Grant Application Checklist

- 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)
- W-9 Form
- Scope of Work (Section 7 of the Public Health Grant Application: http://www.idph.state.il.us/pdf/GrantApplicationStandardizedForms.pdf), must include descriptions of the applicants organizational capacity, the need and justification, and a work plan.
- Appendices
  - Letters of support
  - Resume or vitae for current staff or a job description of those to be hired
  - Collaborator list
  - Documentation of tax exempt status/ not-for-profit status (only if an applicant is not a governmental entity)
  - Work Plan (to be completed and submitted to the Department within 30 days following notice of funding)

Thomas Eddy
Grants Manager, Office of Health Promotion
Division of Chronic Disease Prevention and Control
Illinois Department of Public Health
535 W. Jefferson St., 2nd Floor
Springfield, IL 62761-0001
217-782-0843
Thomas.Eddy@illinois.gov
FISCAL YEAR 2012 APPLICATION GENERAL INFORMATION

Title: Illinois Diabetes Prevention and Control Program

Issued By: Illinois Department of Public Health, Office of Health Promotion

Application Processing: Applications must be received at the Illinois Department of Public Health, Springfield location listed below, no later than July 15, 2011 at 5 p.m. Applications received after this time will not be reviewed and will be returned. Faxed copies will not be accepted. Send to:

Thomas Eddy, Grants Manager
Illinois Department of Public Health
535 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Submit one signed original and three (3) photocopies of the application.

Funding Source: U.S. Centers for Disease Control and Prevention

Funds Available: $367,700 upon appropriation

The maximum amount that can be applied for is $37,000 per award

Funding Period: July 1, 2011 - March 30, 2012

Note: Please follow all grant application instructions carefully.

I. PURPOSE

The Illinois Department of Public Health (IDPH), Office of Health Promotion, is providing funding to reduce the burden of diabetes through integration and collaborative efforts. The overall goal of this Request for Application (RFA) is to use existing systems and infrastructure to implement and sustain evidence- and practice-based interventions to reduce the burden of diabetes statewide.

All grantees, regardless of their funding level, are required to direct their efforts in all three areas of intervention: Chronic Disease Self Management Program/Diabetes Self Management Programs (CDSMP/DSMP), Illinois Tobacco Quitline, and Public Awareness/Coalition Support.
II. ELIGIBILITY

Eligible applicants include local health departments, hospitals, colleges, universities, non-profit health care institutions, social service organizations, and community-based organizations. Other eligibility requirements are as follows:

- Only Illinois-based organizations can compete for grant funds and must be a government entity or a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. Subcontractors also must be a government entity or a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code.
- If the applicant is not a certified local health department, a copy of the letter sent to the local health department as notification of the intent to apply must be included as an attachment to the application package.

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

- The application is not received by the time specified for submission.
- The application does not include original signatures on the Public Health Grant Application.
- The required number of copies is not submitted (1 original and 3 copies).
- The application requests more than $37,000.
- The application does not follow format instructions.
- The application does not contain letter(s) of support.

III. OVERVIEW OF PROPOSAL REQUIREMENTS

- The project proposal must document a timetable that covers the proposed grant period, July 1, 2011 through March 30, 2012. It must include dates of events and activities planned during the project period and document activities for Diabetes Alert Day (March 22, 2012) and National Diabetes Awareness Month (November 2011). If the applicant is not a certified local health department, a copy of the letter sent to the local health department as notification of the intent to apply must be included. This letter must be included as an attachment to the application package.
- A proposed budget outlining the monies requested from IDPH and other match/in-kind funds must be provided. The documented amount MUST be a minimum of 10 percent of the funds requested from IDPH (e.g., if $37,000 is requested, match/in-kind must be at least $3,700). The match/in-kind funds can be cash or non-cash in-kind from the applicant and/or its collaborator agencies.
- Letters of support for each partner (collaborators and sub-contractors) participating in the proposed project must be attached. The letters must clearly state the partner’s
planned role in the project and what they anticipate will be achieved through their participation.

- The applicant must indicate in Section 7, Grant Scope of Work, they agree to receive consultation and technical assistance from authorized representatives of IDPH.
- The applicant agrees to submit quarterly progress reports to IDPH. IDPH will use these reports to track progress made toward achievement of program goals and objectives. Failure to submit required reports in a timely manner will result in reimbursement delays and may affect future IDPH funding.
- The application should address how the applicant will sustain future project activities after the grant period ends.
- All brochures, booklets, flyers, journal articles, programs, posters, advertisements, multi-media presentations, videos, and any other printed or electronic materials prepared with funds from this grant will require prior approval from IDPH and shall credit IDPH by stating on the material:

  This project was made possible by funding from the Illinois Department of Public Health.

IV. SPECIFIC INSTRUCTIONS

The application must be completed using a 12-point font (Times-Roman preferred), single-spaced and one-sided. Margins may not be less than one inch on all sides.

Budget and Budget 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. Reimbursement certification forms must be submitted monthly. 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 grantee’s overall responsibilities.
- 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.

**Allowable Costs** This is not meant to be a complete list, but rather specific examples of items within each line item category.

**Personal Services**

- 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.
- 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).
- Postage, postal services, UPS or other carrier costs.
- Training and education costs, other than required costs associated with self management programs, must be requested as a prior approval item in the budget submission. As such it requires substantive documentation before approval will be granted.
- 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**

- All travel must be related to required grant activities and itemized by trip.
- Auto Travel Mileage at no higher than $0.51 - state rate as of 03/01/2011.
- Rail transportation expenses, if justified.
- Lodging 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 the city of Chicago, $80 in counties surrounding Cook County, and $70 for the remainder of state.
- Per Diem with state rate of $7 per quarter for a maximum of $28 per day.

**Supplies**

- Office supplies
- Educational and instructional materials and supplies, including booklets and reprinted pamphlets, other than those required for CDSMP/DSMP, must have prior approval. The budget narrative must describe the connection between purchase of these materials and approved work plan before it will be approved.
• Equipment items costing less than $100 each and having a use life of less than one year.
• Envelopes, letterhead and other paper supplies.

**Equipment** (requires prior written approval)

• Items costing more than $100 with useful life of more than one year. Equipment costs shall be limited to 5 percent of the total grant award. Equipment costs include all freight and installation charges. This expense must be requested as a prior approval item in the budget submission. As such it requires substantive documentation as to its relevance to the work plan before approval will be granted.

• Reference and training materials costing more than $100. This expense must be requested as a prior approval item in the budget submission. As such it requires substantive documentation as to its relevance to the work plan before approval will be granted.

**Telecommunications**

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

**Printing**

• Photocopies paid for at a photocopy business, or if charged by copy on a leased photocopy machine.

• 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 is granted. The costs of the printing may not exceed $1,000 or 5 percent of the total budget, whichever is less.

**Unallowable Costs**

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

• Indirect or administrative cost plan allocations (expressed as a percentage of the grant)
• Political or religious purposes
• Contributions or donations
• Fundraising or legislative lobbying expenses
• Payment of bad or non-program related debts, fines or penalties
• Contribution to a contingency fund or provision for unforeseen events
• Incentives, including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls, band-aid holders, mugs and cookware.
• Entertainment, food, alcoholic beverages and gratuities
• Membership fees, interest or financial payments, or other fines or penalties
• Purchase or improvement of land or purchase, improvement or construction of a building
• Lease of facility space. (NOTE: Such requests are prior approval and MUST be in writing, MUST provide substantial documentation as to why the request is necessary and MUST not total more than five percent of total award budget.)
• Equipment in excess of five percent of the grant award.
• Any expenditure that may create conflict of interest or the perception of impropriety
• Audit expenses
• Conference registration fees including registration fees to attend or to exhibit at fundraising events
• Exhibit fees of any kind
• Subscription costs
• Association dues
• Expenses for credentialing (e.g., CHES certification)
• Airfare
• Out-of-state travel costs

V. Required Program Activities


The Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self Management Program (DSMP) are evidence-based self management programs offered as workshops given for two and a half hours, once a week, for six weeks, in community settings such as local health departments, senior centers, churches, libraries, and hospitals. People with different chronic health conditions and diseases attend together. CDSMP is designed for persons with any chronic condition or disease. DSMP is designed specifically for persons with type II diabetes. Although either intervention would benefit persons with diabetes, preference will be given to applicants who choose to build capacity for and/or implement DSMP. The main goals of this CDSMP/DSMP funding component are to increase:
• Number of Master Trainers statewide trained on Stanford University’s Chronic Disease Self Management Program or Diabetes Self Management Program (must be a lay leader and have facilitated at least three workshops in the first year).
• Number of lay leaders statewide (trained by Master Trainers and able to co-facilitate six-week CDSMP and/or DSMP workshops).
• Number of people with diabetes (PWD) who are better able to manage their condition as a result of attending CDSMP/DSMP.
• Capacity to sustain CDSMP and/or DSMP.
• Partner with local Area Agency on Aging (AAA) currently involved in CDSMP/DSMP efforts and gain support of American Diabetes Association.

Workshops are co-facilitated by two trained CDSMP or DSMP lay leaders. Lay leader training is four complete days, usually two days during week one and two days during week two. Trainings will be coordinated in geographic locations to accommodate the travel needs of grant awardees. Individuals who are trained lay leaders and have successfully facilitated at least three workshops in a 12-month period are eligible to become Master Trainers who train lay leaders. Training of Master Trainers will be offered as deemed necessary by the Department to maintain statewide capacity.

Subjects covered include techniques to deal with problems, such as frustration, fatigue, pain, and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and, how to evaluate new treatments. Program participants demonstrate significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.

All workshop attendees must have a book and CD (relaxation), which can be purchased for $20.00 and $12.00 respectively; bulk orders are at a reduced cost. Many sites buy in bulk and loan materials to reduce overall material costs. IDPH will assist grant award recipients with initial material ordering procedures.

Grant award recipients must be willing and able to accomplish evaluation and fidelity monitoring activities. Evaluation includes the ability to demonstrate “reach”, i.e., the number of persons who attend a CDSMP/DSMP six-week workshop. A “participant” is someone who attends three or fewer sessions and a “completer” is someone who attends at four to six sessions. IDPH assesses leader and participant satisfaction. There are four forms related to evaluation activities (provided by IDPH):

1) workshop attendance log (kept by the leader);
2) participant information sheet (completed by the workshop attendee, used to obtain demographic data);
3) participant satisfaction form (completed by participant); and
4) the leader satisfaction form (completed by class leaders).

Forms must be submitted to the evaluation team within two weeks of workshop conclusion. The evaluation team will enter data into a national database. Reports will be provided to grantee sites quarterly.

CDSMP and DSMP are highly interactive and must be offered exactly as scripted to maintain fidelity to the program and achieve the desired outcomes. Fidelity of interventions is monitored according to prescribed protocol, and includes assessing new leaders and the content of various weekly sessions. Fidelity monitoring tools and protocol will be provided by IDPH to sites awarded grant funds.

You may choose to implement CDSMP or DSMP or both, but preference will be given to applicants who chose to implement DSMP.
1. Describe the need for DSMP and/or CDSMP in your community (using data, resource allocation, existing efforts, etc…)

2. Describe in detail plans to implement CDSMP and/or DSMP in your community, including:
   • Recruiting persons for lay leader training and/or Master Trainer training.
   • Recruiting implementation sites (cite name of organization and type) in which to conduct workshops.
   • Plans to collaborate with local partner organizations to support efforts.
   • Plans to recruit participants.
   • Plans to market in your community.

3. Document reach goals
   • Number of master trainers and/or lay leaders to be trained.
   • Number of workshops to be conducted.
   • Number of persons who completed at least four sessions of a workshop.

4. Document willingness to collaborate with the regional Area Agency on Aging (AAA) and with American Diabetes Association (ADA). (Provide letter of support on letterhead and electronically signed.) (Go to http://www.state.il.us/aging/2aaa/aaa_list.htm and http://www.diabetes.org/in-my-community to locate local AAA and ADA.

5. Describe plans to offer CDSMP and/or DSMP in collaboration with a health care partner (cite partner and provide letter of support on letterhead and electronically signed).

6. Document ability and willingness to adhere to training and workshop protocol.

7. Document ability and willingness to adhere to evaluation and fidelity monitoring requirements.

8. Describe plans to purchase CDSMP/DSMP workshop materials (assistance with coordination provided by IDPH).

9. Document plans to obtain a license agreement with the Stanford Patient Education Research Center, 1000 Welch Road, Suite 204, Palo Alto, CA 94304 (http://patienteducation.stanford.edu/programs/cdsmp.html)

10. Describe in detail plans for developing a sustainability plan.

   For more information about CDSMP or DSMP, visit http://patienteducation.stanford.edu/programs/cdsmp.html

2. Illinois Tobacco Quitline
   Goals of the quitline component of this RFA are to increase use of telephone-based tobacco cessation services by persons with diabetes; to improve the extent to which health care providers assess smoking status of persons living with diabetes, advise them to quit and refer them to the
quitline; to increase the number of diabetics who smoke who enroll in a CDSMP/DSMP (Chronic Disease /Diabetes Self Management Program) and to decrease the number of people with diabetes who smoke.

The grantee is required to implement the following activities in their scope of work.

1. Promote quitline among people with diabetes, other community partners, and the general public. Conduct media campaigns (TV, radio, newspapers, online, and other) and coalition supported activities to raise awareness about diabetes and encourage the use of the quitline. IDPH will provide the grantees with technical support/assistance on communicating with the quitline for the use of their educational and promotional materials.

2. Collaborate with the quitline to initiate a fax referral agreement for the diabetic callers.

3. Monitor the number of referrals (fax referrals or otherwise) made to the quitline and work with the quitline to track the following information, on a quarterly basis.
   - List of enrollees
   - Enrollee demographics
   - Number of national diabetes education material packets provided to callers.
   - Self-reported outcomes of callers to quitline
   - Quit rates
   - Program satisfaction survey results, if applicable

4. Provide information on diabetic resources, support groups, diabetic workshops and CDSMP/DSMP programs in their areas for entry into the quitline’s virtual library. When a quitline counselor speaks to a caller, referred by a particular grantee, the counselor will be able to access this information in the virtual library. The counselor will then provide the caller with additional resources and information as uploaded in the virtual library.

5. Collaborate with the quitline by providing the quitline with client education, resources, cessation information, and available CDSMP workshops to diabetics who call the quitline.

3. **Public Awareness/Coalition Support**

   The grantee is required to implement the following activities in their scope of work.

   1. Raise awareness among high risk populations of pre-diabetes risk factors, screening and diagnostic tests; the impact of prevention on the progression to type II diabetes; and evidence-based treatment.
   2. Implement culturally and linguistically appropriate health communication strategies designed to reach population/communities at greatest risk.
   3. Use appropriate channels, including print, radio, television, Internet, and quitline referrals to affect change in knowledge/attitudes/beliefs/behaviors supportive of diabetes prevention and control. Priority should be given to the use of evidence-based materials, such as those
produced by the National Diabetes Education Program (NDEP). Earned media should be utilized whenever possible.

4. Serve as a source of information to organizations within your community, health care professionals and to the quitline through strategic use and dissemination of NDEP and other health communication products.

5. Utilize local diabetes coalition and/or other community health coalitions to disseminate diabetes prevention and control messages, assist with referrals to the quitline and CDSMP/DSMP, and advocate in support of the development of policies that impact access to care issues or availability of programs and services for people with or at risk of diabetes.

6. Utilize marketing templates and examples/resources available on the National Council on Aging website at www.healthyagingprograms.org to promote CDSMP/DSMP.


Note: Health communication interventions should facilitate, to the greatest degree possible, the integration of messages across risk factors and chronic diseases (e.g., messages related to smoking, nutrition and physical activity, cardiovascular health, depression). These interventions also should include efforts to influence the widespread application of accepted diabetes care standards throughout groups of health care facilities and professionals serving high risk populations in order to increase the percentage of people with diabetes who receive A1C tests, eye exams, influenza and pneumococcal vaccines; reduce/eliminate health disparities for high risk populations with respect to diabetes prevention and control; establish/enhance linkages for promotion of wellness and physical activity for people with diabetes; and improve A1C, blood pressure and cholesterol/lipid control through programmatic efforts.

The scope of work for these three main intervention areas should include the following sections.

**Description of Need**
Applicant should provide recent data on diabetes, tobacco, alcohol and other chronic diseases prevalence rates in their target areas.

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

**Program Capability**
Applicant should describe:
- Experience implementing proposed activities, including working with priority populations
- Readiness to implement the project
- Previous efforts addressing diabetes and working with high-risk population at-risk for diabetes.
- Organization’s chronic disease(s) management efforts, including the mission of the organization
- Diabetes/community coalition structure and mission/ goals
Program Narrative
Applicant should provide an overview describing how the project will be implemented, including:

- Current chronic disease management
- Collaboration to integrate diabetes initiatives into organization’s current chronic disease efforts
- Plans for CDSMP/DSMP and quitline activities
- Plans on how public awareness, education and training will be integrated into current organizational chronic disease task list
- Letters of support from relevant partners as attachments
- Program objectives to be met in the project period using work plan as a guide (appendix A; complete work plan following notice of grant award)
- Evaluation of proposed objectives and project.

Progress Report Requirements
Grantees are required to submit quarterly progress reports on their work plan objectives. Failure to submit required reports in a timely manner will result in reimbursement delays and may affect future IDPH funding. Quarterly reports should be submitted to the IDPH Office of Health Promotion.
Appendix A
Work Plan

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. Use more space and copy this page as needed.

<table>
<thead>
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<th>Action Step</th>
<th>Timeline</th>
<th>Key Partners</th>
<th>Milestone</th>
<th>Evaluation Indicator</th>
<th>Data Source</th>
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The following adjustments to the approved budget are requested in order to better attain the goals and SMART objectives of the program.

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<th>LINE ITEM</th>
<th>CURRENT BUDGET</th>
<th>CHANGE REQUESTED</th>
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Justification:
FOR THE PROVIDER/VENDOR

Submitted by ___________________________  Date ___________________________

(IDPH/OHPM Budget Adjustment - 7/09)
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 be itemized. Attach additional sheets if needed.

For the Provider/Vendor  Signed and dated by an authorized official of the Provider/Vendor.
Submit to:

Thomas Eddy  
Grants Manager, Office of Health Promotion  
Illinois Department of Public Health  
535 W. Jefferson St., 2nd Floor  
Springfield, IL 62761  
217-782-0843  
Thomas.Eddy@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 C
### Personnel and Duties List

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<th>Name and Title:</th>
<th>Hours per week:</th>
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Appendix E  
Publication/Media Approval Request Form

**Instructions:** The Grant Agreement requires all publications and media materials developed with funds from the 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.

<table>
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<th>Grantee</th>
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<tr>
<td>Submitted by (staff name)</td>
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<tr>
<td>Phone number</td>
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<tr>
<td>Media/publication type/title</td>
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<tr>
<td>Approximate cost for this publication/media placement</td>
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<td>Date approval needed by</td>
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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.