

## **Request for Applications**

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### **Illinois Prostate and Testicular Cancer Program**

July 1, 2003 – June 30, 2004

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

**Illinois Department of Public Health  
Office of Health Promotion  
Illinois Prostate and Testicular Cancer Program**

**April 1, 2003**

**Request for Application for State Fiscal Year 2004**

Application Package Contents:

- Background and Purpose
- General Information
- Instructions for Application
- Grant Application Forms

## Program Summary

**Title:** Illinois Prostate and Testicular Cancer Program Grants

**Issued By:** Illinois Department of Public Health  
Office of Health Promotion  
Division of Chronic Disease Prevention and Control  
Men's Health Program

**Application Processing:** Applications must be received no later than:

- **April 30, 2003, 5:00 pm**
- **Send to:**  
**Conny Mueller Moody, Chief**  
**Division of Chronic Disease Prevention and Control**  
**Illinois Department of Public Health**  
**535 West Jefferson Street, 2<sup>nd</sup> Floor**  
**Springfield, Illinois 62761**
- C **Applications received after this time will not be reviewed**
- C **Fax copies will not be accepted**
- C **Submit one signed original and four (4) photocopies of the application**

**Who may apply:** Eligible applicants include the following: certified local health departments that provide public health programs as defined in the Local Health Protection Grant Rules (77 Ill. Adm. Code 615), non-profit state-licensed hospitals, non-profit post-secondary higher educational institutions, and non-profit healthcare affiliated organizations.

Only organizations based in Illinois are eligible to compete for these funds.

**Funding Source:** Illinois General Revenue Funds, subject to appropriation or other available funding.

**Funding Period:** July 1, 2003 - June 30, 2004

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

## **Background**

The Illinois Department of Public Health's (IDPH) Men's Health Program was established in 1999 in response to legislation creating the Prostate and Testicular Cancer Program (P.A. 91-109). The purpose of the Prostate and Testicular Cancer Program is to support awareness, screening, and early detection of prostate and testicular cancer among eligible Illinois men by public or private entities in Illinois. The Men's Health Program is dedicated to improving the length and quality of men's lives by combating chronic diseases. The early detection of prostate and testicular cancer greatly increases the likelihood of survival and provides an improved quality of life.

## **Purpose**

IDPH announces a competitive Request for Application (RFA) to support activities of the Prostate and Testicular Cancer Program to include the following program areas:

- Dissemination of information regarding the incidence of prostate and testicular cancer, risk factors, benefits of screening, early detection, and treatment;
- Provision of screening services, including but not limited to Prostate Specific Antigen (PSAs) and Digital Rectal Examinations (DREs); and
- Appropriate referral for persons with abnormal results.

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

## **Range of Funding**

Grant funds totaling \$250,000 are available on a competitive basis with individual requests not to exceed \$50,000 per application.

## **Eligible Applicants**

Eligible applicants include the following: certified local health departments that provide public health programs as defined in the Local Health Protection Grant Rules (77 Ill. Adm. Code 615), non-profit state-licensed hospitals, non-profit post-secondary higher educational institutions, and non-profit healthcare affiliated organizations. Only organizations based in Illinois are eligible to compete for these funds.

## **General Guidelines**

Any entity funded by the Department shall coordinate with other local providers of prostate cancer screening, diagnostic, follow-up, education, and advocacy services to avoid duplication of effort. Any entity funded by the Department shall comply with any applicable State and federal standards regarding prostate cancer screening. Any entity funded by the

Department shall collect data and maintain records that are determined by the Department to be necessary to facilitate the Department's ability to monitor and evaluate the effectiveness of the entities and the program. Any entity funded by the Department shall coordinate with other local providers of prostate cancer screening, diagnostic, follow-up, education, and advocacy services to avoid duplication of effort. Any entity funded by the Department shall comply with any applicable State and federal standards regarding prostate cancer screening.

The applications funded through this Request for Application must provide the following:

- The name, address, and telephone, facsimile, and e-mail address of the applicant.
- An one (1) page abstract that describes how the applicant's proposal will promote prostate or testicular cancer screening.
- The Social Security Number, Taxpayer Identification Number, or the Governmental Unit Code assigned by the State Comptroller.
- Illinois Department of Human Rights (IDHR) number.
- A protocol for referring clients to medical treatment that have an elevated prostate specific antigen (PSA) test result and/or abnormal digital rectal exam (DRE).
- The signature of the agency official authorized to certify the application.
- A detailed budget for the funding period, documenting sufficient resources to carry out the program. The budget shall be by line item category and shall provide sufficient detail to justify the use of grant funds to support program activities.
- An approximate timetable for completion of the entire program.
- A signed statement of assurances indicating compliance with applicable State and federal statute and regulations.
- Any and all subcontractors utilized under this grant must be identified in the application and be approved by IDPH.
- Grantees shall provide to IDPH semi-annual and annual reports of program activities.
- All brochures, booklets, flyers, journal articles, programs, posters, advertisement, multi-media presentations, videos, and any other printed or electronic materials prepared with funds from this grant shall credit IDPH in a form similar to the following:

***Funding for this (event, publication, etc.) made possible through an Illinois Prostate and Testicular Cancer Grant, Illinois Department of Public Health***

### **Progress Reports**

Grantees will be required to submit written reports of progress toward achieving objectives at the six month interval and at the conclusion of the funding period. The reports must include, at minimum, the following items:

- The number of people served by the program.
- The racial, ethnic, geographic, and age breakdowns of the people served by the program.
- The stages of presentation of any prostate or testicular cancer diagnosed in the people served by the program.
- The diagnostic and treatment status of the people served by the program.
- A specification of the budget and use of funds.

The Department reserves the right to request an oral presentation concerning status or an end-of-program report for the benefit of the Department or other formally recognized audiences.

### **How to Apply**

The completed application should include the following sections:

1. **Cover Page** (form provided)
2. **Abstract** (one (1) page maximum)
3. **Application for Public Health Program Grant** (form provided)
4. **Applicant Contact Information** (form provided)

5. **Collaborator List** (form provided)

Any entity funded by the Department shall coordinate with other local providers of prostate cancer screening, diagnostic, follow-up, education, and advocacy services to avoid duplication of effort.

6. **Organizational Capacity** (one (1) page maximum)

Provide a brief review of the applicant's history, mission, services offered and recent accomplishments and discuss the qualifications of project staff to implement the proposed program. **If application is from a FY03 funded project, please state how proposal will build upon accomplishments achieved during the preceding year.**

7. **Need and Project Rationale**

Include detailed description of the target populations, analysis of latest prostate and testicular cancer morbidity and mortality data, and rationale for programing efforts.

## 8. Program Plan

Provide a description of the proposed project including an overall project goal, outcome and impact objectives, and proven intervention strategies as they relate to IDPH's prostate and testicular cancer goals. Objectives should be time-referenced and measurable with baseline data. Provide a detailed timeline and a work plan describing when and how the objectives will be met during the grant funding period. Activities supporting attainment of objectives should be described. **Application must contain an evaluation component that assesses the effectiveness of educational interventions (i.e., pre- and post-tests). Also include the protocol for referring clients to medical treatment that have an elevated prostate specific antigen (PSA) test result and/or abnormal digital rectal exam (DRE).**

## 9. Program Budget (forms provided)

Using the forms provided (*i.e.*, *Detailed RFA Budget*, *Personal Services and Fringe Benefit (Attachment I)*, *Contractual Services (Attachment II)*, *Supplies (Attachment III)*, *Travel (Attachment IV)*, and *Equipment (Attachment V)*), prepare a budget with sufficient resources to implement the project. **All budget forms in the application packet must be completed to be considered for funding.** If needed, additional copies of the forms may be made. The instructions for completion of the forms can be found on the *Use of Funds* page. A list of allowable costs is included.

## 10. Appendices

Letters of support, relevant supporting documents, project coordinator resumes or curriculum vitae should be contained in the appendix.

- C Applicants that are non-local health department entities must include copy of letter sent to local health department in applicant's city or county informing them of the organization's intent to pursue funding from IDPH. This letter should be dated no later than one week prior to the submission of the organization's application.

## Review Criteria for Applications

All eligible applications will be competitively evaluated by the Grant Evaluation Committee, using the following 100 point scale.

- C Organizational capacity (20 points)
- C Statement of need and project rationale (20 points)
- C Proposed plan's ability to meet Department's Prostate and Testicular Cancer Program goals, including an evaluation plan (40 points)
- C Proposed budget and potential for matching funds (20 points)
- C Bonus—Letter(s) of support for the project, from local health department or other local collaborator(s) (5 points)

## **Evaluation**

**As a condition of receiving a grant, IDPH requires that each grantee allocate no less than 10% of its grant award for evaluation of the project.** Evaluation includes, but is not limited to periodic updates on progress and activities, including documentation of activities, projects and/or media coverage. Reports are due on January 31, 2004, and within two weeks following the completion of the project year and shall include information such as estimated number of people reached, measurable outcomes of activities, successes attained, and discussion of any barriers encountered and how these barriers were overcome. Technical assistance will be available from the IDPH Men's Health Program regarding the reporting process.

## **Format Requirements**

Applications must be completed using 12-point or larger font, single-spaced, and one-sided. Margins may not be less than one inch on all sides.

## **Application Deadlines**

April 30, 2003	Application Due
May 6, 2003	Ineligible Applicants Notified
June 3, 2003	Awardees notified via phone
July 1, 2003	Funding Begins
January 31, 2004	Semi-Annual Program Report Due
June 30, 2004	End of Project Funding Period
July 15, 2004	Final Report Due
August 15, 2004	Final Reimbursement Requests 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 should be submitted quarterly. The final reimbursement must be received by IDPH within 45 days (August 15, 2004) after the close of the grant period (June 30, 2004).

### **Submission of Applications**

Applications may be mailed or hand-delivered to:

Conny Mueller Moody, Chief  
Division of Chronic Disease Prevention and Control  
Illinois Department of Public Health  
535 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Applications must be received no later than 5:00 pm (CST) on Tuesday, April 30, 2003. **No applications will be accepted after that time.** It shall not be sufficient to show that the application was mailed or hand-delivery was commenced before the scheduled closing time for the receipt of applications. Faxed or electronic submissions shall not be eligible for review.

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

Patrick McGarry, Men's Health Program  
Division of Chronic Disease Prevention and Control  
phone: 217-782-3300  
TTY: 800-547-0466

### **For fiscal questions, please contact:**

Darlene Thorpe, Grants Coordinator  
Division of Chronic Disease Prevention and Control  
phone: 217-782-3300  
TTY: 800-547-0466

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF HEALTH PROMOTION  
FISCAL YEAR 2004 ILLINOIS PROSTATE AND TESTICULAR CANCER PROGRAM GRANT  
APPLICATION COVER PAGE**

**LEAVE BLANK FOR IDPH USE ONLY**

NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**1. TITLE OF PROJECT** (Please Type or Print Legibly)

**2. ORGANIZATION'S IDHR NUMBER** \_\_\_\_\_

**3. ORGANIZATION'S TAX IDENTIFICATION NUMBER** \_\_\_\_\_

**4. TOTAL AMOUNT OF FUNDING REQUESTED** \$ \_\_\_\_\_

**5. FISCAL CONTACT**

NAME (Last, First, Middle) \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**FISCAL OFFICER ASSURANCE** I agree to accept responsibility for the fiscal conduct of this project and to provide the required financial reports if a grant is awarded as a result of this application.

\_\_\_\_\_  
**Fiscal Officer (signature)**

\_\_\_\_\_  
**Date**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF HEALTH PROMOTION**  
**535 WEST JEFFERSON STREET - SPRINGFIELD, ILLINOIS 62761**  
**PROSTATE AND TESTICULAR CANCER PROGRAM**  
**FY 2004 PUBLIC HEALTH PROGRAM GRANT APPLICATION**

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under 30 ILCS 105/1 et. seq. Failure to provide this information may prevent this application from being processed.

**APPLICANT ORGANIZATION** \_\_\_\_\_

**PROJECT CONTACT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**PROJECT TITLE** \_\_\_\_\_

**AMOUNT REQUESTED** \_\_\_\_\_

**PROJECT TARGET POPULATION**

- Uninsured and underinsured men 50 years of age and older.
- Uninsured and underinsured men between 40 and 50 years of age who are at high risk for prostate cancer

**TYPE OF ORGANIZATION** Only organizations based in Illinois are eligible to compete for these funds. Must include documentation in appendix.

- Certified local health department
- Non-profit state-licensed hospital
- Non-profit post-secondary higher educational institution
- Non-profit healthcare affiliated organizations

**LEGISLATIVE DISTRICT** State Senate \_\_\_\_\_ State Representative \_\_\_\_\_  
Congressional \_\_\_\_\_

**APPLICANT CERTIFICATION** To the best of my knowledge, the data and statements in this application are true and correct. The applicant agrees to comply with all State/Federal statutes and Rules/Regulations applicable to the program. My signature indicates that I have the authority to enter into contracts on behalf of the applying organization.

\_\_\_\_\_  
Typed name of authorized official

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Title

## CONTACT INFORMATION

Project Title \_\_\_\_\_

Organization \_\_\_\_\_

### PROJECT CONTACT

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### FISCAL CONTACT

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### AUTHORIZING AGENT

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

# COLLABORATOR LIST

**Project Title** \_\_\_\_\_

**Organization** \_\_\_\_\_

(Make copies of form if necessary.)

Any entity funded by the Department shall coordinate with other local providers of prostate cancer screening, diagnostic, follow-up, education, and advocacy services to avoid duplication of effort. Any entity funded by the Department shall comply with any applicable State and federal standards regarding prostate cancer screening.

**ORGANIZATION** \_\_\_\_\_

**CONTACT** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**PROJECT ROLE** \_\_\_\_\_

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**ORGANIZATION** \_\_\_\_\_

**CONTACT** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**PROJECT ROLE** \_\_\_\_\_

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**Illinois Department of Public Health  
Office of Health Promotion  
Prostate and Testicular Cancer Grant Program  
Detailed RFA Budget**

<b>Grantee Name:</b>	
<b>Total Funds Requested:</b>	
<b>Grant Fiscal Year:</b>	FY2004

<b>A. Personnel Services</b> Detailed Costs listed on Attachment I.	\$
<b>B. Fringe Benefits</b> Detailed percentages (%) must be listed on Attachment I.	\$
<b>C. Contractual Services</b> Detailed list of services directly attributable to the program and potential contractors must be listed on Attachment II.	\$
<b>D. Supplies</b> Detailed list of supplies and vendors directly attributable to the program must be listed on Attachment III.	\$
<b>E. Travel</b> Detailed travel requests directly attributable to the program must be listed on Attachment IV.	\$
<b>F. Equipment</b> Potential purchase directly attributable to the program must be listed on Attachment V.	\$
<b>Total Funds Requested from IDPH</b>	\$
<b>G. Other Funds/In-Kind Contribution</b> Value of funds or in-kind contributions provided by the applicant organization to support this program proposal.	\$
<b>Total Funds Available For Program Implementation</b>	\$

**Illinois Department of Public Health  
Office of Health Promotion  
Prostate and Testicular Cancer Grant Program  
RFA Budget - Attachment I**

<b>Position Title</b> (As applicable to program)	<b>Monthly Salary</b>	<b>% of Time Budgeted to Program</b>	<b>Funding Requested</b>

<b>Fringe Benefits</b>				<b>Funding Requested</b>
Please itemize each component and provide percentage used for calculation.				

**Illinois Department of Public Health  
Office of Health Promotion  
Prostate and Testicular Cancer Grant Program  
RFA Budget - Attachment II  
Contractual Services**

<b>Name of Contractor/Service</b>	<b>Justification (As applicable to program)</b>	<b>Funding Requested</b>

**Note: Cost Allocation Plans are prohibited.**

**Illinois Department of Public Health  
Office of Health Promotion  
Prostate and Testicular Cancer Grant Program  
RFA Budget - Attachment III  
Supplies**

<b>Name of Supplies/Vendor</b>	<b>Justification (As applicable to program)</b>	<b>Funding Requested</b>

**Note: Cost Allocation Plans are prohibited.**

**Illinois Department of Public Health  
Office of Health Promotion  
Prostate and Testicular Cancer Grant Program  
RFA Budget - Attachment IV  
Travel**

<b>Name of Traveler</b>	<b>Justification (As applicable to program)</b>	<b>Funding Requested</b>

**Note: Cost Allocation Plans are prohibited.**

**Illinois Department of Public Health  
Office of Health Promotion  
Prostate and Testicular Cancer Grant Program  
RFA Budget - Attachment V  
Equipment**

<b>Equipment</b>	<b>Justification (As applicable to program)</b>	<b>Funding Requested</b>

**Note: Cost Allocation Plans are prohibited.**

**Illinois Department of Public Health  
Office of Health Promotion  
Detailed RFA Budget - 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. To be reimbursable under an IDPH/Office of Health Promotion Grant Agreement, expenditures must meet the following general criteria:

- 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 local health department.
- 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.
  - 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.

Examples of allowable costs include the following. This is not meant to be a complete list, but rather specific examples of items within each line item category.

Personal Services:

- C Gross salary paid to agency employees directly involved in the provision of program services.
- C 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:

- C Conference registration fees
- C Contractual employees (requires prior program approval)
- C Postage, postal services, UPS or other carrier costs
- C Software for support of program objectives
- C Subscriptions
- C Training and education costs

Note: 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.**

Travel:

- C Mileage (at \$0.365, state rate, unless specifically noted otherwise)
- C Airline (coach) or rail transportation expenses
- C Lodging
- C Per diem and meal costs

Commodities (Supplies):

- C Office supplies
- C Medical supplies
- C Educational and instructional materials and supplies, including booklets and reprinted pamphlets
- C Equipment items costing less than \$100.00 each

Printing (included in Supplies):

- C Letterpress, offset printing, binding, lithographing services
- C Photocopy paper, other paper supplies
- C Envelopes, letterhead, etc.

**Equipment (requires written approval as part of grant application process):**

- C Items costing over \$1,000.00 each with useful life of more than one year. Equipment costs shall be limited to 5% or less of the total grant award. Equipment costs shall include all freight and installation charges.
- C Office equipment and furniture
- C Allowable medical equipment
- C Reference and training materials and exhibits
- C Books and films

**Telecommunications (included in Contractual Services):**

- C Telephone services
- C Answering services
- C Installation, repair, parts and maintenance of telephones and other communication equipment

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

- C Indirect or Administrative Cost Plan Allocations - Normal, daily operating expenses may not be billed in any grant issued by the Office of Health Promotion
- C Political or religious purposes
- C Contributions or donations
- C Incentives (This does not include those items that are used to generate visibility for program efforts, increase public awareness, or those that are used to reinforce a positive behavior change)
- C Fund raising or legislative lobbying expenses
- C Payment of bad or non-program related debts, fines or penalties
- C Contribution to a contingency fund or provision for unforeseen events
- C Entertainment, food, alcoholic beverages and gratuities
- C Membership fees (unless related to the program and approved in advance by IDPH)
- C Interest or financial payments or other fines or penalties

- C Purchase or improvement of land or purchase, improvement or construction of a building
- C Equipment in excess of 5% of the grant award (unless approved in advance by IDPH)
- C Any expenditure that may create a conflict of interest or the perception of impropriety.