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**Illinois Prostate and Testicular Cancer  
Screening, Education and Awareness**

**September 1, 2013 - June 30, 2014**

**State Fiscal Year 2014 Application Guidelines**

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**Illinois Department of Public Health  
Office of Health Promotion  
Division of Chronic Disease Prevention and Control  
535 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761-0001  
Phone: 217-782-3300  
Fax: 217-782-1235**

**Illinois Department of Public Health  
Office of Health Promotion  
Division of Chronic Disease Prevention and Control  
Prostate and Testicular Cancer  
Screening, Education and Awareness  
Application Guidelines for State Fiscal Year 2014**

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](http://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](http://www.idph.state.il.us) under funding opportunities)
- W-9 Form
- Scope of Work (Section 7 of the Public Health Grant Application), must include descriptions of the applicants organizational capacity, the need and justification, and a work plan (see pages 8-9 of this Application Guidelines).
- Appendices
  - Letters of support/commitment
  - Resume or vitae for current staff and/or a job description of those yet to be hired
  - Personnel Loading Chart
  - Subcontractor Table
  - Collaborator list
  - Documentation of tax exempt status/ not-for-profit status only if an applicant is not a governmental entity

## FISCAL YEAR 2014 APPLICATION GENERAL INFORMATION

**Title:** Illinois Prostate and Testicular Cancer Screening, Education and Awareness

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

**Application Processing:** Applications must be received electronically at the email address listed below, no later than:

**Friday, August 9, 2013 at 5 p.m.**

**Applications received after this time will not be reviewed and will be returned. Faxed copies will not be accepted.**

**Send electronically to:**

**Bob Zettler**  
[Robert.Zettler@Illinois.Gov](mailto:Robert.Zettler@Illinois.Gov)

**Who may apply:** Eligible applicants include:

- Certified local health department (LHD)
- Non-for-profit state-licensed hospitals
- Colleges and universities
- Non-for-profit health care-affiliated organizations
- Social service agencies
- Community-based organizations

**Only Illinois-based organizations are eligible.**

**Funding Source:** General Revenue Funds.

**Funds Available:** **\$150,000. The maximum amount of each application must be limited to a maximum of \$25,000.**

**Funding Period:** September 1, 2013 - June 30, 2014

*Note: Please follow all grant application instructions carefully.*

### **I. BACKGROUND**

The purpose of these grants is to support awareness, education and screening applicable to prostate and testicular cancer by public or private entities in Illinois. The early detection of prostate and testicular cancer greatly increases the likelihood of survival and improves quality of life.

The four major goals of the grant are to:

- Provide prostate and testicular cancer screening.
- Provide appropriate referrals to persons with abnormal results.
- Disseminate quality information regarding the incidence of prostate and testicular cancer, the risk factors, and the benefits of early detection and treatment.
- Identify unmet needs and barriers to services and evolving demographic trends among Illinois males.

Applicants are encouraged to develop innovative approaches or adapt existing evidence-based models for the target population, including: 1) uninsured and underinsured men, 50 years of age and older; 2) uninsured and underinsured men 40 years of age and above who are at high risk for prostate cancer; and 3) men at risk for testicular cancer.

## **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.

### **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 application requests more than \$25,000.
- The application does not follow format instructions.

## **III. OVERVIEW OF PROPOSAL REQUIREMENTS**

1. The project proposal must document a timetable that covers the 10-month period, September 1, 2013 through June 30, 2014. It must include schedules of events and activities planned during the project period with a specific requirement for documented activities, including screenings, during National Men's Health Week in June 2014.
2. 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.
3. Letters of commitment from 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.
4. The applicant agrees to submit quarterly progress reports to the Department. The

Department 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 Department funding.

5. The application should address how the applicant will sustain future project activities after the funds are depleted.
6. The applicant agrees to participate in (at a minimum) quarterly conference calls with the Department.
7. 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 the Department and shall credit the Department in a form similar to the following:

*Funding for this (event, publication, etc.) made possible by a grant 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. Applications must include the following:**

##### 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 of grant award and/or place the grantee at risk for recouping of those funds used for the prohibited purpose.

To be reimbursable under the Department/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 overall responsibilities of the applicant.
- 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.
- Budget adjustments must be pre-approved and submitted on or before May 15, 2014. No

budget adjustment forms will be accepted after May 15, 2014.

- Expenditures must be submitted monthly.

**NOTE:**

Grantee should prepare a budget that reflects expenses for the cited grant term. Use whole numbers and round to the nearest dollar. Once approved, the budget will be incorporated into the grant. Using the forms provided in this packet, submit additional information or justification as required in the allowable costs list section. Specific line items listed in the detailed budget must be explained on the budget forms. The grantee may divide employee work time among multiple staff directly involved in the Program development, implementation and evaluation. The allocation of employee work time in the Program grant budget must reflect and be commensurate with program activities attributed to the specific program staff in the approved Scope of Work Plan. Program staff members that are funded 100 % from the grant are expected to work solely on this grant program and may not be funded by other IDPH grant programs. Use Personnel Loading Chart found in the appendix to detail staff.

If the grantee is anticipating using sub-contractors/sub-grantees, those should be listed under the Contractual Costs section of the Budget Detail Template and the Contractual Services section of the grant application. For such sub-contractors and/or sub-grantees, justification should be of sufficient detail to document the items requested are essential to the achievement of the work plan activities. Complete Subcontractor Table found in the appendix to provide information for each subcontractor that will be used to provide services under this grant. If a vendor is to be determined, indicate so on the table.

Contractual Services are costs such as contractual employees, repair and maintenance of equipment, media development and placement, software for support of program objectives, among other costs. Payments (or pass-through) to subcontractors are to be shown in the Contractual Services section of the application (Section 5) as well as in the Budget Detail section. Complete Appendix A, List of Subcontractors, if subcontractors will be used under this grant.

The grantee acknowledges they must expend funds in accordance with the budget approved by the Department and in line with the line item categorical amounts approved in that budget. Twenty-five percent (25%) of the grant amount shall be distributed upon execution. The grantee is required to submit monthly documentation of actual expenditures incurred for conducting activities through use of the Department's reimbursement certification form. If changes in line items of the approved budget are necessary, the grantee must submit a Budget Adjustment Request in writing on Department forms for approval by the Department prior to making any of the requested expenditure changes. Documentation of actual expenditures incurred for the grant period must be submitted within 30 days after the close of the grant period (Thursday, July 31, 2014). Any funds not documented, and approved by the Department, must be returned to the Department.

**Allowable costs.** 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 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, overnight mailing or other carrier costs.
- Photocopies. If paid to a duplicating business, list the number of copies and costs. If charged by copy on a leased photocopier machine, list cost per actual copy.
- Telecommunications. Allowable charges are monthly telephone service costs for land lines and installation, repair, parts and maintenance of telephones and other communication equipment.
- Payments or pass-throughs 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.
- Printing. Any printing job, e.g., letterpress, offset printing, binding, lithographing services, must be requested as a prior approval item in the budget submission. This expense requires substantive documentation as to its relevance to the work plan before approval will be granted. The cost of the printing may not exceed \$1,000 or 5 percent of the total budget, whichever is less.

**Travel:**

- Auto travel mileage at no higher than 56.5 cents – the state reimbursement rate as of July 1, 2013.
- Rail transportation expenses.
- Lodging. The rate must be in accordance with Illinois Travel Control Board rates or justification must be provided.
- Per Diem.

**Supplies:**

- Office supplies
- Educational and instructional materials and supplies, including booklets and reprinted pamphlets. The budget narrative must describe the connection between the purchase of these materials and approved work plan before it will be approved.
- Paper supplies
- Envelopes and letterhead

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

- Political or religious purposes
- Contributions or donations
- Incentives
- Fund raising 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.
- Food, alcoholic beverages, gratuities or entertainment
- 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
- Any expenditure that may create conflict of interest or the perception of impropriety.
- Audit expenses
- Equipment
- Prescription drugs
- Conference registration fees, including registration fees to attend or exhibit at events that can be defined as fundraisers.
- Exhibit fees
- Subscriptions
- Association dues
- Expenses for credentialing (e.g., CHES certification)
- Airfare
- Out-of-state travel

#### Scope of Work

The Scope of Work (Section 7 of the Public Health Grant Application) shall address three sections: organizational capacity; need and justification; and a work plan.

The organizational capacity section shall address the following points:

- Provide an overview of the applicant's organization including the overall mission and activities of the organization, communities and population served.
- Describe organization's capacity to address men's prostate and/or testicular health concerns and successfully implement the program.
- Describe plans to address disparate populations as applicable.
- Discuss qualifications of the project manager, project staff, outreach workers, and others (include a resume or vitae for current staff and/or a job description of those yet to be hired in the appendix).
- Discuss how the applicant will sustain the efforts of the proposed program once Department funding ends.

The need and justification section shall address the following points:

- Discuss the population targeted, the number of projected participants and how the

population reflects the demographics of the community/communities being reached. Include detailed description of the target populations, analysis of latest prostate and testicular cancer incidence and mortality data, and rationale for programming efforts.

- Demonstrate the need for this program within the community/communities your organization serves.

The work plan section shall address the following points:

- Discuss the program goals and corresponding activities that will be undertaken to implement the program. Include proven intervention strategies as they relate to the prostate and testicular cancer screening, education and awareness goals.
- Provide a detailed timeline describing when and how the objectives will be met during the grant-funding period. Objectives should be time-referenced and measurable and presented by quarter. Also include the number of program participants to be reached by the program for each activity.
- Describe specific methods of recruitment of men to be screened.
- Indicate the number of projected program participants.
- Describe the referral protocol and follow-up plan.
- Describe how the success of the program will be evaluated.

### Appendices

Letters of support/commitment, relevant supporting documents, including a collaborator list (Any entity funded by the Department shall coordinate with other local providers of prostate and testicular cancer screening, diagnostic, follow-up, educational, and advocacy services to avoid duplication of effort); Personnel Loading Chart; Subcontractor Table; and resumes or curriculum vitae for the project manager, project coordinator, outreach worker, and others should be included in the appendix. If an applicant is not a governmental entity, then documentation of tax exempt status/ not-for-profit status must be included as an appendix.

## **V. SCORING CRITERIA**

The scoring criteria to be used for the review and selection of applications for funding are as follows:

### Organizational Capacity - 20 points

The extent to which the applicant:

- Provides an overview of the applicant's organization, including the overall mission and activities of the organization, communities, and population served.
- Describes organization's capacity to address men's health concerns and to successfully implement the program.
- Describes plans to address disparate populations.
- Discusses qualifications of the project manager, project staff, outreach workers, and others (include a resume or vitae for current staff and/or a job description of those yet to

be hired in the appendix).

### Need and Justification - 20 points

The extent to which the applicant:

- Discusses the population targeted, the number of projected participants and how the population reflects the demographics of the community/communities being reached. Include detailed description of the target populations, analysis of latest prostate and testicular cancer incidence and mortality data, and rationale for programming efforts.
- Demonstrates the need for this program within the community/communities your organization serves.

### Work Plan - 40 points

The extent to which the applicant:

- Demonstrates that the proposed activity relates to the corresponding goal.
- Demonstrates that the number of men targeted for screening is stated and realistic.
- Describes specific methods of recruitment and indicates the specific number of projected program participants for screening and increased awareness.
- Adequately describes the referral protocol and follow-up plan.
- Adequately describes how the program will be evaluated.
- Correctly calculates the cost per participant.

(NOTE) Applicants that do not document how the current project activities will expand, and not just be a repeat of current activities, are subject to loss of points during the review.

### Project Budget - 20 points

The extent to which:

- The proposed budget provides sufficient justification to show that funds requested are feasible and appropriate to support activities that achieve the model program goals.
- The total cost per participant is calculated correctly and reasonable for the activities proposed. The cost per participant is equivalent to the total cost of the program divided by the number of males to be screened for prostate cancer by the program.

(EXAMPLE: If the applicant calculates that the Total Funds for the Program is \$20,000 and the Applicant projects they will screen 400 men for prostate cancer, then the Total Cost Per Participant will be  $\$20,000/400=\$50$ .)

## **APPLICATION DEADLINES**

August 9, 2013	Application Due to IDPH
September 1, 2013	Funding Begins
October 1, 2013	First Quarterly Report Due
January 1, 2014	Second Quarterly Report Due
April 1, 2014	Third Quarterly Report Due

May 15, 2014  
June 30, 2014  
July 31, 2014

Final Date for Budget Adjustment Requests and Approval  
End of Project Funding Period  
Final Report and Final Documentation of Expenditures Incurred Due

### **PAYMENT METHODOLOGY**

Funds awarded to successful applicants will be provided on a reimbursement basis. The grantee will document actual expenditures incurred for conducting program activities. The grantee will submit the IDPH Reimbursement Certification Form. After IDPH review and approval of program expenditures, a voucher will be prepared and processed through the Office of the State Comptroller for payment. Reimbursement requests must be submitted monthly. The final reimbursement must be received by IDPH within 30 days after the close of the grant period (Thursday, July 31, 2014).

### **SUBMISSION OF APPLICATIONS**

Applications must be emailed electronically to:

**Bob Zettler**  
**Division of Chronic Disease Prevention and Control**  
**Office of Health Promotion**  
**Illinois Department of Public Health**  
**535 West Jefferson Street, 2<sup>nd</sup> Floor**  
**Springfield, Illinois 62761-0001**

[Robert.Zettler@Illinois.Gov](mailto:Robert.Zettler@Illinois.Gov)

Applications must be received at the above location no later than 5 p.m. on Friday, August 9, 2013.  
**No application will be accepted after that time.**

**For questions related to the content of the grant application, please contact:**

Bob Zettler  
Comprehensive Cancer Control Program  
Office of Health Promotion  
Phone: 217-785-1059  
TTY: 800-547-0466  
E-mail: Robert.Zettler@illinois.gov

FOR IDPH Use Only

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

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



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
APPLICATION FOR PUBLIC HEALTH GRANT**

**Office of Health Promotion**

**Illinois Prostate and Testicular Cancer Screening, Education and Awareness**

**Section 1. APPLICANT INFORMATION**

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

**Section 2. APPLICANT GRANT HISTORY**

<b>Description of Applicant Organization:</b> <i>(200 Character Maximum)</i>	
<b>Has this Applicant received a grant from</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

**Section 3. APPLICANT ORGANIZATION INFORMATION**

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

**Section 4. KEY GRANT CONTACT INFORMATION**

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

**Section 5. GRANT PROJECT PROPOSAL**

<b>Project Title:</b>	<b>Illinois Prostate and Testicular Cancer Screening, Education and Awareness</b>
<b>Brief Project Description:</b> <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	
<b>Project Period:</b> <i>(Include start and end date)</i>	September 1, 2013 through June 30, 2014
<b>Total Amount of Funding Requested from IDPH:</b>	
<b>Total Applicant Match or In-Kind Contribution:</b>	

<b>If subcontractors will be used under this grant application, provide name, address and description of services.</b>	Subcontractor name: Address: City, State, Zip: Phone: Description of services:
	Subcontractor name: Address: City, State, Zip: Phone: Description of services:

<b>Section 6. GRANT BUDGET SUMMARY</b> <i>(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)</i>	
Budget Line Items Requested	Requested Grant Budget Amount
<b>Personal Services</b> <i>(Includes Salary and Wages)</i>	
<b>Fringe Benefits</b> (Percent use for calculation _____%)	
<b>Contractual Services</b> (detailed information about the contractual services amount must be submitted on the Subcontractor Form)	
<b>Travel</b>	
<b>Commodities/Supplies</b>	
<b>Printing</b>	
<b>Equipment</b>	
<b>Telecommunications</b>	
<b>Patient/Client Care</b>	
<b>Administrative Costs</b> <i>(If applicable/allowable)</i>	
<b>Grand Total</b>	
<b>If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.</b>	<input type="checkbox"/> Time Sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time allocable to grant <input type="checkbox"/> Other, please describe _____ <input type="checkbox"/> Not applicable to this grant application

## Section 7. GRANT SCOPE OF WORK

This section is to be developed by each program use to request information from the grantee that is specific to the grant being issued. Information/data collected **must** include, but not be limited to:

- Detailed description/information about the proposed project
- Expected outcomes
- Description of how outcomes will be measured
- List of goals to be accomplished during the grant period
- Proposed timeline
- Objectives by quarter with a list of tasks that will be implemented to accomplish the objectives. The organization shall specify how the objectives will be measured to determine successful completion.
- Detailed budget by line item and justification. The attached detailed budget spreadsheet can be used or the Program may elect to use its own budget worksheet, however, the Personal Services (Salary and Wages) information provided by the organization must include: name of position to be funded, projected monthly salary, percent of time on grant, and number of months on grant for each position that will be funded with grant funds.

**In addition to the information listed above, applicants must address the following items in this section (Grant Scope of Work):**

The Grant Scope of Work (Section 7 of this Application for Technical Assistance Grant) shall address three sections: organizational capacity; need and justification; and a work plan.

The organizational capacity section shall address the following points:

- Provide an overview of the applicant's organization including the overall mission and activities of the organization, communities and population served.
- Describe organization's capacity to address men's prostate and/or testicular health concerns and successfully implement the program.
- Describe plans to address disparate populations as applicable.
- Discuss qualifications of the project manager, project staff, outreach workers, and others (include a resume or vitae for current staff and/or a job description of those yet to be hired in the appendix).
- Discuss how the applicant will sustain the efforts of the proposed program once Department funding ends.

The need and justification section shall address the following points:

- Discuss the population targeted, the number of projected participants and how the population reflects the demographics of the community/communities being reached. Include detailed description of the target populations, analysis of latest prostate and testicular cancer incidence and mortality data, and rationale for programming efforts.

- Demonstrate the need for this program within the community/communities your organization serves.

The work plan section shall address the following points:

- Discuss the program goals and corresponding activities that will be undertaken to implement the program. Include proven intervention strategies as they relate to the prostate and testicular cancer screening, education and awareness goals.
- Provide a detailed timeline describing when and how the objectives will be met during the grant-funding period. Objectives should be time-referenced and measurable and presented by quarter. Also include the number of program participants to be reached by the program for each activity.
- Describe specific methods of recruitment of men to be screened.
- Indicate the number of projected program participants.
- Describe the referral protocol and follow-up plan.
- Describe how the success of the program will be evaluated.

### Appendices

Letters of support/commitment, relevant supporting documents, including a collaborator list (Any entity funded by the Department shall coordinate with other local providers of prostate and testicular cancer screening, diagnostic, follow-up, educational, and advocacy services to avoid duplication of effort); Personnel Loading Chart; Subcontractor Table; and resumes or curriculum vitae for the project manager, project coordinator, outreach worker, and others should be included in the appendix. If an applicant is not a governmental entity, then documentation of tax exempt status/ not-for-profit status must be included as an appendix.

**Name of Grant Program**  
**Legal Name of Applicant**

*Illinois Prostate and Testicular Cancer Screening, Education and Awareness*

**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.

**Date**

**Signature**

**Printed Name/Title**

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

**Type of Grant Application**

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

**Funding Source:**

- General Revenue Fund
- State Special Fund
- Federal

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

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

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

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

**Grant Application Funding Recommendation Approved by:**

**Deputy Director**

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

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

(Full review grants only)

**Director (or Delegate)**

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

**Illinois Department of Public Health  
Personnel Loading Chart**

<b>Please identify all staff working on or paid from the grant. If a position is vacant, please note how soon the position will be filled and provide a job description.</b>	
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Percentage of Time allocated to grant:</b> <b>Grant-related Duties:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Percentage of Time allocated to grant:</b> <b>Grant-related Duties:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Percentage of Time allocated to grant:</b> <b>Grant-related Duties:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Percentage of Time allocated to grant:</b> <b>Grant-related Duties:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Percentage of Time allocated to grant:</b> <b>Grant-related Duties:</b>

**Illinois Department of Public Health  
Subcontractor Detail Listing**

Provide the following information for each subcontractor identified in the budget.

<b>Subcontractor name:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
Method of selection	
Period of performance	
Description of activities	
Related grant objectives	
Method of accountability	
Detailed budget (personal services/fringes/travel/supplies/professional services)	
Amount Requested from IDPH	

<b>Subcontractor name:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
Method of selection	
Period of performance	
Description of activities	
Related grant objectives	
Method of accountability	
Detailed budget (personal services/fringes/travel/supplies/professional services)	
Amount Requested from IDPH	

<b>Subcontractor name:</b>	
<b>Address:</b>	
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Detailed budget (personal services/fringes/travel/supplies/professional services)	
Amount Requested from IDPH	