FOR IDPH Use Only
Application No. ________________
Date Received ________________

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR PUBLIC HEALTH GRANT

Office of Health Protection
Division of Food, Drugs and Dairies / Body Art Program

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

Section 2. APPLICANT GRANT HISTORY	
Description of Applicant Organization: *(200 Character Maximum)*	
Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years? **If yes, provide the following:** *(Add additional rows if needed)*	☐ **YES** ☐ **NO** Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:
How long has Applicant been incorporated?	
Is the Applicant in "good standing" with the Illinois	☐ **YES** ☐ **NO**

Office of the Secretary of State?	
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?	☐ **YES** ☐ **NO** 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.
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?	☐ **YES** ☐ **NO** If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.
Does the applicant or any principal owe any debt to the State of Illinois?	☐ **YES** ☐ **NO** 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

Legal Status:	☐ Individual ☐ Sole Proprietor ☐ Partnership/Legal Corporation ☐ Tax Exempt ☐ Corporation providing or billing medical and/or health services ☐ Corporation NOT providing or billing medical and/or health services ☐ Other (describe):	☐ Governmental ☐ Nonresident alien ☐ Estate or Trust ☐ Pharmacy (Non-Corporation) ☐ Pharmacy/Funeral Home/Cemetery (Corporation) ☐ Limited Liability Company (select applicable tax classification) ☐ D = Disregarded Entity ☐ C = Corporation ☐ P = Partnership
Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:		
If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.	**Name:**	**FEIN:**
	Name:	**FEIN:**
	Name:	**FEIN:**
DUNS Number:		

Illinois Department of Human Rights Number (if applicable):	
Legislative Senate District:	
Legislative House District:	
Congressional District:	

Section 4. KEY GRANT CONTACT INFORMATION

Grant Application Contact/Title:	
Telephone:	
Fax:	
E-Mail:	
Fiscal Contact/Title:	
Telephone:	
Fax:	
E-Mail:	

Section 5. GRANT PROJECT PROPOSAL

Project Title:	**Body Art Program**
Brief Project Description: *(350 character maximum). Note that the Scope of Work must be completed separately.*	**To conduct required initial, renewal, and follow-up inspections as directed by Illinois Department of Public Health at body art establishments that have submitted applications for registration. Other required work may include complaint follow-ups and investigations.**
Project Period: *(Include start and end date)*	July 1, 2011 through June 30, 2012
Total Amount of Estimated Award Requested from IDPH:	
Total Applicant Match or In-Kind Contribution:	N/A
If subcontractors will be used under this grant application, provide name, address and description of services.	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 – N/A *(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)*		
Budget Line Items Requested	**Requested Grant Budget Amount**	**Applicant Match of In-Kind Contribution**
Personal Services *(Includes Salary and Wages)*		
Fringe Benefits (Percent use for calculation _____%)		
Contractual Services (detailed information about the contractual services amount must be submitted on the attached budget excel form)		
Travel		
Commodities/Supplies		
Printing		
Equipment		
Telecommunications		
Patient/Client Care		
Administrative Costs *(If applicable/allowable)* This line item can be removed by Program if not allowable		
Grand Total		
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.	☐ Time Sheets ☐ Cost allocation plans ☐ Certifications of time allocable to grant ☐ Other, please describe ________________ ☐ Not applicable to this grant application	

Note: The Body Art grants are reimbursed on a fee-for-service basis at a rate of 75% of the application/renewal fee per inspection. Application and renewal fees are $500 dollars for the establishment and one work station. A $50 fee is paid for each additional work station. An itemized budget is not necessary.

Section 7. GRANT SCOPE OF WORK

Detailed description/information about the proposed project and expected outcome.

The objective of this grant/project is to provide inspections for Body Art establishments throughout the Local Health Department's jurisdiction and therefore, decrease the injuries, diseases and prolonged health issues that may occur with users of these type establishments.

Description of how outcomes will be measured.

Local Health Departments submit all inspection reports and then IDPH logs them into the Body Art database. Complaints and reports of injuries are also gathered and the information reviewed and maintained at the state and local level.

List of goals to be accomplished during the grant period.

The (insert name of local health department) will provide the following services and agrees to act in compliance with all applicable state and federal statutes and administrative rules.

1. Act as the agent of the Department for the purpose of making inspections and investigations under the authority of the Tattoo and Body Piercing Establishment Registration Act (410 ILCS 54) and the Body Art Code (77 Ill. Adm. Code 797), hereinafter referred to as "the Act and the Code."

2. Provide qualified personnel to perform inspection, investigation, surveillance, enforcement and administrative activities. Personnel shall attend a state provided Body Art Establishment Inspection Basic Training course, and attend a Blood Borne Pathogen training that meets OSHA standards.

3. Maintain an inventory of names and addresses of body art establishments within its jurisdiction.

4. Notify the Department within thirty days of the date the Local Health Department becomes aware of any change of address, ownership, or other change of information originally submitted by a body art establishment on its application for a registration certificate.

5. Inspect in accordance with the Act and the Code, at least once a year, all body art establishments in the Local Health Department's jurisdiction which have not otherwise been retained for inspection by the Department using the most recent inspection report form specified and provided by the Department.

6. Provide written public educational information and disclosure warning posters to establishments at the initial inspection. Provide additional supplies as needed.

7. Document all inspection remarks in accordance with the Department's specified format. The Local Health Department shall provide the body art establishment with the designated (yellow) copy of the inspection report at the time of inspection. The Local Health Department shall retain a photocopy of the inspection report for its establishment file and send the complete original inspection form (white copy) to the Department's Central Office within fourteen (14) days of completion of an inspection. The Local Health Department shall follow the program policies which may be established by the Department.

8. Cooperate with the Department to ensure that all body art establishments which are not in compliance with the requirements of the Act and the Code at the time of inspection (including body art establishments operating without a registration certificate) are brought into compliance with the Act and the Code.

9. Notify the owner of the body art establishment of violations of the Act and the Code and specify a uniform time for correction, via the fully completed inspection report.

10. Conduct a reinspection at or within thirty days of the documented violation to ensure that all violations have been corrected. The Local Health Department shall provide the body art establishment with the designated (yellow) copy of the reinspection report at the time of reinspection. The Local Health Department shall retain a photocopy of the reinspection form in its establishment file and forward the complete original reinspection form (white copy) to the Department's Central Office within fourteen (14) days of completion of the reinspection. Such reinspection may be a joint inspection by both agencies at the option of the Department.

11. Make available to the Department all necessary elements for enforcement which may include, but are not limited to, personnel to serve as witnesses.

12. Investigate all complaints pertaining to a body art establishment within fourteen (14) days of receipt. A written body art establishment inspection report shall be completed at the time of investigation. The Local Health Department shall leave the designated (yellow) copy of the inspection report with the body art establishment. The Local Health Department shall retain a photocopy of the original (white) copy of the inspection report in its establishment file. The original (white) copy of the inspection report shall be forwarded to the Department's Central Office within fourteen (14) days of the investigation.

13. Inform the Department's Central Office of any individuals who have operated a body art establishment within its jurisdiction without a registration certificate, or without having made application for a registration certificate, in violation of the Act.

14. Ensure that no employee conducts body art establishment inspections until completion of a Body Art Establishment Inspection Basic Training provided by the Department. The Local Health Department shall ensure that no employee conducts body art establishment inspections until completion of a Blood Borne Pathogen training that meets OSHA standards.

15. Upon written amendment to this Grant Agreement, may assume contractual responsibility for geographic areas outside of its jurisdiction if no local health department exists for the jurisdiction or if the local health department for the jurisdiction declines or fails to exercise a formal agreement with the Department within thirty (30) days of notification by the Department of an opportunity to execute such an agreement.

16. Maintain body art establishment inspection records which include, but are not limited to: applications for a registration certificate to operate a body art establishment with any attachments as provided by the establishment; inspection forms; complaint reports and investigational findings; correspondence to and from body art establishments; copies of registration certificates issued by the Department; and enforcement records.

Proposed Timeline: July 1, 2011 through June 30, 2012;

By quarter, complete the objectives and tasks shown below:

1st Quarter Objective: Conduct approximately _______body art establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

Task – Submit the reimbursement certification forms at the end of each quarter listing all inspections conducted including the name, the ID #, and the date of the inspection.

2nd Quarter Objective: Conduct approximately _______body art establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

Task – Submit the reimbursement certification forms at the end of each quarter listing all inspections conducted including the name, the ID #, and the date of the inspection.

3rd Quarter Objective: Conduct approximately _______body art establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

Task – Submit the reimbursement certification forms at the end of each quarter listing all inspections conducted including the name, the ID #, and the date of the inspection.

4th Quarter Objective: Conduct approximately _______body art establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

Task – Submit the reimbursement certification forms at the end of each quarter listing all inspections conducted including the name, the ID #, and the date of the inspection.

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

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Type of Grant Application

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

Funding Source:

General Revenue Fund	☐
State Special Fund	X
Federal	☐

Grant Application Funding Recommendation by Division/Program:

☐	Grant Application Disqualified/Not Eligible for Funding under this Award
☐	Grant Application Recommended for Funding at Full Request
☐	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: __________