

Request for Applications

Illinois Prostate and Testicular Cancer Education and Awareness Program

July 1, 2002 – June 30, 2003

**Illinois Department of Public Health
Office of Health Promotion
Division of Chronic Disease Prevention and Control
Men's Health Program
535 West Jefferson, 2nd 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
Education and Awareness Program**

April 1, 2002

Request for Application for State Fiscal Year 2003

Application Package Contents:

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

Program Summary

- Title:** Illinois Prostate and Testicular Cancer
Education and Awareness 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:
- C **April 30, 2002, 5:00 pm**
 - C **Applications received after this time will not be reviewed**
 - C **535 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761**
 - 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, 2002 - June 30, 2003

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 Education and Awareness 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;
- Promotion of information and options regarding treatment; and
- Establishment and promotion of screening and referral programs.

Applicants are encouraged to develop innovative approaches or adapt existing evidence-based models for 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.
- A two-page non-technical abstract that describes the significance of the applicant's program concerning prostate or testicular cancer.
- 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 Education and Awareness 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. **Non-technical Abstract** (two (2) 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.

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 programming efforts.

8. Program Plan

Provide a description of the proposed project including outcome and impact objectives and proven intervention strategies as they relate to IDPH's prostate and testicular cancer education and awareness goals. Objectives should be time-referenced and measurable. 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. **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 (*Summary, Personal Services, Contractual Services, Supplies and Travel, Equipment and Patient Care, and Fringe Benefit Worksheet*), 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 after each budget page. A list of allowable costs is included.

10. Budget Justification (form provided)

Using the form provided, submit additional justification for specific line items listed in the program budget. For example, all personal services, contracts and sub-grants must be justified in this section. Justification should clearly indicate why items being requested are essential to the achievement of the project objectives.

11. 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 Education and Awareness Program goals (40 points)
- C Proposed budget, narrative, and potential for matching funds (20 points)
- C Bonus–Letter 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 4, 2003 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, 2002	Application Due
May 6, 2002	Ineligible Applicants Notified
June 3, 2002	Awardees notified via phone
July 1, 2002	Funding Begins
January 4, 2003	Semi-Annual Program Report Due
June 30, 2003	End of Project Funding Period
July 15, 2003	Final Report Due
August 15, 2003	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 monthly and are required quarterly. The final reimbursement must be received by IDPH within 45 days (August 15, 2003) after the close of the grant period (June 30, 2003).

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, 2nd Floor
Springfield, Illinois 62761

Applications must be received no later than 5:00 pm (CST) on Tuesday, April 30, 2002. **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:

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 2003 ILLINOIS PROSTATE AND TESTICULAR CANCER EDUCATION &
AWARENESS 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 EDUCATION & AWARENESS PROGRAM
FY 2003 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 _____

ORGANIZATION _____

CONTACT _____

TITLE _____

ADDRESS _____

TELEPHONE _____ **FAX** _____

PROJECT ROLE _____

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM

BUDGET SECTION, Summary

APPLICANT AGENCY: _____

TIN: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH _____

BUDGET SUMMARY LINE ITEM (Category)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
Personal Services						
Contractual Services						
Supplies						
Travel						
Equipment						
TOTAL, Direct Costs						

SOURCES OF FUNDS - Applicant and Other Sources	Required Match	Other Support	Total
TOTAL, Applicant and Other Sources			

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTION TO APPLICANT
BUDGET SUMMARY

GENERAL BUDGET INFORMATION

The budget for this application or RFA is to reflect the total cost of the project from all sources. The Budget Summary provides a one-page compilation of these costs. Individual line-items are to be itemized in detail on the following pages. Additional information and justification are to be shown on the Budget Justification page(s).

The budget must comply with the allowable costs for the program, the applicable Administrative Rules and Regulations, the laws of the State of Illinois and any applicable federal guidelines or requirements.

All amounts are to be expressed in whole dollars; each line-item is to be rounded to the nearest one-hundred dollar amount.

If additional pages are required, please note applicant agency name and program name on each additional page and number all additional pages as appropriate using the following sequence: Page 1a, Page 1b, Page 2a, Page 2b, and so on. Applications are disassembled and copied by the Department and these page number references will assist reassembly and help to ensure all copies are complete.

BUDGET SUMMARY

Enter the totals from each detail line-item section and sum these amounts to show the TOTAL, Direct Costs for the program.

SOURCES OF FUNDS columns: The total estimated cost for each line-item of the program is to be broken out by funds to be provided from sources other than this application or RFA (Applicant and Other) and by the amount requested in this application (Requested from IDPH).

IDPH Components (specify): The amount requested in this application or RFA (Requested from IDPH) is to be further broken out by program component(s) as instructed in the Program Description section of the application package or RFA.

SOURCES OF FUNDS - Applicant and Other

Identify the source and amount of all funds shown in the Applicant and Other column of the Budget Summary. Enter the amounts proposed to meet the program's matching or cost participation requirements, if any, in the Required Match column; enter all other program support costs in the Other Support column. The total of the Required Match and Other Support columns must equal the total of the Applicant and Other column of the Budget Summary.

Examples of Applicant and Other fund sources include Applicant funds such as tax revenues; fees or other program income; donations; other corporate funds; and other program support such as other state and or federal grant awards (i.e. WIC, Title X, Title XIX, and Title XX) both from the IDPH and from other agencies.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM

BUDGET SECTION, Personal Services

APPLICANT AGENCY: _____

TIN: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH _____

PERSONAL SERVICES (Position title and Name of Incumbent)	Monthly Salary	Number of Months Budgeted	Percent of time on Program	Total for the Program	Sources of Funds		IDPH Components (specify)		
					Applicant and Other	Requested from IDPH			
PERSONAL SERVICES, Subtotal									
FRINGE BENEFITS (Rate: _____ %) Components and rates must be itemized in budget justification section.									
PERSONAL SERVICES AND FRINGE TOTAL									

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTIONS TO APPLICANT
PERSONAL SERVICES BUDGET

PERSONAL SERVICES

Enter the position title and name of the current incumbent; if the position is new or currently not filled, enter "Vacant".

Example: Nurse - Mary Jones
 Sally Smith
 Vacant
 Pgrm Coord - Joyce Johnson
 Vacant

Enter the monthly salary for each position which will be filled for all or any part of the period. Enter the number of months the position will be filled by an incumbent working on the program. Enter the percent of time the incumbent will devote to the program during the months shown. Enter the total amount of support to be provided for the program, as computed from the information shown, using the following formula:

$$[\text{Monthly Salary}] \text{ times } [\text{Number of Months Budgeted}] \text{ times } [\text{Percent of time on Program}] =$$
$$[\text{Total for the Program}].$$

The Total for the Program is then broken out by the amount to be provided from sources other than this application (Applicant and Other) and the amount requested as part of this application (Requested from IDPH). The amount Requested from IDPH is further broken out by the various program components (IDPH Components) if the Program Description section of the Application Package requests that program components be identified separately.

FRINGE BENEFITS

The components included in the applicant agency's fringe benefit rate are to be itemized (listed by component and rate) in the Budget Justification section. The total fringe benefits rate is entered on the Fringe Benefits line; this rate is then applied to the Personal Services, Subtotal shown as Total for the Program. If the applicant agency includes fringe benefits in the amount Requested from IDPH and the various IDPH Components, the amounts for fringe benefits may not exceed the fringe benefits rate times the Personal Services, Subtotal for those columns.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Contractual Services

APPLICANT AGENCY: _____

TIN: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH _____

CONTRACTUAL SERVICES (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
TOTAL, Contractual Services						

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTIONS TO APPLICANT
CONTRACTUAL SERVICES BUDGET

CONTRACTUAL SERVICES

List the costs directly attributable the program estimated to be incurred during the period covered by this application. Examples of Contractual Services include conference registration fees; postage; UPS or other carrier costs; software; subscriptions; training and education costs; and telecommunications costs. See also the Allowable Cost section of the Application Package.

Payment (or pass-through) to subcontractors or subgrantees are to be listed here. All subcontracts or subgrants require an attached detail line-item budget supporting this contractual amount. The Department must approve, in writing, all subcontracts or subgrants.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Supplies and Travel

APPLICANT AGENCY: _____

TIN: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH _____

SUPPLIES (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
TOTAL, Supplies						

TRAVEL (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
Mileage (Rate per mile: \$. _____) Lodging Meals/Per Diem Commercial Transportation Other:						
TOTAL, Travel						

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTIONS TO APPLICANT
SUPPLIES AND TRAVEL BUDGET

SUPPLIES

List the costs, directly attributable to the program, estimated to be incurred during the period covered by this application. Examples of Supplies include office supplies; medical supplies (consumable items such as syringes, tape and gauze, other than drugs); educational and instructional materials; cleaning supplies; copy paper and other paper supplies; and letterpress, offset printing, and other printing services. See also the Allowable Costs section of the Application Package.

TRAVEL

List the costs, directly attributable to the program, of applicant agency's employees' transportation, mileage, per diem, meals, etc. necessary for carrying out the activities described in the application. Unless specifically stated in the budget, the mileage rate will be assumed to be the same as that authorized for state employee's by the Governor's Travel Control Board. See also the Allowable Costs section of the Application Package.

Travel costs for contractual consultants are to be included in the Contractual Services line.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Equipment and Patient Care

APPLICANT AGENCY: _____

TIN: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH _____

EQUIPMENT (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
TOTAL, Equipment						
PATIENT CARE (Itemize)	Total for the Program	SOURCES OF FUNDS	Applicant and Other	Requested from IDPH	IDPH Components (specify)	
TOTAL, Patient Care						

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTIONS TO APPLICANT
EQUIPMENT AND PATIENT CARE

EQUIPMENT

List those items costing over \$100.00 each with a useful life of more than one year required for the successful completion of the activities described in the application. Equipment costs shall include all freight and installation charges. **Equipment may include office furniture and equipment, such as desks, chairs, computers, printers and calculators; training materials; reference books; and films. All Equipment purchases must be approved by the Department, either through this budget or via specific request for items not included in the budget as submitted.** See also the Allowable Costs section of the Application Package.

PATIENT CARE

Patient Care is not an allowable cost.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM

FRINGE BENEFIT WORKSHEET

APPLICANT AGENCY: _____ TIN: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH _____

Fringe Benefits -

FICA (Social Security) _____ %

Pension/Retirement _____ %

Group Health Insurance _____ %

Group Life Insurance _____ %

Unemployment Insurance _____ %

Workmen's Compensation _____ %

Other: _____ %

_____ %

_____ %

_____ %

TOTAL, Fringe Benefits Rate _____ %

BUDGET JUSTIFICATION

Project Title _____

Using the form provided, submit additional information or justification for specific line items listed in the detail budget for which the need is not evident. For example, all personal services contracts and sub-grants must be explained and justified in the section. Justifications should clearly indicate the items being requested are essential to the achievement of the stated project objectives.

PERSONAL SERVICES

CONTRACTUAL SERVICES

SUPPLIES

TRAVEL

EQUIPMENT

To be reimbursed under IDPH/OHPm Grant Agreement, expenditures must meet the criteria below:

- 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.
- 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.

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:

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:

Conference registration fees

Contractual employees (requires prior program approval)

Postage, postal services, UPS or other carrier costs

Software for support of program objectives

Subscriptions

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.**

Travel:

Mileage (at state rate unless specifically noted otherwise)

Airline or rail transportation expenses

Lodging

Per diem and meal costs

Commodities (Supplies):

Office supplies

Medical supplies

Educational and instructional materials and supplies, including booklets and reprinted pamphlets

Equipment items costing less than \$100.00 each

Printing (included in Supplies):

Letterpress, offset printing, binding, lithographing services

Photocopy paper, other paper supplies

Envelopes, letterhead, etc.

Equipment (requires prior written approval):

Items costing over \$100.00 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

Telecommunications (included in Contractual Services):

Telephone services

Answering services

Installation, repair, parts and maintenance of telephones and other communication equipment

Unallowable costs include, but are not limited to:

Treatment services for prostate cancer patients, indirect cost plan allocations, interest and financial costs, bad debts, legislative and lobbying expenses, contingencies or provisions for unforeseen events, real property payments and purchases, contributions and donations, fines and penalties, entertainment, food, alcoholic beverages and gratuities.