

**Illinois Department of Public Health
Office of Health Promotion
Division of Chronic Disease Prevention and Control**

**Colorectal Cancer Screening Project
Request for Application
Fiscal Year 2011**

November 2011

Illinois Department of Health
Colorectal Cancer Screening Project
Grant Application Checklist

Please check each form as it is completed and include it with the application packet.

- Illinois Department of Public Health, Public Health Grant Application (available on www.idph.state.il.us under funding opportunities)
- Illinois Department of Public Health, Public Health Grant Budget Detail Template (available on www.idph.state.il.us under funding opportunities)
- Colorectal Cancer Screening Action Plan (Appendix A)
- Personnel and Duties List (Appendix F)

By the grant submission deadline of 5 p.m. on December 3, 2010:

1. Submit one (1) signed unbound original and three (3) copies of the complete application to the address below.
2. Use 12-point font, 1-inch margins, and single spaced lines on 8½ X 11-inch paper.
3. Do not exceed the section page limits.
4. Number all pages including any attachments.

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Colorectal Cancer Screening Project FY 2011 Request for Proposal

Purpose

The Illinois Department of Public Health (Department), Office of Health Promotion, will provide funding to Illinois schools of medicine, hospitals and health care delivery systems for implementation of colorectal cancer screening initiatives targeting uninsured and underinsured populations within their communities. The purpose of this project is to improve early detection of colorectal cancer and to reduce the number of deaths due to colorectal cancer.

Funding

Approximately \$1,000,000 is available to fund colorectal cancer screening projects in Illinois.

Funding categories listed below are based on the number of eligible persons to be screened with the project.

Screening population up to 1,000 persons - \$100,000

Screening population of 1,001 – 2,000 persons - \$250,000

Screening population of 2,001 – 3,000 persons - \$375,000

Screening population over 3,001 persons - \$500,000

Funding requested must be appropriate for geographic area, number of persons to be reached, number of screenings to be conducted and education and outreach efforts.

Statement of Need

In Illinois, there are approximately 7,060 new cases of colorectal cancer annually, and about 2,540 deaths attributed to colorectal cancer each year. Only 46.3 percent of Illinois adults aged 50 years and older reported having a fecal occult blood test in the previous year or a sigmoidoscopy or colonoscopy in the previous five years, compared to 52 percent nationwide (CDC Chronic Disease Indicators).

Scope of Work and Description of Services

There are multiple components that the grantee is required to do. This includes education and outreach, screening, follow-up, and treatment. Grant funds may be used for education, outreach and screening. However, this grant does not pay for follow-up or treatment. The grantee must show evidence they have the resources to pay for persons who need further diagnostic follow-up, medical care as a result of complications of the screening, and treatment for those persons diagnosed with colorectal cancer, but with no means to pay for it.

1. Grantees may elect to screen either through stool occult blood testing, sigmoidoscopy, colonoscopy, or a combination thereof, in accordance with American Cancer Society screening guidelines. Screening efforts should target normal-risk populations. Colorectal cancer screening programs implemented by grantee should be tailored to meet specific local needs. Grantees are responsible for providing quality treatment consistent with standard protocols, including but not limited to chemotherapy, radiation therapy, and/or surgery, for screened individuals identified as having colorectal cancer. This grant does not pay for treatment.
2. Persons eligible for screening must be between 50 to 64 years of age, lack health insurance or have co-pays or deductibles that represent a barrier to colorectal cancer screening, have a household income at or below 250 percent of the federal poverty level, and be due for colorectal cancer screening.
3. Grantees will be required to collect, tabulate and report screening data to the Department. In order to be compliant with the Health Insurance Portability and Accountability Act (HIPAA), reported

data shall be de-identified and contain no protected health information. Data elements to be reported include demographic characteristics of screened persons, screening methods utilized, screening test results, colorectal cancer risk factors and barriers to colorectal cancer screening.

4. The grantee shall convene a Medical Advisory Board, which will be responsible for reviewing screening protocols, reviewing the delivery of screening services and follow-up to ensure the highest quality of care is conducted, and ensuring all participants needing additional services receive the necessary follow-up and care. The Medical Advisory Board shall be convened in-person no less than once every three months, with at least one in-person meeting prior to the project initiation. It shall be comprised of no less than three physicians (M.D., D.O.) with training and experience in gastroenterology, oncology or surgery. Other members should include other disciplines necessary to carry out this grant, such as nurses, pathologists, social workers and patient navigators. Minutes and attendance records shall be kept.
5. The project coordinator will oversee the day to day administration of the grant. The project coordinator will ensure program goals, objectives and reporting requirements are being met. S/he will be responsible for the quality assurance of the program and be the primary contact with the Medical Advisory Board. The project coordinator also will oversee participant eligibility for screening and the delivery of colorectal screening services, track and follow-up on participants, and provide follow up for those receiving colonoscopies, and will ensure those in need of follow-up and treatment will be entered into appropriate systems for care.
6. The Department will reimburse grantees for colorectal cancer screenings at the Cook County Medicare rate.
7. The Illinois Comprehensive Cancer Control Program (ICCCP) is housed in the Department's Office of Health Promotion's Division of Chronic Disease Prevention and Control. Grantees will work closely with the ICCCP on collaborative efforts to meet the goals and objectives in the Illinois cancer state plan that addresses colorectal cancer. The Department's Division of Chronic Disease Prevention and Control programs maintain statewide partnerships that address their respective program areas. These programs also work collaboratively to share resources, and to participate on the various statewide partnerships and are currently working on a comprehensive chronic disease plan.
8. Grantees shall market their program through efforts designed to reach underserved populations. Grantees are encouraged to use CDC Screen for Life Campaign materials for promotion activities. Grantees also will be encouraged to collaborate with other programs, such as WISEWOMAN, Illinois Breast and Cervical Cancer Program, and local cancer coalitions to improve efficiency and increase total health impact. The grantee must submit to the Department for approval, the draft of any printed or electronic materials developed for the project. Materials submitted for review must be received six (6) weeks prior to the intended distribution of the materials. Submissions that do not meet this time requirement cannot be guaranteed approval by the Department. Any materials created and distributed without prior review and approval from the Department will result in non-reimbursement for these materials. Materials shall be submitted for Department approval, regardless of previous use or approval. A copy of the printed or electronic material must be accompanied by a completed publication/media approval request form (see Appendix G).

All brochures, booklets, flyers, journal articles, programs, advertisements (including print and out of home), multi-media presentations, videos and other printed or electronic materials, including but not

limited to Web sites prepared with funds from this grant must include the following:

This project was made possible by funds received from the Illinois Department of Public Health

9. The grantee acknowledges and accepts the stipulation that funds from this award cannot be used for lobbying and/or any direct contact with state legislators or their respective staff for the purpose of influencing legislative policies and/or funding decisions.

Submission of Applications

Applicants must submit three copies, with original signatures, of the following completed application items no later than 5 p.m. (CDT) on Friday December 3, 2010.

1. Illinois Department of Public Health, Public Health Grant Application (available on www.idph.state.il.us under funding opportunities).
2. Illinois Department of Public Health, Public Health Grant Budget Detail Template (available on www.idph.state.il.us under funding opportunities).
3. Proposed Action Plan Worksheet (Appendix A).

Applications shall be submitted by mail or hand delivered to:

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Division Chief
Division of Chronic Disease Prevention and Control
Illinois Department of Public Health
535 W. Jefferson St., 2nd Floor
Springfield, IL 62761
cheryl.l.lee@illinois.gov

Applicants must include the following in their grant narrative. This information will be used to evaluate grant applications.

Application format is

- Eight page limit
- single spaced
- 12 point font size using Times New Roman
- Paper size is 8.5 by 11 inch
- Page margin size is one inch

Executive Summary (1 page)

Applicant should provide a clear and concise overview of the project.

Program Capability (2 pages)

Applicant should describe

- Experience implementing proposed activities, including working with priority populations
- Readiness to implement colorectal cancer screenings
- Previous efforts working with community organizations to implementing colorectal cancer screenings in the community
- How follow-up and treatment will be provided

Organizational Structure (1 page)

Applicant should describe project management structure, including staff and their responsibilities. Include resumes as attachments.

Description of Need (1 page)

Applicant should describe the colorectal cancer burden in their target area, barriers to screening and systems in place to screen.

Program Narrative (3 pages)

Applicant should provide an overview of how the project will be implemented including

- Providing justification for screening test(s) to be used in the project
- Describing community collaboration to support the colorectal cancer screening project
- Describing plans on how follow-up and treatment will be handled. This grant does not pay for follow-up and treatment
- Providing letters of support from relevant partners as attachments (not included in page limit)
- Providing details on education and outreach efforts. Applicants are encouraged to use the U.S. Centers for Disease Control and Preventions *Screen for Life* campaign
- Providing objectives to be met in the project period using appendix A
- Describing evaluation of proposed objectives and project.

Appendix A

**Colorectal Cancer Screening Action Plan
FY 2011**

Agency Name: _____

Address: _____

Project Contact Name: _____

Telephone _____ Fax: _____

E-mail: _____

NOTE: Grantee must provide a work plan outline of projects/activities/events related to each of the required project components to be conducted during the grant year. Grantee must address how follow up and treatment will be implemented. Please attach letters of support to show evidence that follow-up and treatment will be provided. Please copy this page as needed.

Category	Work plan detail (Must be completed)
1. Project component	
2. Goal of project activity/event	
3. Population/audience targeted	
4. Outcome being addressed	
5. Community partners (if applicable)	
6. Time line for event(s)/activity(s)	
7. How event/activity will be evaluated	

Appendix B

Budget and Budget Justification Instructions 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.

Reimbursement certifications must be submitted monthly. To be reimbursable under an IDPH/Office of Health Promotion Grant Agreement, expenditures must meet the following under general criteria:

1. Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the grantees overall responsibilities.
2. Be authorized or not prohibited under federal, state or local laws or regulations.
3. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.
4. Be accorded consistent treatment through application of generally accepted accounting principles, appropriate to the circumstances.
5. Not be allocable to or included as a cost of any state or federally financed program in either the current or a prior period.
6. Be net of all applicable credits.
7. Be specifically identified with the provision of a direct service or program activity.
8. Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds.

Appendix C

Budget and Budget Justification Instructions Use of Funds Allowable Costs

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

1. Gross salaries paid to agency employees directly involved in the provision of program services. All salaries to be provided as in-kind need to be documented and noted on the budget sheet as such.
2. 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:

1. Contractual employees (requires prior program approval).
2. Postage, postal services, UPS or other carrier costs.
3. Training and education costs this expense must be requested as a prior approval item in the budget submission. As such it requires substantive documentation before approval will be granted.
4. 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 the contractual amount.

Travel

1. Mileage related to grant at no higher than \$0.50 - State rate as of 7/1/2010.
2. Rail transportation expenses if justified.
3. Lodging (Rate must be in accordance with Illinois Travel Control Board rates or reasoning must be provided before approval to pay will be made/budget will be approved. Current lodging rates are \$140 in Chicago, \$80 in suburban counties surrounding Cook county, and \$70 for remainder of the state.)
4. Per diem (in line with state rate of \$ 7 per quarter for \$28 per day)

Supplies

1. Office supplies
2. Educational and instructional materials and supplies, including booklets and reprinted pamphlets (prior approval item: budget narrative must describe the connection between purchase of these materials and approved work plan before it will be approved).
3. Equipment items costing less than \$100.00 each and having a use life of less than one year.
4. Envelopes, letterhead, and other paper supplies.

Telecommunications

1. Allowable charges are monthly telephone services, cost of land lines and installation, repair, parts and maintenance of telephones, and other communication equipment.

Printing

1. Photocopies (paid for at a photocopy business, or if charged by copy on a leased photocopy machine).
2. Any printing job (e.g., letter press, offset printing, binding, lithographing services) expense must be requested as a prior approval item in the budget submission. As such it requires substantive documentation before approval will be granted. The costs of the printing may not exceed \$1,000 or 50 percent of the total budget whichever is less.

Appendix D

**Budget and Budget Justification Instructions
Use of Funds
Unallowable Costs**

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

1. Indirect or administrative cost plan allocations (normally expressed as a percentage of the grant)
2. Normal daily operating expenses
3. Political or religious purposes
4. Contributions or donations
5. Fund raising or legislative lobbying expenses
6. Payment of bad or non-program related debts, fines or penalties
7. Contribution to a contingency fund or provision for unforeseen events
8. Incentives, including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls and band-aid holders
9. Entertainment, food, alcoholic beverages and gratuities
10. Membership fees, interest or financial payments or other fines or penalties
11. Purchase or improvement of land or purchase, improvement or construction of a building
12. Lease of facility space
13. Equipment
14. Any expenditure that may create conflict of interest or the perception of impropriety
15. Audit expenses
16. Conference registration fees including registration fees to attend or exhibit at fundraising events
17. Exhibit fees of any kind
18. Subscription costs
19. Association dues
20. Expenses for credentialing (e.g, CHES certification)
21. Airfare
22. Out-of-state travel costs

Appendix E

**State of Illinois
DEPARTMENT OF PUBLIC HEALTH
Office of Health Promotion**

BUDGET ADJUSTMENT REQUEST

Revision #

Provider/Vendor: _____ TIN: _____

Program: _____ Contract #: _____

The following adjustments to the approved budget are requested in order to better attain the goals and objectives of the program.

LINE ITEM	CURRENT BUDGET	CHANGE REQUESTED	REVISED BUDGET
Personal Services			
Fringe Benefits			
Contractual Services			
Travel			
Supplies			
Telecommunications			
Printing			
TOTAL			

Justification:

FOR THE PROVIDER/VENDOR

DIVISION APPROVAL

Submitted by

Date

Date

(IDPH/OHPM Budget Adjustment - 7/09)

State of Illinois
DEPARTMENT OF PUBLIC HEALTH
Office of Health Promotion

Instructions for Completing the BUDGET ADJUSTMENT REQUEST Form

- Revision # Fill in the revision number for this program within this grant.
- Provider/Vendor Fill in agency name as it appears in the agreement.
- TIN Fill in the Taxpayer Identification Number as it appears in the agreement.
- Program Fill in the program name as stated on the agreement program attachment.
- Contract # Fill in the Department agreement contract number that is located in the upper right hand corner of page one of the agreement.
- Current Budget: Fill in the amounts by line item for EACH line of the current, approved budget for this program. The TOTAL must agree with the amount of the award as originally stated or as previously amended.
- Change Requested Fill in the amount of the requested adjustments for each appropriate line item (decreases are to be shown in parentheses). The total of the Change Requested column will be zero, unless the Budget Adjustment Request is submitted in support of an amendment that increases (or decreases) the award amount, in which case the total will be amount of the increase (or decrease).
- Revised Budget Fill in the adjusted amount for each line item. If there is no change to a line item, fill in the original amount for that line item. The total of the Revised Budget column must agree with the total amount of the award for the program as stated in the original agreement or the most recent amendment for this program.
- Justification Provide a detailed description/justification for the revisions requested. This justification shall include the programmatic rationale for the change. All adjustments to the equipment line shall itemized. Attach additional sheets if needed.
- For the Provider/
Vendor Signed and dated by an authorized official of the Provider/Vendor.

Submit to:

Cheryl Lee, M.S.
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Division of Chronic Disease Prevention and Control
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cheryl.l.lee@illinois.gov

The grantee will receive a signed and dated copy indicating final approval or denial of this budget adjustment request.

(DPH/OHPM Budget Adjustment - 7/10)

Appendix F
PERSONNEL AND DUTIES LIST

Name and Title: Telephone: E-mail:	Hours per week: Duties/Estimated Percentage of Time Spent:
Name and Title: Telephone: E-mail:	Hours per week: Duties/Estimated Percentage of Time Spent:
Name and Title: Telephone: E-mail:	Hours per week: Duties/Estimated Percentage of Time Spent:
Name and Title: Telephone: E-mail:	Hours per week: Duties/Estimated Percentage of Time Spent:
Name and Title: Telephone: E-mail:	Hours per week: Duties/Estimated Percentage of Time Spent:

Appendix G
Illinois Department of Public Health
Colorectal Cancer Screening
Publication/Media Approval Request Form

Instructions: The Colorectal Cancer Screening Grant Agreement requires all publications and media materials developed with funds from the Colorectal Cancer Screening Grant be approved by the Department prior to distribution. Materials must be received by the Department six (6) weeks prior to the intended distribution date. Additional details are included in the FY2011 Colorectal Cancer Screening Request for Application and FY2011 Colorectal Cancer Screening Grant Agreement.

Grantee	
Submitted by (staff name)	
Phone number	()
Media/Publication Type/Title	
Approximate cost for this publication/media placement	
Date approval needed by	

1. Type of publication/advertisement/media placement (indicate name of media outlet(s) that will air or feature the ad)

- Television _____
- Radio _____
- Newspaper _____
- Online _____
- Other (please specify) _____

2. Approximate circulation for this publication/advertisement/media placement (i.e., number of commercials to be aired, or copies circulated)

3. Verification that publication/advertisement/media placement contains the required funding tagline ***This project was made possible by funds received from the Illinois Department of Public Health:*** Yes No
 If no, grantee has been notified to include funding tagline.

4. Additional information regarding this request _____
