

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF WOMEN'S HEALTH**

**REQUEST FOR APPLICATION**

**TICKET FOR THE CURE  
COMMUNITY GRANT  
FISCAL YEAR 2009  
APPLICATION AND GUIDELINES**

**Illinois Department of Public Health**  
Office of Women's Health  
535 W. Jefferson St., First Floor  
Springfield, IL 62761  
Phone: 217-524-6088  
Fax: 217-557-3326

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

**OFFICE OF WOMEN'S HEALTH**

**TICKET FOR THE CURE**

**Application Guidelines for Fiscal Year 2009**

**Package Contents**

- \* General Information
- \* Application and Instructions for FY 2009 Ticket for the Cure Community Grants
- \* Application Forms (with corresponding instructions)

# APPLICATION GUIDELINES FOR FISCAL YEAR 2009 FUNDING

## General Information

Title: Ticket for the Cure Community Grants

Issued By: Illinois Department of Public Health, Office of Women's Health

Application Due: Applications must be received no later than:

- \* **Monday, March 31, 2008**
- \* **5 p.m.**
- \* **535 W. Jefferson St., First Floor**  
**Springfield, IL 62761**
- \* **Fax copies will not be accepted**
- \* **Submit one signed original and three (3) photocopies of the application**

Eligibility: Eligible applicants with not-for-profit status [501(c)(3)] include:

Local Health Departments  
Universities  
Hospitals  
Social Service Agencies  
Community-based Organizations

Funding Source: Ticket for the Cure Funds (State Dedicated Fund – 208)

Funding Period for FY2009: July 1, 2008 – June 30, 2009

## **I. Ticket for the Cure Community Grant Program Overview**

On July 6, 2005, PA 94-0120 was signed into law, creating the Illinois Ticket for the Cure instant lottery ticket. Net revenue from the sale of this ticket will go to the Illinois Department of Public Health (IDPH), Office of Women's Health, which will award grants to public and private entities in Illinois for the purpose of funding breast cancer research, education and services for breast cancer victims. (This application is for community grants related to education and services to breast cancer victims; a separate application must be submitted for research.)

This legislation also created the Ticket for the Cure Advisory Board. This board, in conjunction with the Illinois Department of Public Health, Office of Women's Health (OWH), has the responsibility of consulting with the Illinois Department of Revenue in designing and promoting the Ticket for the Cure instant scratch-off lottery game; and reviewing grant applications, making recommendations and comments and consulting on grant awards from amounts appropriated from the Ticket for the Cure Fund.

## **II. Ticket for the Cure Community Grant Program Purpose**

The OWH and the Ticket for the Cure Advisory Board recognize that breast cancer is the most commonly diagnosed cancer in women and sometimes affects men, as well. Awareness and education regarding early detection needs to be increased in every community, especially for low-income, underserved and uninsured women with special emphasis on reaching those who are geographically or culturally isolated, older and/or members of racial/ethnic minorities.

The OWH and the Ticket for the Cure Advisory Board have established the following goals and strategies to meet its mission:

1. Encourage healthier lifestyles among Illinois women by promoting activities that will increase awareness of breast cancer risk factors.
2. Increase knowledge about the risks of breast cancer by sponsoring educational programs focusing on breast cancer awareness and screening.
3. Improve communication and collaboration among OWH and other consumer and advocacy groups and health professionals by providing technical support and facilitating public/private partnerships.
4. Identify the unmet needs of breast cancer victims by enhancing data collection efforts focusing on Illinois women.
5. Advocate for better public health policy on matters affecting women's health by serving as a resource on women's health issues to public policy makers and by monitoring and analyzing proposed state and federal legislation that impacts women's health.
6. Stimulate research on breast cancer and its risk factors by encouraging and supporting institutional research and by promoting clinical trial participation opportunities to the public. (A separate application must be submitted for research.)

### III. Ticket for the Cure Community Grant Program Priorities

The OWH has funding available from the Ticket for the Cure Fund to provide **one year** grants that support community outreach, health promotion and/or education that is specifically designed to benefit breast cancer programs as well as to increase awareness through the sale of the Ticket for the Cure instant lottery ticket.

The OWH and the Ticket for the Cure Advisory Board are soliciting proposals which:

- achieve the intent of the legislation;
- follow the structure described in the application guidelines;
- demonstrate the need in the community;
- demonstrate community collaboration; and
- provide a 10 percent match (cash or in-kind) by the applicant and/or collaborative partners, such as time (salaries), space (rent), an assigned value to donated items, etc.

### IV. Ticket for the Cure – Community Grant Program

**Description of Community Grant Program:** The OWH and the Ticket for the Cure Advisory Board are interested in funding innovative proposals that will assist women in their fight against breast cancer. Applicants are encouraged to think creatively. Three types of community grants will be offered. You must choose **one** of the following, you will only be able to apply for **one** type of program:

- 1) **Capacity Building** – Capacity building efforts can include a broad range of approaches, e.g., grant operating funds or grant management development funds to provide training and develop sessions, to provide coaching, to support collaboration with other nonprofits, etc. Grants will be a maximum of \$20,000.
- 2) **Community Education and Outreach** – Funding will be provided to conduct educational workshops focusing on breast cancer or peer outreach programs to inform people about the risks of breast cancer, treatment options, and/or follow-up services. Grants will be a maximum of \$40,000.
- 3) **Supportive Services** – Services to be provided by the grant include, but are not limited to: prosthetic assistance, transportation assistance, housing assistance (mortgage or rent, utilities, etc.), and childcare assistance. Organizations applying for these grant funds will have to demonstrate their need as well as the need of the individuals they will be serving and provide a plan to protect against fraud or abuse. Grants will be a maximum of \$75,000.

**Eligibility:** Governmental entities and/or tax-exempt organizations with not-for-profit status [501(c)(3)].

**Program Goals:**

- Increase awareness about the risks of breast cancer
- Increase the number of women receiving mammograms
- Increase knowledge of the options available to manage breast cancer
- Increase knowledge of the services available to breast cancer victims

**V. Eligibility**

Only institutions and organizations based in Illinois are eligible to compete for these funds. Organizations include: Local Health Departments, Universities, Hospitals, Social Service Agencies, Community-based Organizations. Organizations must be not-for-profit under the internal revenue code 501(c)(3). Grant awards shall be commensurate with the proposed program activity.

**VI. Overview of Proposal Requirements**

- a. Describe your program that covers a 12-month time frame beginning July 1, 2008, and culminating June 30, 2009.
- b. Submit letters of commitment from each partner participating in the proposed program. Letters must clearly state the partners planned role in the program and what they anticipate will be achieved through their participation. Letters of commitment must be submitted with the application. They will not be accepted if they are sent separately from the organization's application package.
- c. Include a proposed budget with at least a 10 percent match (of the funds requested from the Ticket for the Cure) which can be cash or in-kind from the applicant and/or partners, such as time (salaries), space (rent), an assigned value to donated items, etc.
- d. Agree to receive consultation and/or technical assistance from authorized representatives or staff of the OWH on behalf of the Ticket for the Cure Advisory Board.
- e. Agree to submit a mid-year and an end-of-year report to the OWH and the Ticket for the Cure Advisory Board. (Reports tentatively due: December 15, 2008 and August 15, 2009.)

**Other proposal requirements are as follows:**

- Application must be received in the OWH's Springfield office by 5 p.m. Monday, March 31, 2008.
- Must submit one (1) original and three (3) copies of the application.
- Must complete the cover page (FORM A) and have an original signature from the fiscal officer.
- Must complete "Application and Plan for Public Health Program" with original signature from authorizing agent.

**YOUR APPLICATION WILL BE INELIGIBLE AND WILL NOT BE REVIEWED IF:**

- **the application is late;**
- **the application does not include original signatures on Form A and Form B;**
- **the required number of copies are not submitted (one (1) original and three (3) copies); and/or**
- **the application does not follow format instructions completely, using the required format provided.**

**PROPOSALS THAT ARE INCOMPLETE OR FAIL TO FOLLOW THE CORRECT FORMAT WILL NOT BE CONSIDERED FOR FUNDING.**

**VII. Application Requirements**

Using the format provided, applicants must submit an application that contains the information outlined below. Make copies of forms for second pages, as needed.

**FORM A – Completed Cover Page. (Be sure to check the level category for which your organization is applying.)**

**FORM B – Completed Application and Plan for Public Health Program**

**FORM C – Completed Contact Information**

**FORM D – Completed Collaborators List**

**FORM E1 – General Organizational Capacity (one (1) page maximum, single-spaced)** Using the format provided, address the following points:

- Provide an overview of the applicant's organization including the overall mission and activities of the organization.
- Describe the scope of the need for this program in the communities served and the time commitments and job descriptions and qualifications of key staff members.
- Explain how the program is a collaborative effort – the partners involved; the role each partner will play; and why each partner is important to the success of the program. (Letters of support and commitment must be provided in the applicant's grant package.)

**FORM E2 – Program Specific Organizational Capacity (two (2) pages maximum, single-spaced)** Use the format provided, keeping in mind you will only be filling out one of the forms (E2a, E2b or E2c). Please address the following points:

**FORM E2a - Capacity Building:**

- Describe your organization’s planning process as it relates to breast cancer programming.
- Describe your organizations goals for implementing breast cancer programs.
- Describe how this grant will position your organization to address its goals for breast cancer programming.

**FORM E2b - Education and Outreach:**

- Describe what your organization plans to do for education and outreach for breast cancer programming.
- Describe your target population and plans for recruitment and follow-up.
- Describe how your organization will implement its plans for education and outreach for breast cancer programming.

**FORM E2c - Supportive Services:**

- Describe the supportive services your organization plans to offer breast cancer patients and their families.
- Discuss how you will determine the need and ensure fair distribution of resources.
- If you are providing monetary assistance with household expenses such as rent/mortgage, utilities and groceries, please describe your safeguards against fraud and abuse.

**FORM F - Project Work Plan (one (1) page maximum per goal (three goals minimum), single-spaced)** Prepare an outline that describes the timeline for the planned activities, goals and objectives with the corresponding activity and describe the person responsible for each activity.

**FORM G – Evaluation Plan (one (1) page maximum, single-spaced)** Using the format provided, address the following points:

- Explain how the program will be evaluated, how will it be determined if the program met its goals and objectives (pre-/post-tests, questionnaires, focus groups, phone interviews, etc.).
- Include any existing base line data and information.
- Discuss the indicators, measures or tools that will be used to monitor progress in meeting the program objectives.

**FORM H - Budget.** Using the format provided, prepare a budget with sufficient resources to implement the program. If needed, additional copies of the forms can be made. The instructions for completion of the forms are in the front of each budget page. A list of allowable costs is also included.

If there are allocated costs such as utilities or space charges to this program, then they must be justified and a methodology for allocation must be explained in the Budget Justification section.

**FORM I - Budget Justification (one (1) page maximum, single-spaced).** Using the format provided, submit additional information and justification for specific line items listed in the detailed budget. Justifications should clearly indicate that the items being requested are essential to the achievement of the stated program objectives.

## **VIII. Scoring Criteria**

The specific scoring criteria to be used for the review and selection of proposals for funding are as follows:

### **A. General Organizational Capacity – a maximum of 25 points**

The extent to which:

- the applicant describes the organization, the overall mission and activities of the organization and the applicant provides adequate documentation of “not-for-profit” status.
- the applicant demonstrates the need for this program and communities served.
- the applicant describes the time commitments of staff members and provides job descriptions and resumes.
- the applicant describes the organization’s capacity to address the need and to carry out the program in the allotted time frame.
- if applicable, the applicant explains the roles of collaborating partners and explains their contribution to program success, describes the nature and role of their involvement in your program, and has provided letters of support and commitment.

### **B. Program Specific Organizational Capacity – a maximum of 40 points**

*If you are applying for Capacity Building:*

- Describe your organization’s planning process as it relates to breast cancer programming.
- Describe your organizations goals for implementing breast cancer programs.
- Describe how this grant will position your organization to address its goals for breast cancer programming.

*If you are applying for Education and Outreach:*

- Describe what your organization plans to do for education and outreach for breast cancer programming.
- Describe your target population and plans for recruitment and follow-up.
- Describe how your organization will implement its plans for education and outreach for breast cancer programming.

*If you are applying for Supportive Services:*

- Describe the supportive services your organization plans to offer breast cancer patients and their families.
- Discuss how you will determine the need and ensure fair distribution of resources.
- If you are providing monetary assistance with household expenses such as rent/mortgage, utilities and groceries please describe your safeguards against fraud and abuse.

**C. Program Evaluation – a maximum of 20 points**

The extent to which:

- the applicant explains how the program will be evaluated.
- the applicant speaks to program goals and objectives.
- the applicant sufficiently demonstrates that the proposed activity relates to the corresponding goal.
- the proposed activities demonstrate that there is a logical plan to achieve the program goal(s), discussing existing data and information, indicators, measures or tools to be used to assess and monitor progress of the program.

**D. Program Budget - a maximum of 15 points**

The extent to which:

- the budget is reasonable to support activities that achieve the objectives.
- the budget is calculated correctly and the required match is included.
- the budget items are clearly justified.

**IX. Proposal Summary**

Proposals that are incomplete or fail to follow the correct format will not be considered for funding. Proposals may be resubmitted during the next funding cycle.

**X. Format Requirements**

All forms must be typed using the format provided, 12-point or larger font, single-spaced and one-sided with one half-inch margin on left, right and bottom.

**XI. Awarding of Funds**

Final selection of fiscal year 2009 grants will be a multi-stage process:

- An eligibility review, based upon completeness and compliance with the RFP guidelines, will be conducted by OWH staff.
- Proposals that do not follow format instructions completely will not be reviewed for content. This directive is to ensure that all proposals, whether from large institutions or small organizations, are uniform. Applicants will be notified if their proposal is deemed ineligible.
- Each proposal will be assigned a primary and secondary reviewer. Using the criteria described above, each reviewer will score the proposals.
- Proposals will be rank ordered by score and applicants meeting a minimum score that falls within the limit of available funds will be considered for funding.

**XII. Deadlines**

All proposals for the Ticket for the Cure Community Grants must be received by **5 p.m. Monday, March 31, 2008**. Applicants ineligible for review will be notified by **Monday, April 7, 2008**. Awardees and unsuccessful applicants will be notified prior to **July 1, 2008**. Funding begins on **Tuesday, July 1, 2008**.

### **XIII. Payment Methodology**

**Payments to successful applicants will be made on a reimbursement basis.** The grantee will document actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. The grantee will use the Department's Reimbursement Certification Form to request reimbursement. Forms and instructions for their use will be mailed with each signed grant agreement. After Departmental review of all submitted Reimbursement Certification Forms received from the grantee and approved for payment, a State of Illinois Invoice Voucher will be prepared and processed through the Office of the Comptroller for payment to the grantee.

**Reimbursement requests will be submitted monthly.** The final reimbursement must be received by IDPH within 30 days (July 30, 2009) after the close of the grant period (June 30, 2009) to ensure reimbursement.

Included in the packet is "Allowable Costs for Reimbursement under IDPH/OWH Agreement."

### **XIV. Source of Funds**

Illinois Department of Public Health - Ticket for the Cure Fund (State Dedicated Fund – 208)

### **XV. Submission of Applications**

Submit proposals in their entirety to:

Maureen Pennell  
Illinois Department of Public Health  
Office of Women's Health  
535 W. Jefferson St. - First Floor  
Springfield, IL 62761

Proposals must be received by 5 p.m. **Monday, March 31, 2008.** Faxes or e-mails will not be accepted. **NO LATE APPLICATIONS WILL BE ACCEPTED.**

For more information about this program call:      Office of Women's Health  
Phone: 217-524-6088  
Fax: 217-557-3326

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF WOMEN'S HEALTH  
TICKET FOR THE CURE COMMUNITY GRANT PROGRAM  
GRANT PROPOSAL COVER PAGE**

**LEAVE BLANK FOR IDPH USE ONLY**

NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**1. TITLE OF PROGRAM** (Please Type or Print Legibly)**2. PROGRAM APPLYING FOR:** (Select only **one**) Capacity Building Education and Community Outreach Supportive Services**3. FISCAL CONTACT**

NAME (Last, First, Middle) \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**4. ORGANIZATION'S FEDERAL TAX ID (FEIN) NUMBER** \_\_\_\_\_**5. TOTAL AMOUNT OF FUNDING REQUESTED** \$ \_\_\_\_\_**6. FISCAL OFFICER ASSURANCE** I agree to accept responsibility for the fiscal conduct of this program and to provide the required financial reports if a grant is awarded as a result of this application.**SIGNATURE OF FISCAL OFFICER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF WOMEN'S HEALTH  
535 W. JEFFERSON ST. - SPRINGFIELD, IL 62761**

**APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM**

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish that statutory purpose outlined under 30 ILCS 105/1 et. seq. Failure to provide this information may prevent this application from being processed.

**APPLICANT ORGANIZATION** \_\_\_\_\_

**PROGRAM CONTACT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PROGRAM TITLE** \_\_\_\_\_

**AMOUNT REQUESTED** \_\_\_\_\_

**TYPE OF ORGANIZATION** Please check one of the following. Must also include documentation in appendix

Government Entity \_\_\_\_

Tax Exempt Organization \_\_\_\_

**LEGISLATIVE DISTRICT** State Senate District \_\_\_\_\_

Congressional \_\_\_\_\_

State Representative District \_\_\_\_\_

**APPLICANT 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 and Date

\_\_\_\_\_  
Title

**CONTACT INFORMATION**

**PROGRAM CONTACT**

**NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**FISCAL CONTACT**

**NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**AUTHORIZING AGENT**

**NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**COLLABORATOR LIST**

*You may make as many copies of this page as necessary. You must also include a letter of support in this packet from each collaborator listed.*

**Program Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PROGRAM ROLE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PROGRAM ROLE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL ORGANIZATIONAL CAPACITY

### Program Title

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Please address the following items (**maximum of one (1) single-spaced page with 12-point font**):

1. Provide an overview of the applicant's organization including the overall mission and activities of the organization.
2. Describe the scope of the need for this program in the communities served and the time commitments, job descriptions and qualifications of key staff members.
3. If applicable, explain how the program is a collaborative effort – what partners are involved; what role each partner will play; and why each partner is important to the success of the program. Please provide letters of support and commitment in this packet.

**PROGRAM SPECIFIC ORGANIZATIONAL CAPACITY**

Please complete the form which pertains to you – use this form, E2a if you are applying for a CAPACITY BUILDING grant, proceed to E2b for education and outreach and to E2c for supportive services.

**Program Title**

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(Maximum of two (2) single-spaced pages with 12-point font). Please remember to make answers specific to the program in which you are applying.

- 1) Please describe your organization's planning process as it relates to breast cancer programming.
- 2) Please describe your organizations goals for implementing breast cancer programs.
- 3) Please describe how this grant will position your organization to address its goals for breast cancer programming

**PROGRAM SPECIFIC ORGANIZATIONAL CAPACITY**

Please complete the form which pertains to you – use this form, E2a, if you are applying for a CAPACITY BUILDING grant.

**Program Title** \_\_\_\_\_

(Maximum of two (2) single-spaced pages with 12-point font). Please remember to make answers specific to the program in which you are applying (capacity building, education and outreach or supportive services).

- 1) **Please describe your organization's planning process as it relates to breast cancer programming.**
- 2) **Please describe your organizations goals for implementing breast cancer programs.**
- 3) **Please describe how this grant will position your organization to address its goals for breast cancer programming.**

**PROGRAM SPECIFIC ORGANIZATIONAL CAPACITY**

Please complete the form which pertains to you – use this form, E2b, if you are applying for an EDUCATION AND OUTREACH grant, go back to E2a for capacity building or proceed to E2c for supportive services.

Program Title \_\_\_\_\_

(Maximum of two (2) single-spaced pages with 12-point font). Please remember to make answers specific to the program in which you are applying.

- 1) Please describe what your organization plans to do for education and outreach for breast cancer programming.
- 2) Please describe your target population and plans for recruitment and follow-up.
- 3) Please describe how your organization will implement its plans for education and outreach for breast cancer programming.

**PROGRAM SPECIFIC ORGANIZATIONAL CAPACITY**

Please complete the form which pertains to you – use this form, E2b, if you are applying for an EDUCATION AND OUTREACH grant.

**Program Title** \_\_\_\_\_

(Maximum of two (2) single-spaced pages with 12-point font). Please remember to make answers specific to the program in which you are applying.

- 1) **Please describe what your organization plans to do for education and outreach for breast cancer programming.**
- 2) **Please describe your target population and plans for recruitment and follow-up.**
- 3) **Please describe how your organization will implement its plans for education and outreach for breast cancer programming.**

**PROGRAM SPECIFIC ORGANIZATIONAL CAPACITY**

Please complete the form which pertains to you – use this form, E2c, if you are applying for a **SUPPORTIVE SERVICES** grant, go back to E2a for capacity building or E2b for education and outreach.

**Program Title**

**(Maximum of two (2) single-spaced pages with 12-point font).** Please remember to make answers specific to the program in which you are applying.

- 1) Please describe the supportive services your organization plans to offer breast cancer patients and their families.**
- 2) Discuss how you will determine the need and ensure fair distribution of resources.**
- 3) If you are providing monetary assistance with household expenses such as rent/mortgage, utilities and groceries, please describe your safeguards against fraud and abuse.**

**PROGRAM SPECIFIC ORGANIZATIONAL CAPACITY**

Please complete the form which pertains to you – use this form, E2c, if you are applying for a SUPPORTIVE SERVICES grant.

**Program Title** \_\_\_\_\_

(Maximum of two (2) single-spaced pages with 12-point font). Please remember to make answers specific to the program in which you are applying.

- 1) Please describe the supportive services your organization plans to offer breast cancer patients and their families.
- 2) Discuss how you will determine the need and ensure fair distribution of resources.
- 3) If you are providing monetary assistance with household expenses such as rent/mortgage, utilities and groceries, please describe your safeguards against fraud and abuse.

## PROJECT WORKPLAN

**Program Title** \_\_\_\_\_

**(One (1) page maximum per goal (three goals minimum), single-spaced)** Prepare an outline of the timeline of the planned activities, goals and objectives with corresponding person responsible for each activity. You may make as many copies of this page as necessary. When completing this form, please note the following regarding goals and objectives:

- Goals are broad; objectives are narrow
- Goals are general intentions; objectives are precise
- Goals are intangible; objectives are tangible
- Goals are abstract; objectives are concrete
- Goals can't be validated as is; objectives can be validated

**Organization:** \_\_\_\_\_

**Goal:**

Objective	Activities	Person Responsible	Time Frame	
			Start	End

## EVALUATION PLAN

**Program Title** \_\_\_\_\_

Using the format provided, address the following items (**maximum of one (1) single-spaced page with 12-point font**):

1. Explain how the program will be evaluated, i.e., how will it be determined if the program met its goals and objectives.
2. Include any existing base line data and information.
3. Discuss the indicators, measures or tools that will be used to monitor progress in meeting the program objectives.

### Fiscal Year 2009 Budget

APPLICANT AGENCY: \_\_\_\_\_ FEIN: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ PROGRAM: Ticket for the Cure Community Grant

FOR THE PERIOD: July 1, 2008 THROUGH: June 30, 2009

<b>PERSONNEL SERVICES</b>						
Name	Role on Project	Monthly Salary	Number of Months Budgeted	Percent of Time on Program	Fringe Benefits	Requested from IDPH
<b>TOTAL FOR PERSONNEL SERVICES</b>				\$		

<b>ADDITIONAL LINE ITEMS</b>	<b>TOTAL</b>
<b>Contractual Services</b>	
<b>Supplies</b>	
<b>Travel</b>	
<b>Equipment</b>	

<b>LINE ITEM(S)</b>	<b>AMOUNT OF GRANTEE MATCH</b>
<b>TOTAL AMOUNT REQUESTED FOR THE PROGRAM -</b>	
\$	

**BUDGET JUSTIFICATION**

Using the form provided, submit additional information and justification for specific line items listed in the budget for which the need is not evident. For example, all personnel services, contracts and sub grants must be explained and justified in this section. Justifications should clearly indicate the items being requested are essential to the achievement of the stated project objectives.

**PERSONNEL SERVICES**

**CONTRACTUAL SERVICES**

**SUPPLIES**

**TRAVEL**

**EQUIPMENT**

## ALLOWABLE COSTS FOR REIMBURSEMENT UNDER IDPH/OWH GRANT AGREEMENT

To be reimbursed under IDPH/OWH Ticket for Cure Grant Agreement, expenditures must meet the criteria below:

- 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.
- 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.

### Personnel 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  
Training and education costs

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 this contractual amount.**

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 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 more than \$100 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, food, 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  
OFFICE OF WOMEN'S HEALTH**

**TICKET FOR THE CURE COMMUNITY GRANTS  
FY 2009 CHECKLIST**

**Applicant OWH**

- Correct Format per RFP Specifications (font size, single-spacing and one-sided)
- FORM A - Completed Cover Page
- FORM B - Completed Application and Plan for Public Health Program
- FORM C - Completed Contact Information
- FORM D - Completed Collaborators List
- FORM E1 - Completed Organizational Capacity
- FORM E2 - Completed Program Specific Organizational Capacity
- FORM F - Completed Work Plan
- FORM G - Completed Evaluation Plan
- FORM H – Completed Budget
- FORM I– Completed Budget Justification
- LETTERS OF COMMITMENT FROM COLLABORATING PARTNER(S)
  - Appendices:
    - Documentation of not-for-profit status
    - Resume(s) of key staff
- Letter to Local Health Department if You are a Community-based Organization