

FOR IDPH Use Only

Application No. \_\_\_\_\_

Date Received \_\_\_\_\_



ILLINOIS DEPARTMENT OF PUBLIC  
HEALTH



**APPLICATION FOR PUBLIC HEALTH GRANT**

**Office of Preparedness and Response  
Statewide Community Pandemic Influenza Outreach and Community Education**

The Office of Preparedness and Response is offering grants up to \$50,000 to continue and improve community pandemic influenza outreach and community education. These grants are for a six month period, February 1, 2011 through July 30, 2011. **Please review the requirements for this grant carefully, the description of the scope of work are on page 7 of this application.**

**IMPORTANT INFORMATION:**

- Complete the application thoroughly. Points will be deducted for incomplete applications.
- Fax and email copies will not be accepted
- Must submit **one signed original application and three photocopies** of the application.
- Applications must be received no later than **5pm on Friday, JANUARY 7, 2011**
- Applications may be mailed or delivered to:
  - 122 South Michigan Avenue, 20<sup>th</sup> Floor, Chicago, Illinois, 60603

Section 1. APPLICANT INFORMATION	
<b>Legal Name of Applicant:</b> (Attach copy of W-9)	
<b>Name and Title of Chief Officer:</b> (If more than one, attach a list of all officers)	Name: Title: Address: Phone: Fax: E-mail:
<b>Applicant Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Web Site:</b>	

## Section 2. APPLICANT GRANT HISTORY

<b>Description of Applicant Organization:</b> <i>(200 Character Maximum)</i>	
<b>Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years?</b> <b>If yes, provide the following:</b> <i>(Add additional rows if needed)</i>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:
<b>How long has Applicant been incorporated?</b>	
<b>Is the Applicant in “good standing” with the Illinois Office of the Secretary of State?</b>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div>
<b>Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?</b>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.
<b>Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant’s knowledge threatened against applicant and/or any principal that may result in any adverse change in applicant’s financial condition or materially and adversely affect applicant’s operations?</b>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> If yes, identify the nature of the proceedings and how they may affect the applicant’s financial situation and/or operations.
<b>Does the applicant or any principal owe any debt to the State of Illinois?</b>	<div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

Section 3. APPLICANT ORGANIZATION INFORMATION		
<b>Legal Status:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership/Legal Corporation <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Corporation providing or billing medical and/or health services <input type="checkbox"/> Corporation NOT providing or billing medical and/or health services <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Governmental <input type="checkbox"/> Nonresident alien <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Pharmacy (Non-Corporation) <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corporation) <input type="checkbox"/> Limited Liability Company (select applicable tax classification) <input type="checkbox"/> D = Disregarded Entity <input type="checkbox"/> C = Corporation <input type="checkbox"/> P = Partnership
<b>Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:</b>		
<b>If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.</b>	<b>Name:</b>	<b>FEIN:</b>
	<b>Name:</b>	<b>FEIN:</b>
	<b>Name:</b>	<b>FEIN:</b>
<b>DUNS Number:</b>		
<b>Illinois Department of Human Rights Number (if applicable):</b>		
<b>Legislative Senate District:</b>		
<b>Legislative House District:</b>		
<b>Congressional District:</b>		

Section 4. KEY GRANT CONTACT INFORMATION	
<b>Grant Application Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Fiscal Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	

Section 5. GRANT PROJECT PROPOSAL	
<b>Project Title:</b>	
<b>Brief Project Description:</b> (350 character maximum). Note that the Scope of Work must be completed separately.	
<b>Project Period:</b> (Include start and end date)	
<b>Total Amount of Funding Requested from IDPH:</b>	
<b>Total Applicant Match or In-Kind Contribution:</b>	
<b>If subcontractors will be used under this grant application, provide name, address and description of services.</b>	Subcontractor name: Address: City, State, Zip: Phone: Description of services:  Subcontractor name: Address: City, State, Zip: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY		
<i>(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)</i>		
Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
<b>Personnel Services</b> (Includes Salary and Wages)		
<b>Fringe Benefits</b> (Percent use for calculation ____%)		
<b>Contractual Services</b> (detailed information about the contractual services amount must be submitted on the attached budget excel form)		
<b>Travel</b>		
<b>Commodities/Supplies</b>		
<b>Printing</b>		

<b>Equipment</b>		
<b>Telecommunications</b>		
<b>Patient/Client Care</b>		
<b>Administrative Costs</b> <i>(If applicable/allowable)</i> This line item can be removed by Program if not allowable		
<b>Grand Total</b>		
<b>If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.</b>	<input type="checkbox"/> Time Sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time allocable to grant <input type="checkbox"/> Other, please describe _____ <input type="checkbox"/> Not applicable to this grant application	

### ALLOWABLE COSTS FOR REIMBURSEMENT UNDER IDPH GRANT AGREEMENT

To be reimbursed under IDPH Grant Agreement, expenditures must meet the criteria below:

- a. 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.
- b. Be authorized or not prohibited under federal, state or local laws or regulations.
- c. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.
- d. Be accorded consistent treatment through application of generally accepted accounting principles appropriate to the circumstances.
- e. Not be allocable to or included as a cost of any state or federally financed program in either the current or a prior period.
- f. Be net of all applicable credits.
- g. Be specifically identified with the provision of a direct service or grant program activity.
- h. 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 are listed below. 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:

Contractual employees (requires prior program approval from the Office of Preparedness and Response)  
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.**

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

Telecommunications:

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

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:

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

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

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

**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

**PLEASE FILL OUT THE ATTACHED BUDGET SPREADSHEET IN ITS ENTIRETY.**

## **Section 7. GRANT SCOPE OF WORK**

The Office of Preparedness and Response is offering grants up to \$50,000 for the continuation and improvement of **Statewide Community Pandemic Influenza Outreach and Community Education**. These federal funds are designated to support community activities and programs that can become model programs in other areas of the state please read below for the requirements.

### **Description:**

The **Statewide Community Pandemic Influenza Outreach and Community Education Grants** will support the continuation and improvement of planning and implementation of community outreach and education efforts regarding pandemic influenza. Proposals can request support for existing programs or new programs, these programs should be able to be replicated in other areas of the state. Proposal should be a continuation of previously approved PHER-funded activities, or new activities that address or retest identified gaps in pandemic flu response, or new activities that directly advance pandemic planning and preparedness. Prior experience in developing community education and outreach efforts is preferred.

Priority consideration will be given to proposals that target one or some of the following populations including not limited to: disability community, limited English language proficient communities, senior citizens, rural and communities of color. Grants will be awarded to ensure statewide coverage. Regionally specific and statewide proposals will be considered. Community organizations, faith organizations, coalitions and local health departments are encouraged to apply. Funded projects will serve to create models of outreach and education efforts regarding pandemic influenza that can be replicated in other areas of the state.

### **Program Requirements:**

- Agencies must provide these services to areas outside of the city of Chicago. Funding is limited to efforts outside of the city of Chicago, downstate, the suburbs of Chicago, areas of Cook County outside of the city of Chicago are allowed.
- Program must be implemented February 1, 2011 – July 30, 2011
- Grants will range in funding from \$5,000 - \$50,000. Grant funds must be spent before July 30, 2011.
- Outreach and education efforts must focus on pandemic influenza.

- Materials should be developed for target populations based on CDC recommended messaging.
- Grantees must agree to receive consultation and technical assistance from authorized representatives or staff of the Illinois Department of Public Health's Office of Preparedness and Response.
- Grantees must submit a Progress Report on April 15, 2011 and an End of Project Report by July 30, 2011, including a summary of evaluation results and itemized expenditures. Report formats will be supplied by the Office of Preparedness and Response.
- Proposal should be a continuation of previously approved PHER-funded activities, or new activities that address or retest identified gaps in pandemic flu response, or new activities that directly advance pandemic planning and preparedness.
- Proposals must develop measurable outcomes and impact. These proposals will serve to develop programs that can be models utilized in other areas of the state.
- Proposals must respond to the scope of work that is determined in the Request for Application.

#### **Goals:**

- To develop model outreach and education programs that can be replicated in other areas of the state.
- Outreach and educate communities about pandemic influenza both about prevention and vaccination.
- Additional Goals (to be determined by the applicant)

#### **Objectives:**

- List of tasks that will be implemented to accomplish the objectives.
- The organization shall specify how the objectives will be measured to determine successful completion.



Name of Grant Program \_\_\_\_\_

Legal Name of Applicant \_\_\_\_\_

### Section 8. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

Signature

Printed Name/Title

Date

#### FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

##### Type of Grant Application

- Direct Appropriation ☐
- Allocation by Administrative Rule ☐
- Competitive Request for Application ☐
- Statutory Board Review Required ☐
- Formula and/or Caseload Allocation ☐
- Non-Competitive ☐

##### Funding Source:

- General Revenue Fund ☐
- State Special Fund ☐
- Federal ☐

##### Grant Application Funding Recommendation by Division/Program:

<input type="checkbox"/>	Grant Application Disqualified/Not Eligible for Funding under this Award
<input type="checkbox"/>	Grant Application Recommended for Funding at Full Request
<input type="checkbox"/>	Grant Application Recommended for Funding at \$_____.

Division Chief/Program Manager: \_\_\_\_\_

Date: \_\_\_\_\_

##### Grant Application Funding Recommendation Approved by:

Deputy Director \_\_\_\_\_

Date: \_\_\_\_\_

Grants Review Committee  
Score: \_\_\_\_\_

(Full review grants  
only)

Assistant Director \_\_\_\_\_

Date: \_\_\_\_\_

