rationale (20 points)
- Soundness of proposed plan and strategy (40 points)
- Proposed budget (20 points)

Format Requirements

Applications must be typed using 12-point or larger font, single-spaced, and one-sided. Margins may not be less than one inch on all sides.

Application Deadlines

- August 1, 2005 Application Due
- August 8, 2005 Ineligible Applicants Notified
- August 12, 2005 Awardees Notified Via Phone
- September 1, 2005 Funding Begins
- June 30, 2006 End of Project Funding Period
Payment Methodology

Funds awarded to successful applicants will be provided on a reimbursement basis. The grantee will document actual expenditures incurred for conducting program activities by submitting an Illinois Department of Public Health Reimbursement Certification Form with appropriate documentation. After review and approval of program expenditures, a voucher will be prepared and processed through the Office of the State Comptroller for payment.

Submission of Applications

Applications may be mailed or hand-delivered to:

Doris Turner, Chief  
Center for Minority Health Services  
Illinois Department of Public Health  
535 West Jefferson Street, 5th Floor  
Springfield, Illinois 62761-0001

Applications must be received no later than 5:00 p.m. (CST) on Monday, August 1, 2005.

No applications will be accepted after that time.

It shall not be sufficient to show that the application was mailed, or hand-delivery was commenced, before the scheduled closing time for receipt of applications.

Faxed or electronic submissions shall not be eligible for review.

For questions related to the content of the grant application, please contact:

Doris Turner, Chief  
Center for Minority Health Services  
Illinois Department of Public Health  
535 West Jefferson Street, 5th floor  
Springfield, IL 62761  
Phone: 217-785-4311  
TTY: 800-547-0466
Illinois Department of Public Health – Center for Minority Health Services
Fiscal Year 2006 Illinois HIV/AIDS Communities of Color Grant Program
One-Time Implementation Grant for HIV Outreach, Education, and Prevention
Special Event Programs
Grant Application Cover Page

LEAVE BLANK FOR IDPH USE ONLY

Number
Date Received

1. TITLE OF PROJECT AND SPECIFIC SPECIAL EVENT (please type)

2. Organization Tax Identification Number: ____________________________

3. Total Amount of Funding Requested $ ____________________________

4. Fiscal Contact:
Name (Last, First, Middle) ____________________________________________
Title ____________________________
Organization ____________________________
Address ____________________________
Phone: ____________________ Fax: __________ E-Mail ________________

Fiscal Officer Assurance: I agree to accept responsibility for the fiscal conduct of this project provide required financial reports if a grant is awarded as a result of this application.

Fiscal Officer (signature) ____________________________ Date ________________
IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under 30 ILCS 105/1 et. seq. Failure to provide this information may prevent this application from being processed.

APPLICANT ORGANIZATION: ________________________________

PROJECT CONTACT: ________________________________

ADDRESS: __________________________________________

____________________________________________________

TELEPHONE: ___________  FAX: ___________  E-MAIL: ___________

PROJECT TITLE: ______________________________________

AMOUNT REQUESTED: $ ___________

PROJECT PROGRAM: HIV Outreach, Education, and Prevention Special Event Program

TYPE OF ORGANIZATION (must include documentation in appendix)

Governmental Entity ______  Not-for-Profit Corporation _____  Corporation _____

Medical/Health Care Provider Corp. _____  Tax Exempt Organization _____

Other (please describe) __________________________________

LEGISLATIVE DISTRICT  State Senate: ___________  State Representative: ___________

Congressional: ________________________________

APPLICATION CERTIFICATION

To the best of my knowledge, the data and statements in this application are true and correct. The applicant agrees to comply with all State/Federal statutes and Rules/Regulations applicable to the program. My signature indicates that I have the authority to enter into contracts on behalf of the applying organization.

______________________________  ________________________________
Typed name of authorized official  Signature

Title _________________________  Date _________________________
Applicant Contact Information:

Project Title: ____________________________________________________________
Organization: ____________________________________________________________

Project Contact:
Name: ________________________________________________________________
Title: _________________________________________________________________
Address: ______________________________________________________________
Telephone: __________________________
FAX: __________________________
Email: __________________________

Fiscal Contact:
Name: ________________________________________________________________
Title: _________________________________________________________________
Address: ______________________________________________________________
Telephone: __________________________
FAX: __________________________
Email: __________________________

Authorizing Agent:
Name: ________________________________________________________________
Title: _________________________________________________________________
Address: ______________________________________________________________
Telephone: __________________________
FAX: __________________________
Email: __________________________
**Collaborator List**

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(Make copies of form if necessary)
ALLOWABLE COSTS FOR REIMBURSEMENT
Illinois Department of Public Health Center for Minority Health Services
GRANT AGREEMENT

To be reimbursed under Illinois Department of Public Health Center for Minority Health Services Grant Agreement, expenditures must meet the following criteria:

Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the agency.

Be authorized, or not prohibited under federal, state or local laws or regulations.

Must conform to any limitations or exclusions set forth in the applicable rules, program description, or grant agreement.

Must be accorded consistent treatment through application of generally accepted accounting principles appropriate to the circumstances.

Must not be allocable to, or included as, a cost of any state or federally financed program in either the current or a prior period.

Be net of all applicable credits.

Be specifically identified with the provision of a direct service or program activity.

Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds.

Examples of allowable costs include but not limited to the following:

**Personal Services:**
- Gross salary paid to agency employees directly involved in the provision of program services;

Employer’s portion of fringe benefits actually paid on behalf of direct services employees: examples include FICA (social security), life/health insurance, workers compensation insurance, unemployment insurance and pension/retirement benefits.

**Contractual Services:**
- Conference registration fees
- Contractual employees (requires prior program approval)
- Repair and maintenance of furniture and equipment
- Postage, postal services, UPS or other carrier costs
- Software for support of program objectives
- Subscriptions
- Training and education costs
- Payments (or pass-through) to subcontractors or sub grantees are to be shown in the Contractual Services section - **all subcontracts or sub grants require an attached detail line item budget supporting this contractual amount.**

Allocation of the applicable portion of the following costs are allowable only if approved by the program and the allocation methodology is approved as part of the application process.

- Rent or lease space or facilities
- Utility costs
- Insurance
Copy machine rental or lease
Costs of improvements to real property

Travel:
Mileage (at state rate unless specifically noted otherwise)
Airline or rail transportation expenses
Lodging
Per diem and meal costs
Operation costs of agency owned vehicles

Commodities (Supplies):
Office supplies
Medical supplies
Educational and instructional materials and supplies, including booklets and reprinted pamphlets
Household, laundry, and cleaning supplies
Parts for furniture and office equipment
Equipment items costing less than $100.00 each

Printing (included in Supplies):
Letterpress, offset printing, binding, lithographing services
Photocopy paper, other paper supplies
Envelopes, letterhead, etc.

Equipment (requires prior written approval):
Items costing over $100.00 each with useful life of more than one year
Equipment costs shall include all freight and installation charges
Office equipment and furniture
Allowable medical equipment
Reference and training materials and exhibits
Books and films

Telecommunications (included in Contractual Services):
Telephone services
Answering services
Installation, repair, parts and maintenance of telephones and other communication equipment

Unallowable costs include, but are not limited to:
Indirect cost plan allocations
Bad debts
Contingencies or provisions for unforeseen events
Contributions and donations
Entertainment, alcoholic beverages and gratuities
Fines and Penalties
Interest and financial costs
Legislative and lobbying expenses
Real property payments and purchases
## ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Supplies and Travel

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<th>IDPH Components (specify)</th>
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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH
### APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
### BUDGET SECTION, Equipment and Patient Care

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Budget Section, Page 5
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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM

Fringe Benefit Worksheet

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