



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

July 10, 2012

Dear Potential Applicant:

The Illinois Department of Public Health, Office of Women's Health, announces the availability of funds for the **Women's Health Mini-Grant Program**. These state funds support community activities addressing women's and girls' health issues.

The Office of Women's Health will be offering four mini-grant programs during fiscal year 2013. Potential applicants can select from a menu of programs addressing cardiovascular disease/obesity, osteoporosis or comprehensive women's health in their communities. These grants will be for nine months (October 1, 2012 through June 30, 2013).

Please take a moment to review the application guidelines and determine if your organization will take advantage of this funding opportunity. **These grants are extremely competitive and less than 30 grants will be awarded.** It is important that you read the application **thoroughly**. Completed applications are due to the Office of Women's Health no later than **5 p.m. Monday, August 13, 2012**, to support program activities from October 1, 2012 through June 30, 2013. For more information, please contact Sarah O'Connor-Bennett, grants manager, at 217- 524-9297.

Sincerely,

A handwritten signature in blue ink that reads "Jean H. Becker". The signature is written in a cursive style.

Jean Becker, M.P.H, B.S.N., R.N
Acting Deputy Director
Office of Women's Health, Illinois Department of Public Health
Program Director
Illinois Breast & Cervical Cancer Program

Enclosure

cc: Sarah O'Connor-Bennett



For IDPH Use Only

Application No. _____

Date Received _____



ILLINOIS DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR PUBLIC HEALTH GRANT

Office of Women's Health

Division of Information and Education/Mini-Grant Program

The Office of Women's Health will be offering four mini-grant model programs during fiscal year 2012. These grants will be for nine months (October 1, 2012 through June 30, 2013). Descriptions of the programs/projects begin on Page 15 of this application.

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

Applications must be received no later than

* **5 p.m. – Monday, August 13, 2012**

Applications may be mailed or delivered to:

* **535 W. Jefferson St., First Floor**

Springfield, IL 62761

* **Fax copies will not be accepted**

* **Submit one signed original and three photocopies of the application.**

Section 2. APPLICANT GRANT HISTORY

Description of applicant organization: <i>(200 Character Maximum)</i>	
Has this applicant received a grant from the federal government or the state of Illinois within the last three years? If yes, provide the following: <i>(Add additional rows if needed)</i>	<input type="checkbox"/> YES <input type="checkbox"/> 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 Office of the Secretary of State?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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

Only Illinois-based organizations are eligible to receive funding from the Illinois Department of Public Health (IDPH). They must be a government entity or tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. The organization applying for funds must have at least one full-time employee.

Legal Status:	<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
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 three 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

See program descriptions on beginning on Page 5

Project Title:	
Brief Project Description: <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	
Project Period: <i>(Include start and end date)</i>	October 1, 2012 through June 30, 2013
Total Amount of Funding Requested from IDPH:	
Total Applicant Match or In-Kind Contribution (you may include match or in-kind, but it is not required for these grants):	
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		
<i>(Note: This section is for summary purposes only. A detailed budget is included)</i>		
Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
Personal Services <i>(Includes Salary and Wages)</i>		
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		
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.	<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	

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 the department within 30 days (July 30, 2013) after the close of the grant period (June 30, 2013) to ensure reimbursement.

**Illinois Department of Public Health
Office of Women's Health
Division of Information and Education/Mini-Grant Program
Budget Detail Template**

(An electronic Excel version of this form is available)

**Incentives may not be purchased with IDPH/OWH funds unless they serve an educational purpose related to the grant.*

Grantee Name: _____ 0 _____ Grant Number

Program Name _____

Salary and Wages	\$0
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Position Title	Projected Monthly Salary	Percentage of Time on Grant	Number of Months in Year	Amount Requested
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0

Justification: Salaries and Wages

Fringe Benefits	\$0
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Fringe Benefit	Salaries	Rate	Amount Requested
Retirement	\$0		\$0
Social Security	\$0		\$0
Group Insurance	\$0		\$0
<i>Other:</i>	\$0		\$0
<i>Other:</i>	\$0		\$0

Justification: Fringe Benefits

Contractual Costs	\$0
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Contractor Name	Contracted Service	Amount Requested
		\$0
		\$0
		\$0

Justification: Contractual

Travel	\$0.00
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In-State Travel	\$0.00
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Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			\$0
			\$0
			\$0

Justification: In-State Travel

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Out-of-State Travel	\$0.00
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Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			\$0
			\$0

Justification: Out-of-State Travel

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Commodities	\$0.00
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Item(s) Requested	Amount Requested
	\$0
	\$0
	\$0
	\$0

Justification: Commodities

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Printing	\$0.00
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Item(s) Requested	Unit(s)	Amount Requested
		\$0
		\$0
		\$0

Justification: Printing

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Equipment	\$0.00
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Item(s) Requested	Unit(s)	Amount Requested
		\$0
		\$0
		\$0

Justification: Equipment

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Telecommunications	\$0
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Item(s) Requested	Rate	Months	Amount Requested
			\$0
			\$0
			\$0

Justification: Telecommunications

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Supplies	\$0
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Item(s) Requested	Rate	Months	Amount Requested
			\$0
			\$0

Justification: Supplies

**Incentives may not be purchased with IDPH/OWH funds unless they serve an educational purpose related to the grant.*

Patient/Client Care	\$0
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Description	Number of Patients or Clients	Rate per Patient or Client	Months	Amount Requested
				\$0
				\$0

Justification: Patient/Client Care

ALLOWABLE COSTS FOR REIMBURSEMENT UNDER IDPH/OWH GRANT AGREEMENT

To be reimbursed under IDPH/OWH 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.

Personal 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 Women's Health)
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
****Incentives may not be purchased with IDPH/OWH funds unless they serve an educational purpose related to the grant.***

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

Section 7. GRANT SCOPE OF WORK

The Office of Women’s Health will be offering four mini-grant programs during fiscal year 2013. These grants will be for nine months (October 1, 2012 through June 30, 2013).

I. Program You are Applying for

<input type="checkbox"/>	Women Out Walking
<input type="checkbox"/>	Heart Smart for Teens
<input type="checkbox"/>	Building Better Bones
<input type="checkbox"/>	Life Smart for Women (18-55)
<input type="checkbox"/>	Life Smart for Older Women (older than 55)
<input type="checkbox"/>	Both (<i>*If you offer sessions in both version of LSFW it is considered one program</i>)

II. Eligibility

Eligible applicants include local health departments, hospitals, colleges, universities and community organizations and agencies capable of conducting the project, either directly or indirectly through subcontract. Other eligibility requirements are as follows:

- **Only Illinois-based organizations can compete for the grant funds. They 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.**
- **Your application must be received by 5 p.m. August 13, 2012.**
- **Submit one (1) original and three (3) copies of the application.**
- **Complete cover page (FORM A) and have original signature from fiscal officer.**
- **Complete “Application and Plan for Public Health Program” with original signature from authorizing agent.**
- **Community-based organizations applying for the grant must obtain a letter of support from their local health department. Include the letter in the appendix.**

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

- **The application is late.**
- **The application does not include original signatures**
- **The required number of copies are not submitted (one original and three copies).**
- **The organizational capacity or status report pages do not follow formatting requirements (two single-spaced pages using 10-point font and ½ inch margins).**
- **The correct forms documenting not-for-profit status are not included (local health departments are excluded).**

III. Cost Per Participant

Indicate the cost per program participant. The cost per participant is equivalent to the total cost of program [include funding requested from IDPH and the matching funds (matching funds are not required)] divided by the number of women reached by the program. The OWH wants applicants to take into consideration the number of participants they propose to reach relative to the funds requested. The intent is to encourage targeting an appropriate number of participants for the funding being sought. There are components particular to each model program that impact costs. To assist you with assessing the cost per participant calculations, the OWH has provided a basic cost per participant range (based on past grantee programs) and a list of budget items that impact the range. **You must stay within the dollar ranges provided. If you exceed the maximum allowed, points will be deducted from your score.**

When completing your application, please use the following cost per participant ranges.

Women Out Walking

\$40- \$75

This 12-week walking program has costs that include step counters, staffing, education materials on walking, mailing and media placements to recruit participants. Incentives may not be purchased with IDPH/OWH funds unless they serve an educational purpose related to walking.

Heart Smart for Teens

\$100 - \$150

This nine-week intervention has costs that include coordinator/dietician/staff salaries and associated benefits, guest speaker fees, health education materials, facilitator/participant packets, participant healthy snack items and participant physical activity outings. The OWH recommends 10–20 participants per nine-week session.

Building Better Bones

\$50 - \$100

This consumer education workshop has costs that include coordinator/nurse/technician/staff salaries and associated benefits, participant materials, guest speaker fees, health education materials and supplies for osteoporosis scans.

Life Smart for Women

\$100 - \$150

A 10-week (one session/week) curriculum was developed that is appropriate to a widely diverse audience of women who will meet in small groups of approximately 15-20 people. The curriculum was developed based on principles of adult learning such as focusing on topics that are highly relevant to the participants and providing information and skill-building learning experiences that are transferable to the participants' personal, family and professional lives. Learning strategies include active learning, discussion, screenings, and skill-building.

IV. Model Program Descriptions

1) Women Out Walking

The mini-grants will support a community walking campaign, including walking events and education for women. Successful applicants must design, publicize and sponsor a community walking campaign aimed at women. The theme of the campaign will be “Women Out Walking (W.O.W).” **Maximum grant award will be \$5,000.**

“Women Out Walking” is a 12-week walking challenge for women. Participants will receive a step counter to track their daily steps. At the end of the week they will report their weekly step total to their team captain. The team structure is an important component of the program because it encourages participants to provide positive reinforcement to the other members of their team. The commitment to report step totals each week also will help keep participants involved in the program. The applicant will determine the number of teams and methods of assembling the teams. At the conclusion of the 12 weeks, recognition should be given to the winning team(s). Winning categories are to be determined by the applicant. Categories may include, but are not limited to, most improved team, team with highest average steps per person and most enthusiastic.

Target Population: Women older than the age of 18. A specific sub-group (e.g. age, race or ethnicity) can be targeted if a need is demonstrated.

Components of the Program:

- Design, implement and evaluate a community walking campaign that focuses on women and features the theme, “Women Out Walking (W.O.W).”
- Use step counters as a motivational tool and tracking device. Information concerning the step counters will be provided if you are selected for funding. The cost of the step counters will be approximately \$8.60 each. Please include this cost in your budget.
- Describe a plan of action for the walking campaign. The plan of action must show evidence that the applicant understands the purpose of the mini-grant and the basic steps necessary to implement a successful walking campaign.
- Show collaboration with other community organizations. Collaborators may assist with recruitment of participants, publicity for the campaign and/or furnishing incentives for women to participate.
- Describe a method to register participants in the walking campaign and encourage them to submit step totals (base line, six weeks, and at the end of the campaign). The Office of Women’s Health will provide forms to track walking progress.
- Show creativity in ideas for attracting participants and focusing the campaign on women. Individuals may be challenged to set walking goals to accumulate steps during the walking campaign.
- Acknowledge sponsorship by the Illinois Department of Public Health, Office of Women’s Health, in program materials, posters and press releases.
- Budget items that are directly related to the walking campaign. Examples include purchase of step counters, staffing costs, education materials on walking, mailing costs, media placements to recruit participants. Incentives may not be purchased with IDPH/OWH funds unless they serve an educational purpose related to walking. Matching funds are not required, but documentation of any additional funds contributed to the program should be included in the budget portion of the application.
- Submit two Progress Reports on or before January 15, 2013, and April 15, 2013, and an End of

Year Project Report, by July 15, 2013. A final fiscal reimbursement form should be submitted by July 30, 2013. Report formats will be supplied by the Office of Women's Health.

- Contact your legal counsel with any questions about liability issues or disclaimers.

Program Goals: Women Out Walking

- Raise women's awareness of their daily physical activity.
- Provide an opportunity for healthy physical activity through walking.
- Encourage women to develop a plan to continue walking at the conclusion of the program.
- Additional goals to be determined by the applicant.

Materials OWH Will Provide to Help Implement the Program:

- WOW logo
- Walking log
- Several additional forms and handouts
- Report format

2) Heart Smart for Teens

This nine-week program educates adolescent girls (primarily targeting fifth through ninth grades) on risk factors of cardiovascular disease and teaches them the importance of a healthy diet and physical activity. Project staff will follow up with participants one month after they finish the program. The program uses the Neuman Systems Model as its theoretical basis. Nine group educational sessions are held over the program period. When planning the program the organization must take in to consideration school schedules, including summer vacation and holidays, sports and other extra-curricular activities. A registered dietician, physical activity expert, or health educator with expertise in both areas should lead the sessions. The sessions provide participants with the skills for selecting a diet that meets daily requirements. A base line health assessment will be conducted on all participants and they will be required to keep a food and physical activity diary. Participants will learn about foods high in fat, calories, cholesterol and sodium; and a healthy diet, including calcium rich foods. In addition, educational sessions also will offer various interactive activities (e.g. exercise classes, cooking demonstrations). Each session of the curriculum contains an educational lesson, a physical activity and a healthy snack. **Grant awards will be a maximum of \$15,000.**

Target Population: Adolescent girls (fifth through ninth grades)

Components of the Program:

- Collaborate with school officials and local organizations.
- Recruit participants.
- Conduct nine-week interactive educational sessions focusing on nutrition and physical activity. Each educational session needs to be a minimum of 45 minutes.
- Track each participant's progress using pre- and post-tests conducted at the first and last sessions.
- Review participant food and physical activity diaries and set goals that guide them toward healthy lifestyle changes.
- Conduct follow-up with each program participant one-month post-intervention.
- Submit two Progress Reports on or before January 15, 2013, and April 15, 2013, and an End of Year Project Report, by July 15, 2013. A final fiscal reimbursement form should be submitted by July 30, 2013. Report formats will be supplied by the Office of Women's Health.

Program Goals:

- Increase knowledge of cardiovascular disease and osteoporosis and associated risk factors.
- Increase physical activity.
- Increase healthy food choices.

Evaluation Methods:

- Pre- and post-tests for weekly sessions
- Satisfaction survey completed by participants evaluating overall program
- Results of follow-up survey

Materials OWH Will Provide to Help Implement the Program:

- Sample program schedule, enrollment and parent permission forms
- Food and physical activity diaries
- Educational material on exercise and nutrition as it relates to school-aged girls
- Report format

3) Building Better Bones

The program will provide education, risk assessment and bone density screening for osteoporosis. Group educational sessions will be held covering risk factors and prevention (e.g. exercise, diet, fall prevention) to encourage behavioral change to reduce the morbidity and mortality associated with osteoporosis. The project staff will identify women at risk in each group education session and provide bone density screening to those at risk. Women identified as moderate or high risk on the bone mineral density (BMD) screen (T-score ≤ -1.0) will then be referred to a provider for treatment. The group educational instruction and screening will be held at collaborating area agencies (e.g. churches, schools, worksites and health departments). Appropriate educational handouts also should be given to participants during the educational session. (Note: Although screening is an important part of the program, grant funds will not reimburse for the purchase of screening equipment or DEXA scans.) **Only groups with their own Bone Density Machine (BMD) or who have access to one free of charge are eligible to apply for this program.** This grant, however, will pay for any and all associated supplies necessary to conduct the screening. **Grant awards will be a maximum of \$10,000.**

Target Population: Moderate- to high-risk women. Women considered to be at risk include:

- All women older than 65
- All post-menopausal women younger than 65 with one or more risk factors
- Any woman with a score of three or more on the risk assessment tool provided by the program

Components of the Program:

- Determine the number of women you will reach through this program based on the following program components: 1) Complete the Pre-test, 2) Participate in the required educational session, 3) Complete the Post-test, and 4) Receive a BMD screening. Women must complete ALL four requirements to be counted. This also will be the number you use when calculating your cost per participant.
- Conduct osteoporosis awareness campaigns using radio, television, and/or print media in the appropriate language targeted to the specific sub-group of high-risk women identified.
- Collaborate with civic groups, churches and other women's groups to increase osteoporosis awareness and identify high-risk women at group educational sessions.
- Group educational sessions will aim to increase knowledge of osteoporosis and lifestyle modifications to prevent progression of the disease. The education sessions can be 30 minutes to one hour in length.
- Collaborate with medical providers / facilities that can provide the bone mineral density (BMD) screening for osteoporosis for the group members.
- Link with provider networks so that the high-risk women identified are referred to the right place to receive the diagnosis and treatment required.
- Evaluate the program through collection of demographic information, knowledge of pre-and post-tests and three-month follow-up behavior change survey.
- Submit two Progress Reports on or before January 15, 2013, and April 15, 2013, and an End of Year Project Report, by July 15, 2013. A final fiscal reimbursement form should be submitted by July 30, 2013. Report formats will be supplied by the Office of Women's Health.

Program Goals:

- Increase women's knowledge of osteoporosis and its prevention.

- Increase the number of women being screened for osteoporosis.
- Increase the identification of moderate- and high-risk women and timely referral for physician treatment.
- Increase the number of women taking measures to prevent osteoporosis.

Evaluation Methods:

- Pre -and post-test evaluation of participant's knowledge with each educational session
- Three-month follow-up behavior change survey
- Log of participants screening results and number of women with physician referral and follow through of treatment

Materials OWH Will Provide to Help Implement the Program:

- Demographic information sheet
- Osteoporosis risk assessment tool
- Education materials, which may be duplicated
- Pre-and post-test evaluation tool for educational sessions
- Three-month follow-up behavior change survey
- Report format
- Information on additional resources

4) Life Smart for Women

A 10-week (one session/week) curriculum that is appropriate to a widely diverse audience of women who will meet in small groups of approximately 15-20 people. The curriculum was developed based on principles of adult learning such as focusing on topics that are highly relevant to the participants and providing information and skill-building learning experiences that are transferable to the participants' personal, family and professional lives. Learning strategies include active learning, discussion, screenings, and skill-building.

Please note: There are two versions of Life Smart for Women available to applicants; 1) Life Smart for Women - ages 18-55, and; 2) Life Smart for Women – ages 55 and older. Both versions of this curriculum are available as the ONE grant program deemed Life Smart for Women. For the ease of facilitation you may want to group participants in age groups similar to the curriculum available. Please consider this as you recruit participants and schedule your classes. **Grant awards will be a maximum of \$15,000.**

The Program Includes:

- Sessions on a variety of topics including cardiovascular health, nutrition, physical activity, stress management, substance use, violence, sexuality, aging, and consumer health
- Interactive learning strategies designed to foster participation and an enjoyable and beneficial learning experience for participants
- A skill-building orientation designed to develop communication, negotiation, self-monitoring, and other skills among learners
- Clear, precise and measurable learning objectives with accompanying learning strategies and assessment processes that tightly match the objectives
- Instructional media and materials developed at an appropriate reading level for a diverse audience (approximately fifth grade) that can be adapted during implementation to meet the contextually-relevant conditions of the learners and learning environment
- Evaluation instruments designed to provide feedback on participant satisfaction and progress toward attaining learning objectives.

Target Population: Women older than the age of 18. A specific sub-group (e.g. age, race or ethnicity) can be targeted if a need is demonstrated.

Components of the Program:

- Collaborate with community groups, women's groups, faith-based organizations, and the media to recruit women into the program.
- Track and monitor the progress of each program participant by evaluating knowledge, behavior change, risk factors and conducting one-month post-intervention follow-up.
- Evaluate the overall effectiveness of the program through collection of demographic information, knowledge tests, behavior change tools, and one-month follow-up.
- Submit two Progress Reports on or before January 15, 2013, and April 15, 2013, and an End of Year Project Report, by July 15, 2013. A final fiscal reimbursement form should be submitted by July 30, 2013. Report formats will be supplied by the Office of Women's Health.

Program Goals:

- Acquire new skills that can be used right away.
- Improve communication with others about health.

- Increase awareness of health issues.
- Practice more healthy behaviors.
- Gain useful information from health screenings.
- Have questions/concerns about health answered.

Evaluation Methods:

Three primary evaluation methods are utilized including:

- 1) A Participant Session Evaluation form for each week
- 2) A pre- and post-test used to assess knowledge as well as behavior changes
- 3) An End of Program Participant Evaluation

The Participant Session Evaluation should be completed each week. The form is intended to assess the extent to which each session's learning objectives were met, overall impressions of the session, and participants' response to the presenter.

The pre- and post-test is an 18 question assessment to be given to participants at weeks one and 10.

The **End of Program Participant Evaluation** form asks participants to assess the extent to which the program goals have been met and how participants have changed as a result of the program.

Materials OWH Will Provide to Help Implement the Program:

- Pre-and post-test and answer key
- 10-week curriculum
- Resource information
- Evaluation forms
- Report format

Organizational Capacity

Please complete table below for the specific program you are applying for. Please address the following items in **two single-spaced pages using 10-point font**. Front and back is considered two pages.

<p>Please describe your detailed plans for conducting the program. How many women/girls will be reached? Who will partner with you?</p>	
<p>Demonstrate the need for this program within the community(ies) your organization serves. (If applicable, describe plans to address underserved populations.) Explain how this program will benefit the population you serve.</p>	
<p>What is your plan for publicizing the campaign and recruiting participants? How do you plan to encourage program completion and minimize dropouts?</p>	
<p>How will you know if your campaign was successful? Please describe your methods for evaluating the program. How do you plan to encourage women/girls once the program ends?</p>	
<p>Describe the staff responsible for coordinating the event. Please attach the resumes of key staff.</p>	
<p>Indicate the cost per program participant. The cost per participant is equivalent to the total cost of the program (include funding requested from IDPH and matching funds) divided by the number of women to be reached by the program.</p>	

PROJECT WORKPLAN

Prepare an outline for the event that defines the timeline for the planned activities and person responsible for each activity. ***For this section use the goals provided from program descriptions (pages 17-23).*** You may add additional goals if applicable. The **Project Workplan may not exceed two pages, single-spaced using 10-pt font.**

Goal 1:

Objectives	Activities	Person Responsible	Time Frame	
			Start	End

Goal 2:

Objectives	Activities	Person Responsible	Time Frame	
			Start	End

Goal 3:

Objectives	Activities	Person Responsible	Time Frame	
			Start	End

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 website, unless the applicant submits a written request asking that the information not be disclosed.

Signature	Printed Name/Title	Date
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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	<input type="checkbox"/>
State Special Fund	<input type="checkbox"/>
Federal	<input type="checkbox"/>

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: _____

Assistant Director: _____ Date: _____