

**PROJECT MOUTHGUARD
OROFACIAL INJURY CONTROL AND PREVENTION PROGRAM
GRANT APPLICATION**

(Fiscal Year 2008 — July 1, 2007 through June 30, 2008)

In order to streamline the grant application process, the Division of Oral Health has developed several tools to assist with grant submission as well as program planning. The grant application guidance and forms are enclosed. Please complete the Grant Award Request Form and the Budget Forms and return **the original and one copy** to the Illinois Department of Public Health, Office of Health Promotion, Division of Oral Health, 535 West Jefferson Street, Springfield, Illinois 62761 **by the close of business April 27, 2007**. Late grant applications will not be reviewed. The Grant Award Request Form, narrative, timeline, and budget are all required.

ATTACHMENTS:

Project Mouthguard Grant Application Guidance
Grant Award Request Form - narrative and timeline
Budget Forms

PROJECT MOUTHGUARD
OROFACIAL INJURY CONTROL AND PREVENTION PROGRAM
Grant Application Guidance

(Fiscal Year 2008 — July 1, 2007 through June 30, 2008)

A. Program Description

The purpose of Project Mouthguard is to increase the acceptance and use of protective custom mouthguards for all athletic/sporting events that pose risks of injury by conducting a community-based orofacial injury control and prevention program.

By the end of the program year the grantee will extend the requirement of the use of protective mouthguards to targeted organizations, agencies and institutions sponsoring sporting and recreation events that pose risks of injury and do not currently require mouthguard use.

The grant funding will assist you in assuring that all of the children participating in targeted sports have protective mouthguards not just those who can afford one.

B. Program Requirements

- Designate a local project coordinator.
- Plan program activities in cooperation with relevant cultural, ethnic and racial groups in the community including representatives of sporting and recreational organizations, county oral health professionals and the health department.
- Target organizations sponsoring sporting and recreation events, targeting children participating in those events who are ages 5 through 17.
- Collect and report baseline and follow-up data to determine protective mouthguard usage, and mouthguard fabrication.
- Submit copies of agreements made by organizations sponsoring sporting and recreation events to require protective mouthguard use.

C. Evaluation/Funding Criteria

Applications will be reviewed by the Division of Oral Health. With a preference to local health departments as service providers, Project Mouthguard will provide grant awards commensurate with Fiscal Year 2007 funding level.

D. Payment Methodology

Payments to the grantees shall be made on a reimbursement basis. The grantee shall document actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. The grantee shall utilize the Department's Reimbursement Certification Form to request reimbursement.

After Department review and approval of the reimbursement request, a state of Illinois Invoice Voucher shall be prepared and processed through the Office of the State Comptroller for payment to the grantee. The final reimbursement request shall be received by the Department by July 15, 2008.

E. Application

A program narrative shall be submitted to describe the grantee's plan to complete the program and must include a **timeline**.

For continuation applications, an annual progress report must be submitted in the narrative. The annual progress report shall describe the accomplishments since the last annual progress report, and may include charts, graphs or tables.

F. Budget

Complete the budget forms included in the application package. If needed, additional photocopies of the form can be made. The budget summary is to reflect the total applicant agency cost of providing the program or services, not just the amount requested from IDPH.

The Personal Services section shall show the title and name of each position, actual monthly salary, the number of months to be worked in the program, and the percent of time in the program. Vacant positions should only be included for the number of months you realistically believe they will be filled. Multiplying these amounts (monthly salary x number of months x percent of time) will derive the total amount of support for the program. This amount is then to be allocated to IDPH support requested and Applicant's other sources.

Fringe Benefits components, such as the employer portion of FICA (Social Security), medical/life insurance, Workman's Compensation, Unemployment Insurance, pension, etc., shall be itemized to document the resulting fringe benefits rate. This itemization may be shown at the bottom of the Personal Services section or as a part of the Budget Justification section. Fringe benefits to be claimed through the grant must be actual expenditures of the Grantee. Indirect cost-type expenditure allocations are not allowable. In the event unallowable components are included in your fringe benefits rate, these will be identified and addressed in the Conditions of Award.

Other line items should be itemized as specifically as possible. Allocated costs such as utilities or space costs must be justified and the methodology for allocation must be explained in the Budget Justification section. Budget instructions are printed on the back of each budget sheet.

G. Source of funds

Maternal and Child Health Services Block Grant

H. Contact:

For additional information, please contact Ms. Julie Ann Janssen at 217-785-4899 or e-mail at julie.janssen@illinois.gov.

Please submit the original and one copy of the application by the close of business April 27, 2007 to:

**Illinois Department of Public Health
Division of Oral Health
535 West Jefferson Street
Springfield, Illinois 62761**

**PROJECT MOUTHGUARD
OROFACIAL INJURY CONTROL AND PREVENTION PROGRAM
Grant Request**

(Fiscal Year 2008 — July 1, 2007 through June 30, 2008)

Agency _____

County(ies) Served _____

Address _____

Contact Person _____

Phone _____ Fax _____

E-Mail _____

Target Sport(s)/Athletic Event(s): _____

Target number of participating children: _____

NARRATIVE:

Timeline

Data - Include Baseline and Completion - Number of Athletic Organizations, Sports, Teams, Participants and any survey results of Athletic Officials, Parents, Participants

Budget and Justification

Use of Funds

All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program. Use of grant funds for prohibited purposes may result in loss or recovery of grant funds. To be reimbursable under an IDPH/Office of Health Promotion Grant Agreement, expenditures must meet the following under general 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 local health department.
- Be authorized or not prohibited under federal, state or local laws or regulations.
- Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.
- Be accorded consistent treatment through application of generally accepted accounting principles appropriate to the circumstances.
- 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 the following: This is not meant to be a complete list, but rather specific examples of items within each line item category.

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)
- Postage, postal services, UPS or other carrier costs
- Software for support of program objectives
- Subscriptions
- Training and education costs

Note: Payments (or pass-through) to subcontractors or subgrantees are to be shown in the Contractual Services section - all subcontracts or subgrants require an attached detail line item budget supporting the contractual amount.

Travel

- Mileage (at \$0.445, state rate unless specifically noted otherwise)
- Airline (coach) or rail transportation expenses

- Lodging
- Per diem and meal costs

Commodities (Supplies)

- Office supplies
- Medical supplies
- Educational and instructional materials and supplies, including booklets and reprinted pamphlets
- Equipment items costing less than \$100 each

Printing (included in Supplies)

- Letterpress, offset printing, binding, lithographing services
- Photocopy paper, other paper supplies
- Envelops, letterhead, etc.

Equipment (requires prior written approval)

- Items costing over \$100 with useful life of more than one year. Equipment costs shall be limited to 5 percent or less of the total grant award. Equipment costs shall include all freight and installation charges
- Office equipment and furniture
- Allowable medical equipment
- Reference and training materials and exhibits
- Book and films

Telecommunications (included in Contractual Services)

- Telephone services
- Answering services
- Installation, repair, parts and maintenance of telephones and other communication equipment

Unallowable or prohibited uses of grant funds include, but are not limited, to the following:

- Indirect or Administrative Cost Plan Allocations - Normal daily operating expenses may not be billed in any grant issued by the Office of Health Promotion
- Political or religious purposes
- Contributions or donations
- Incentives (This does not include those items that are used to generate visibility for program efforts, increase public awareness, or those that are used to reinforce a positive behavior change)
- Fund raising or legislative lobbying expenses
- Payment of board or non-program related debts, fines, or penalties
- Contribution to a contingency fund or provision for unforeseen events
- Entertainment, food, alcoholic beverages and gratuities
- Membership fees (unless related to program and approved in advance by IDPH)
- Interest or financial payments or other fines or penalties
- Purchase or improvement of land or purchase, improvement or construction of a building
- Equipment in excess of 5 percent of the grant award (unless approved by IDPH)
- Any expenditure that may create conflict of interest or the perception of impropriety

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH PROMOTION
DETAILED RFA BUDGET**

Grantee Name _____

Program _____

		TOTALS
A.	Personnel Services Detailed costs must be listed on Attachment I.	\$ _____
B.	Fringe Benefits Detailed percentages must be listed on Attachment I.	\$ _____
C.	Contractual Services Detailed list of services directly attributable to the program and potential contractors must be listed on Attachment II.	\$ _____
D.	Supplies Detailed list of supplies and vendors directly attributable to the program must be listed on Attachment III.	\$ _____
E.	Travel Detailed travel requests directly attributable to the program must be listed on Attachment IV.	\$ _____
F.	Equipment Potential purchases directly attributable to the program must be listed on Attachment V.	\$ _____
G.	In-Kind Contribution List value of non-IDPH requested funds/in-kind contributions that will be used to support project.	\$ _____
TOTAL DIRECT PROGRAM EXPENSES		\$ _____

ATTACHMENT I

Personnel Services

Name of Employee	Position Title (as applicable to program)	Monthly Salary	% of Time on Program	Amount Requested
Other funds / In-Kind Contributions:				

Fringe Benefits				Amount Requested
Itemize Each Component & Percentage				

NOTE: Cost Allocation Plans are not allowed.

ATTACHMENT II

Contractual Services

Name of Contractor / Service	Justification (as applicable to program)	Amount Requested
Other funds / In-Kind Contributions:		

NOTE: Cost Allocation Plans are not allowed.

ATTACHMENT III

Supplies

Name of Supplies / Vendor	Justification (as applicable to program)	Amount Requested
Other funds / In-Kind Contributions:		

NOTE: Cost Allocation Plans are not allowed.

ATTACHMENT IV

Travel

**(Must list all employees individually)
(Costs for employees no listed on budget will not be reimbursable)**

Name of Traveler / Employee	Justification (as applicable to program)	Amount Requested
Other funds / In-Kind Contributions:		

NOTE: Cost Allocation Plans are not allowed.

ATTACHMENT V

Equipment

Name of Equipment / Vendor	Justification (as applicable to program)	Amount Requested
Other funds / In-Kind Contributions:		

NOTE: Cost Allocation Plans are not allowed.