Request for Applications

PROSTATE CANCER RESEARCH FUND
FISCAL YEAR 2006 GRANT APPLICATION

Illinois Department of Public Health
Office of Health Promotion
Division of Chronic Disease Prevention and Control
535 W. Jefferson St., 2nd Floor
Springfield, IL 62761-0001
Phone 217-782-3300
Fax 217-782-1235
I. INTRODUCTION

On July 13, 1999, the Prostate Cancer Research Fund (Research Fund) was signed into law. The Research Fund is supported by contributions from Illinois taxpayers through their annual state income return. The Illinois Department of Public Health (Department), Office of Health Promotion (OHPm) is responsible for awarding grants for the Research Fund, as authorized by Section 55.91 of the Civil Administrative Code of Illinois [20 ILCS 2310/55.91]. A Peer Review Panel, appointed by the Department, assists with scientific evaluation of the applications and makes recommendations for funding.

II. TYPES OF APPLICATIONS

Research Grants are intended to support the scientific investigation into possible causes, location, progression, treatment, care and cure for prostate cancer. Eligible research includes, but is not limited to, expenditures to develop and advance the understanding, techniques, and modalities effective in prevention, cure, and treatment of prostate cancer and may include clinical trials. All research applications must be based on sound research methodology. Although many of the applications submitted are biomedical and technical in nature, the Research Fund allows for a broad range of research topics. The exact amount and number of grants funded will depend upon the Research Fund’s balance and the number of applications received and approved. The following are eligible applicants for grants:

- Physicians licensed in Illinois to practice medicine in all of its branches.
- State-licensed hospitals in Illinois.
- State-certified laboratories in Illinois.
- Post-secondary higher educational institutions in Illinois.
- Healthcare-affiliated organizations in Illinois.
- Persons who are Illinois residents or sponsored by an Illinois facility guaranteeing benefits to Illinois residents.

Research Grants conduct trained inquiry or experimentation related to investigation of prostate cancer. New grants are generally awarded for 12 months (July 1 – June 30). Subsequent to successful completion of the first year of funding, application may be submitted for a continuation grant.

Continuation grants are awarded based upon demonstration of adequate progress toward state goals and are subject to annual review. A maximum of three years funding may be received. Award amounts will not exceed $100,000 annually.
Applications to conduct research with the potential for drawing future funds from other sources will be given special consideration. Research proposals demonstrating innovative avenues and cutting-edge techniques are encouraged, but must still demonstrate sound scientific methodology and judgment.

III. REVIEW PROCESS

A. Applications that are incomplete or fail to follow the correct format will not be eligible for funding consideration and will be returned without review. Returned applications may be corrected and resubmitted during the next application cycle.

B. Applications will be subjected to non-technical and technical review.

   1. Criteria for non-technical review include:
      a. Adherence to specified application format;
      b. Inclusion of all required forms; and
      c. The inclusion of a response to each required item as specified in Section V, Preparation of Application and Section VI, Specialized Information.

   2. Criteria for the technical review include:
      a. The new applications have clearly stated the research question or hypothesis and has demonstrated evidence of the project’s originality;
      b. The project objectives are achievable in the state time frame;
      c. The activities identified by the candidate will lead to achievement of the objectives;
      d. The evaluation method(s) measure progress toward the identified objectives;
      e. The principal investigator’s qualifications indicate the ability to complete the project;
      f. The budget provides sufficient resources and appropriate justification; and
      g. Continuation applications must provide demonstrated progress in each activity in support of the current year objectives and provide an estimate of the extent to which the year 02 or year 03 objectives will be met.
NOTE: ITEM B2a APPLIES ONLY TO NEW APPLICATIONS WHILE ITEM B2g APPLIES ONLY TO CONTINUATION APPLICATIONS. CONTINUATION APPLICATIONS WILL COMPETE EQUALLY WITH NEW APPLICATIONS FOR FUNDING APPROVAL.

IV. SUBMISSION OF APPLICATIONS

Mail or deliver the typewritten original and 10 (ten) clear copies in one package to:

Robert M. Zettler, MBA
Illinois Department of Public Health
Division of Chronic Disease Prevention and Control
535 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761-0001

Secure the application and each of its copies with rubber bands, binder clips, or paper clips only. Do not use staples or binding materials. Applications must be received no later that 5:00 p.m. (CST) on April 1, 2005. The application must be complete and accurate at the time of submission.

NOTE: APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED FOR FUNDING AND WILL BE RETURNED WITHOUT REVIEW. It shall not be sufficient to show that the application was mailed or hand-delivery commenced before the scheduled closing time for receipt of applications. Faxed or electronic submissions shall not be eligible for review.

For additional information contact the Men’s Health Program at 217-782-3300.

V. PREPARATION OF THE APPLICATION

A. General Instruction

1. The application must:

   a. Be typewritten or printed, single-sided with 1” margins, on 8 ½” X 11” paper or using the forms provided;

   b. Use letter quality type;

   c. Have a font size no smaller than 12 pt. (no smaller that the font in this document);

   d. Not use photo reduction

   e. Be clear and legible so applications can be copied;
f. Have all graphs, diagrams, tables and charts drawn in black ink;

g. Have clear and legible figures, charts, tables, figure legends and footnotes which may have a smaller font;

h. Not include glossy photographs or paper, colored paper or other materials that cannot be copied;

i. Not include staples; and

j. Not exceed that page limitations noted in Section V, Item A3

2. Applications that are incomplete of fail to follow the correct format will not be considered for funding and will be returned without review. Returned applications may be corrected and resubmitted during subsequent funding cycles.

3. Page limitations must be observed for each section. Applications which do not follow the page limitations will be returned without review. A summary of the page and content limitations is outlined in the following chart:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Limit</th>
<th>Content</th>
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<tbody>
<tr>
<td>Lay Abstract</td>
<td>1</td>
<td>See instructions in Section V, Item B3 (single-spaced).</td>
</tr>
<tr>
<td>Research Plan</td>
<td>15</td>
<td>See instructions in Section V, Item B4 (double-spaced). Text and all figures, charts, tables and diagrams.</td>
</tr>
<tr>
<td>Literature Cited</td>
<td>2</td>
<td>See instructions in Section V, Item B5 (single-spaced).</td>
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<tr>
<td>Human Participants</td>
<td>1</td>
<td>See instructions in Section V, Item B6 (single-spaced).</td>
</tr>
<tr>
<td>Animal Subjects</td>
<td>1</td>
<td>See instructions in Section V, Item B6 (single-spaced).</td>
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<tr>
<td>Biographical Sketch(es)</td>
<td></td>
<td>See instructions in Section V, Item B10. Complete front and back of form provided for applicant, key personnel, collaborators and consultants.</td>
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<tr>
<td>Institution Environment</td>
<td>1</td>
<td>See instructions in Section V, Item C1 (single-spaced).</td>
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<tr>
<td>Institution commitment to Candidate’s Research</td>
<td>1</td>
<td>See instructions in Section V, Item C2 (single-spaced).</td>
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<tr>
<td>Appendix</td>
<td></td>
<td>See instructions in Section V, Item B13. Clinical protocols, questionnaires, manuscripts, etc.</td>
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</tbody>
</table>
B. Specific Instructions

Grant Applications must include the following items, in the order listed.

1. Completed checklist for NEW research applications (form provided).

2. FORM A – Completed Cover Page (form provided).

3. FORM B – Completed “Prostate Cancer Research Fund Application” (form provided).

4. FORM C – Lay Abstract (1 page maximum, single-spaced). Using the form provided, submit an abstract of the whole application written in non-technical terms. Include the candidate’s immediate and long-term career goals and a description of the research project. Describe concisely the research design and methods for achieving these goals. Include evidence of the project’s originality. Avoid summaries of past achievements and use of the first person. The abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. Failure to provide the abstract in layman’s terms may effect your score. If the application is funded, this description, as is, may be reproduced for publication.

5. FORM D – Research Plan (15 pages maximum, double-spaced). Using the form provided (make copies as necessary), address the following points. The Research Plan must clearly identify each item indicated below.

   a. A statement of the research question or hypothesis;

   b. A brief description of the specific problem to be studied, including a literature review, and its significance and relevance to the priorities of the Prostate cancer research Fund (as listed in the first paragraph of Section II), and evidence of the project’s originality;

   c. A prioritized listing of measurable objectives for the funding period;

   d. A sequential listing of activities to achieve each objective proposed for the funding period of the project, the time line for completing each activity, and identification of the individual(s) responsible for coordinating the implementation of each objective;

   e. The experimental design, procedure(s) to be used and method(s) for collecting, analyzing, and interpreting data;

   f. A description of human participants and animal subjects;
g. Evaluation method(s) to be used to measure progress in achieving objectives and a plan for monitoring the overall project;

h. A description of facilities, equipment and other resources to be used in the research, along with methods of use;

i. A description of how the Research Grant would enable the applicant to pursue research that differs from any of the applicant’s ongoing research; and

j. If cell lines or samples are used that were generated in another researcher’s lab or portions of research performed in another researcher’s lab, include a letter of collaboration in the Appendix.

6. **FORM D1 – Literature Cited (2 pages, single-spaced).** Using the form provided (make copies as necessary), submit complete citations, including titles and all authors.

7. **FORM E – Assurances for Human Participants and Animal Subjects.** Identify the certifying body within your institution and provide information regarding the research project’s status with that certifying body. Proof of clearance should include complete copies of human participant and animal subject approvals, exemptions or pending letters. If your research is deemed exempt, provide a letter from the reviewing body stating the determination and why. **Final approval is due by Friday May 1, 2005. Applications that do not provide institutional clearance will not be eligible for funding.**

   a. **FORM E1 – Human Participants (1 page maximum, single-spaced).** Using the form provided, address the following points. The Human Participants form must clearly identify each item indicated below.

      1. Provide a detailed description of the proposed involvement of human participants in the work outlined in the Research Plan.

      2. Describe the characteristics of the participant population, including its anticipated number, age range, and health status.

      3. Identify the sourced of the research material obtained from the individually identifiable living human participants in the form of specimens, records or data.

      4. Describe the plans for recruiting participants and the consent procedures to be followed.
5. Describe any potential risks (physical, psychological, social, legal or other) and assess their likelihood and seriousness.

6. Describe the procedures for protecting against, or minimizing, and potential risks (including risks to confidentiality), and assess the likely effectiveness.

7. Discuss why the risks are reasonable in relation to the anticipated benefits to participants, and in relation to the importance of the knowledge that may be reasonably expected to result.

b. FORM E2 – Animal Subjects (1 page maximum, single-spaced). Using the form provided, address the following points. The Animal Subjects form must clearly identify each item indicated below.

1. Provide a detailed description of the proposed use of the animals in the work outlined in the Research Plan.

2. Justify the use of animals, the choice of species and the numbers used.

3. Provide information on the veterinary care of the animals involved.

4. Describe the procedures for ensuring the discomfort, distress, pain, and injury will be limited to that which is unavoidable in the conduct of scientifically sound research.

5. Describe any method of euthanasia to be used and the reasons for its selection.

8. FORM F1 – Key Personnel. Using the form provided, submit a list of individuals who will have significant intellectual input into the scientific development and execution of the project.

9. FORM F2 – Biographical Sketches. Using the form provided, submit a biographical sketch of the principal investigator(s) and other professional staff listed as “Key Personnel” on FORM G (including investigators in collaborating laboratories). Include qualifications, education, work experience, a list of publications within the preceding five years and a list of any active and/or pending research which includes a) name of funding organization, b) the grant title, c) the role of the applicant, and d) a description of any overlap that occurs with respect to the proposed project.
Include abstracts of active and pending research where the applicant is the primary investigator in the Appendix.

10. FORM G1 – Description of Institutional Environment (1 page maximum, single-spaced). Using the form provided, the sponsoring institution must document a strong, well-established program related to prostate cancer, including the names of key faculty members relevant to the proposed project. Describe opportunities for intellectual interactions with other investigators, including courses offered, journal clubs, seminars and presentations.

11. FORM G2 – Institutional Commitment to Candidate’s Research (1 page maximum, single-spaced). Using the form provided, the sponsoring institution must document its commitment to provide adequate time and support for the candidate to devote nearly full time to research for the entire period of the proposed award. The institution should provide the equipment, facilities, and resources necessary for the fellowship project. It is essential to document the institution’s commitment to the retention, development and advancement of the candidate during the period of the award. The institutional commitment must be dated and bear the signature of the head of the organizational unit who is authorized to commit the institution to the assurances listed above. The signature must appear over the signer’s name and title at the end of the statement.

12. FORM H – Detailed Budget. Using the form provided, prepare a budget with sufficient resources to implement the project. The budget shall be by line item category and provide sufficient detail to justify the use of grant funds to support project activity. The applicant shall indicate the total project cost, the source of other fund supporting the project as well as the amount of support requests from the Department.

The budget summary page (Budget Section, page 1) should reflect the total cost of providing the research during Year 01 (Year 02 or Year 03 for continuation applications), not just the amount requested from the Department. The amounts allocated to applicant’s other funds source(s) shall be identified in the lower half of the sheet.

The Personal Services Section (Budget Section, page 2) should show the title and name of each position, actual monthly salary, the number of months to be worked in the project and the percent of time allocated to the project. Vacant positions should only be indicated for the number of months that they are expected to be filled. Multiplying these amounts (monthly salary X number of months X percent of time) will derive the total amount of support for the program. This amount is then to be allocated to the support requested from the Department and to the applicant’s other sources. Fringe benefits rates shall be itemized in the Budget Justification Section (Budget Section, page 6). Fringe Benefits to be claimed through the grant
must be actual expenditures of grantee funds and be supported on the
Reimbursement Certification Form with check or ledger transfer numbers.

Other line items should be itemized as specifically as possible. Allocated
costs such as utilities or space costs must be justified and the methodology
for allocations must be explained in the Budget Justification Section.
Show justification for specific items listed in the detailed budget for which
the need is not self-evident. Justifications should clearly indicate the items
being requested are essential to the achievement of the project’s
objectives.

Detailed instructions are printed on the back of each budget sheet.

Grant funds may not be used for institutional overhead costs, indirect
costs, other organizational levies or costs of community-based support
services.

NOTE: “IDPH COMPONENT” COLUMNS ON THE BUDGET PAGES DO
NOT APPLY TO THIS GRANT AND SHOULD BE LEFT BLANK.

13. Not-for-Profit Status. Applications other than governmental entities
must provide documentation of current not-for-profit status on Form B.

14. Appendices should include abstracts of active and pending research where
the applicant is the primary investigator and other necessary ancillary
information such as manuscripts, papers in press (limit 2), questionnaires,
consent forms, letters of collaboration and clinical protocols. The
Appendix is not a means to provide additional information required in the
defined application.

Continuation applications must include the following in the order listed:

15. Completed Checklist for research applications (form provided).

16. FORM A – Completed Cover Page (form provided).

17. FORM B – Complete “Prostate Cancer Research Fund Application”
(form provided).

18. FORM C – Lay Abstract (1 page maximum, single-spaced). Using the
form provided, submit an abstract of the whole application written in non-
technical terms. Include the candidate’s immediate and long-term career
goals and a description of the research project. Describe concisely the
research design and methods for achieving these goals. Include evidence
of the project’s originality. Avoid summaries of past achievements and
use of the first person. The abstract is meant to serve as a succinct and
accurate description of the proposed work when separated from the
application. Failure to provide the abstract in layman’s terms may
effect your score. If the application is funded, this description, as is, may be reproduced for publication.

19. FORM D3 – Progress Reports (8 page maximum, double-spaced). Using the form provided (make copies as necessary), address the following points. The Progress Report must clearly identify each item indicated below:

a. Description of the **findings** to date and progress toward meeting each objective.

b. Description of the **project objectives** for Year 02 and 03.

c. Description of the **activities** required to meet the project objectives for Year 02 and 03 and a **timeline** for completion of each activity and individuals responsible for each.

d. Description of the **evaluation methods** or monitoring plan along with the rationale for any revisions.

e. Discussion of any **difficulties/problems** encountered and approaches you have taken to address them.

f. A summary of the existing Illinois Prostate Cancer Research Fund project. **Include a copy of the Year 01 Research Plan and Year 02 Progress Report in the Appendix.**

NOTE: THE PAGE LIMITATION FOR ITEM B19 (PROGRESS REPORT) DOES NOT INCLUDE THE YEAR 01 INITIAL RESEARCH PLAN OR YEAR 02 PROGRESS REPORT REQUESTED IN ITEM B17a.

20. FORM E3 – Re-certify use of Human and Animal Subjects. Using the form provided, certify that the approval or exemption for the use of human and animal subjects is current.

21. FORM F1 – Key Personnel. Refer to the instructions in Section V, Item B9 on page 8 to add any **new** professional staff.

22. FORM F2 – Biographical Sketch (front and back of form provided). Refer to the instructions in Section V, Item B10 on page 8.

23. FORM G1 – Description of Institutional Environment (1 page maximum, single-spaced). Using the form provided, the sponsoring institution must document a strong, well-established program related to prostate cancer, including the names of key faculty members relevant to the proposed project. Describe opportunities for intellectual interactions with other investigators, including courses offered, journal clubs, seminars and presentations.
24. **FORM G2 – Institutional Commitment to Candidate’s Research** (1 page maximum, single-spaced). Using the form provided, the sponsoring institution must document its commitment to provide adequate time and support for the candidate to devote nearly full time to research for the entire period of the proposed award. The institution should provide the equipment, facilities, and resources necessary for the fellowship project. It is essential to document the institution’s commitment to the retention, development and advancement of the candidate during the period of the award.

25. **FORM H – Detailed Budget.** Refer to the instructions in Section V, Item B11 on pages 9 and 10.

26. **Appendices** should include abstracts of active and pending research where the applicant is the primary investigator and other necessary ancillary information such as manuscripts, papers in press (limit 2), questionnaires, consent forms, clinical protocols, Year 01 initial research and Year 02 progress report and letters of collaboration. The Appendix is not a means to provide additional information required in the defined application. *(No colored paper, no glossy photographs, no staples and 8½” X 11” paper only.)*

**VI. GRANTEE REQUIREMENTS**

A. All grantees are required to:

1. Seek written approval from the Department prior to modifications of the Research Plan and budgetary changes;

2. Receive prior written approval from the Department before using grant funds for out-of-state travel;

3. Submit a mid-year progress report and a summary report upon completion of the award period;
   
   a. **Mid-year Progress Report** – provide a presentation before the Illinois Department of Public Health, or other formal body as requested.
   
   b. **Summary Report** – submit a research report at the conclusion of the project which may be disseminated by the Department and which addresses the following issues:
      
      • Information reflecting the status of the project under the proposed time frames reflected in the application;
• Information on each objective addressing the methods implemented to achieve status;

• A protection of methods and time frames involved to accomplish the objectives within the time frame remaining, except for the submission of the project summary report;

• Project summary at the close of the project period documenting the achievements and ultimate conclusions derived as a result of the project; and

• A detailed description of the budget and the use of funds.

4. Participate in site visits and conferences as may be necessary for the monitoring and evaluation of the project. The Department reserves the right to request an oral presentation concerning the status or an end-of-project report for the benefit of the Department or other formal recognized audiences.

B. Payment Methodology

Payments to the grantee shall be made on a reimbursement basis. The grantee shall document actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. The grantee shall utilize the Department’s Reimbursement Certification Form to request reimbursement. After Department review and approval for the reimbursement request, a State of Illinois Voucher shall be prepared and processed through the Office of the State Comptroller for payment to the grantee. Please reference attachment ALLOWABLE COSTS FOR REIMBURSEMENT UNDER OHPm GRANT AGREEMENT.

The grantee shall submit requests for reimbursement quarterly throughout the period of the grant. The final request for reimbursement must be received within forty-five (45) calendar days from the end of the grant agreement period.

C. Data requests and/or Collaboration of the Department

Data requested from the Department must be negotiated prior to submission of the grant application. Request for cancer data must be made to the Illinois State Cancer Registry which has a procedure and cost structure in place for use of protected data.

Appropriate direct cost for obtaining data may be reimbursed. The budget must reflect the reimbursement amount requested. Collaboration on research projects by Department personnel is allowed. (Personnel service costs are not allowed.) A letter of support is essential for collaborative research projects. An additional
IRB clearance, through the University of Illinois at Springfield, may be required, depending on the nature of the project, for the Department’s participation.

D. Publications

When preparing articles for publication, the following must be cited to acknowledge receipt of grant funds from the Research Fund:

“The research reported in this publication is supported by a grant from the Illinois Department of Public Health, Prostate Cancer Research Fund, and its contents are solely the responsibility of the authors and do not necessarily reflect the official views of the Illinois Department of Public Health.”

E. Contact

For additional information regarding this program please contact the Illinois Department of Public Health, Office of Health Promotion, Men’s Health Program at 217-782-3300.
Correct format per RFA specifications (e.g., font size, spacing, one-sided)

FORM A – Completed Cover Page

FORM B – Completed Prostate Cancer Research Fund Application

FORM C – Completed Lay Abstract

FORM D – Completed Research Plan

FORM D1 – Literature Cited

FORM D2 – Completed Progress Report

FORM E – Completed Assurances for Human Participants and Animal Subjects

FORM E1 – Completed Human Participants

FORM E2 – Completed Animal Subjects

FORM E3 – Completed Re-Certify for use of Human and Animal Subjects

Specialized Information

FORM F1 – Key Personnel
FORM F2 – Principal Investigator/Key Personnel Biographical Sketch
FORM G1 – Description of Institutional Environment
FORM G2 – Institutional Commitment to Candidate’s Research

FORM H – Completed Budget Submission (including total cost of project and all sources of additional funding for the project)

Enclosed one original and ten (10) copies with all required signatures

Appendices – Manuscripts, papers in press, questionnaires, clinical protocols, proof of not-for-profit status, active and pending research abstracts, etc.

Documentation of Not-for-Profit status
1. **TITLE OF PROJECT:** (Please Type or Print Legibly)

2. **TYPE OF APPLICATION:** (Place a check mark in appropriate spaces)
   - ____ New (Please indicate the proposed length of the project)
     - a. _______ single year  b. _______ two year  c. _______ three year
   - ____ Continuation (Please indicate the project year)
     - a. _______ Year 02  b. _______ Year 03

3. **PRINCIPAL INVESTIGATOR**

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<tr>
<th>CREDENTIALS / POSITION</th>
<th>INSTITUTION</th>
<th>DEPARTMENT</th>
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   **PRINCIPAL INVESTIGATOR ASSURANCE:** I agree to accept responsibility for the scientific conduct of this project and to provide the required progress reports if a grant is awarded as a result of this application.

   SIGNATURE OF PRINCIPAL INVESTIGATOR ___________________________ DATE ____________

4. **INSTITUTION'S TAX IDENTIFICATION NUMBER:** ____________________________

5. **ILLINOIS DEPARTMENT OF HUMAN RIGHTS NUMBER:** ____________________________

6. **TOTAL AMOUNT OF FUNDING REQUESTED** (Fill in amount)
   - A. This project year $__________
   - B. Proposed Amount for Subsequent Project Years (If applicable)
     - a. Year 02 $__________  b. Year 03 $__________

7. **FISCAL CONTACT**

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<tr>
<th>TITLE / POSITION</th>
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   **FISCAL AGENT 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.

   SIGNATURE OF FISCAL AGENT ___________________________ DATE ____________
## IMPORTANT NOTICE:
This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under 30 ILCS105/1 et. seq. Failure to provide this information may prevent this application from being processed.

### APPLICANT ORGANIZATION:

### AUTHORIZED AGENT:

### TITLE:

### ADDRESS:

### TELEPHONE:  
### FAX:  
### FEIN/TIN:

### PROJECT TITLE:

### PROJECT CATEGORY: Prostate Cancer Research Grant:

- Etiology
- Pathogenesis
- Genetics
- Treatment/Control
- Other:

### TYPE OF ORGANIZATION:  (Must include documentation)

- Government Entity
- Not-for-Profit Corporation
- Corporation
- Medical/Health care Provider Corporation
- Tax Exempt Organization

### LEGISLATIVE DISTRICT:

Congressional:  
State Senate District:  
State Representative District:  

### APPLICATION CERTIFICATION:  To the best of my knowledge, the data and the statements in this application are true and correct. The applicant agrees to comply with all the State/Federal statues and Rules/Regulations applicable to the program.

### Authorized Agent Signature  

### Date

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

## FOR INTERNAL USE ONLY

### Date Received:

### Reviewed:  
- Yes  
- No

### Number Assigned:

### Score:

### Complete:  
- Yes  
- No

### Funded:
FORM C

Application #

LAY ABSTRACT

Project Title _______________________________________________________________________

Principal Investigator _______________________________________________________________

Institution ___________________________ Funding Request _____________________________

Please follow the instructions on the back of the form.
The Lay Abstract serves as a succinct and accurate description of the proposed project when separated from the application. The Lay Abstract is written in nontechnical terms and must not exceed 1 single-spaced page. The Lay Abstract must clearly identify each item indicated below. Using the form provided, address the following points numbering 1 through 3.

1. Hypothesis/research question
2. Experimental design and procedures
3. Description of subjects (human and/or animal where applicable) including sample size
FORM D
RESEARCH PLAN

Project Title ________________________________________________________________

Principal Investigator _______________________________________________________

Institution __________________________________________ Funding Request __________

Please address the items listed on the back of this form.
Instructions

RESEARCH PLAN

The Research Plan explains the project in 15 double-spaced pages. The Research Plan must clearly identify each item indicated below. Using the form provided (make copies as necessary), address the following points numbering 1 through 9.

1. a statement of the research question or hypothesis;

2. a brief description of the specific problem to be studied, including a literature review, and its significance and relevance to the priorities of the Prostate Cancer Research Fund (as listed in the first paragraph of Section II), and evidence of the project's originality;

3. a prioritized listing of measurable objectives for the funding period;

4. a sequential listing of activities to achieve each objective proposed for the funding period of the project, the time line for completing each activity, and identification of the individual(s) responsible for coordinating the implementation of each objective;

5. the experimental design, procedure(s) to be used and method(s) for collecting, analyzing, and interpreting data;

6. a description of human and animal subjects;

7. evaluation method(s) to be used to measure progress in achieving objectives and a plan for monitoring the overall project;

8. a description of facilities, equipment and other resources to be used in the research, along with methods of use; and

9. a description of how the research grant would enable the applicant to pursue research that differs from the applicant's ongoing research, if any.

10. if cell lines or samples generated or if portions of research are conducted in another researcher's laboratory, then a letter of collaboration must be included in the Appendix.
Project Title ____________________________________________________________
Principal Investigator __________________________________________________
Institution ________________________________ Funding Request ________________
Please address the items listed on the back of this form.
Instructions
LITERATURE CITED

Literature Cited references the sources of research literature for the project. Using the form provided, submit a complete list of citations including titles and all authors.

Limit the submission to two single-spaced pages.
FORM E
ASSURANCES FOR HUMAN PARTICIPANTS AND ANIMAL SUBJECTS

Project Title

Principal Investigator

Institution

Funding Request

Please check the appropriate box. If institutional assurances were sought fill in the certifying body information.

9 Does not apply because the proposed research will not make use of human participants or animal subjects, tissues or fluid samples.

9 Institutional assurances for human participants or animal subjects, tissues or fluid samples are enclosed.

Attach copy of approval, exempt or pending certification

Human participants

Institution certifying body

Chair

Title

Address

Date Applied

Approval 9 Yes 9 No  Exemption 9 Yes 9 No  Pending 9 Yes 9 No

Animal subjects

Institution certifying body

Chair

Title

Address

Date Applied

Approval 9 Yes 9 No  Exemption 9 Yes 9 No  Pending 9 Yes 9 No
FORM E1
HUMAN PARTICIPANTS

Project Title __________________________________________
Fellowship Candidate ___________________________ Project Supervisor ________________
Institution __________________________________________

Please follow the instructions on the back of this form.

9 Does not apply because the proposed research will not make use of human participants or human tissue/fluid samples.

If the proposed research will make use of human participants, then please address the 7 points listed on the back of this form numbering 1 through 7.
Instructions

HUMAN PARTICIPANTS

1. Provide a detailed description of the proposed involvement of human participants in the work outlined in the Research Plan.

2. Describe the characteristics of the subject population, including its anticipated number, age range, and health status. Also explain the rationale for the involvement of special classes of subjects, if any, such as fetuses, pregnant women, children, prisoners, other institutionalized individuals, or others who are likely to be vulnerable. Applications without such documentation are ineligible for funding and will not be evaluated.

3. Identify the sources of the research material obtained from the individually identifiable living human participants in the form of specimens, records or data. Indicate whether the material or data will be obtained specifically for research purposes and whether other use will be made of existing specimens, records or data.

4. Describe the plans for recruiting participants and the consent procedures to be followed, including the circumstances under which consent will be sought and obtained, who will seek it; the nature of the information to be provided to the prospective participants; and the method of documenting consent. State if the IRB has authorized modification or waiver of the elements of consent or the requirement for documentation of consent.

5. Describe any potential risks (physical, psychological, social, legal or other) and assess their likelihood and seriousness. Where appropriate, describe the alternative treatments and procedures that might be advantageous to the subjects.

6. Describe the procedures for protecting against, or minimizing, any potential risks (including risks to confidentiality), and assess the likely effectiveness. Where appropriated, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects on the participants. Also, where appropriate, describe the provision for monitoring the data collected to ensure safety of participants.

7. Discuss why the risks are reasonable in relation to the anticipated benefits to participants, and in relation to the importance of the knowledge that may be reasonably expected to result.

Documentation of Assurances for Human Participants

Include official documentation of the approval by the IRB of your institution showing the project title, the principal investigator and the inclusive approval dates; do not include supporting protocols.
Fellowship Candidate ___________________ Project Supervisor ___________________
Institution ____________________________________________

Please follow the instructions on the back of this form.

9 Does not apply because the proposed research will not make use of animal subjects or animal tissue/fluid samples.

If the proposed research will make use of animal subjects, then please address the 5 points listed on the back of this form numbering 1 through 5.
Instructions

ANIMAL SUBJECTS

1. Provide a detailed description of the proposed use of the animals in the work outlined in the Research Plan. Identify the species, strains, ages, sex, and numbers of animals to be used in the proposed work.

2. Justify the use of animals, the choice of species and the numbers used.

3. Provide information on the veterinary care of the animals involved.

4. Describe the procedures for ensuring the discomfort, distress, pain, and injury will be limited to that which is unavoidable in the conduct of scientifically sound research. Describe the use of analgesic and tranquilizing drugs and/or comfortable restraining devices, where appropriate, to minimize discomfort, distress, pain and injury.

5. Describe any method of euthanasia to be used and the reasons for its selection. State whether this method is consistent with the recommendation of the Panel on Euthanasia of the American Veterinary Medical Association. If it is not, present a justification for not following the recommendations.

Documentation of Assurances for Animal Subjects

Include official documentation of the institutional review committee approval showing the title of this application, the principal investigator and the inclusive approval dates; do not include supporting protocols.
**FORM F1**  
**KEY PERSONNEL**

**Project Title**  
_____________________________________________________________________

**Principal Investigator**  
_____________________________________________________________________

Please follow instructions on the back of this form.

<table>
<thead>
<tr>
<th>Name, Degree(s)</th>
<th>Position Title, Department, &amp; Affiliation</th>
<th>Project Role</th>
</tr>
</thead>
</table>
Instructions
KEY PERSONNEL

List the individuals, **including collaborators and consultants**, who will have significant intellectual input into the scientific development and execution of the project, regardless of whether they will be paid with the funds from this grant.

Collaborators and consultants need to submit a letter of support and complete a Biographical Sketch.

**A Biographical Sketch should be completed for each person listed.**
FORM F2

BIOGRAPHICAL SKETCH

Project Title ____________________________________________________
Principal Investigator ____________________________________________
Please follow the instructions on the back of this form.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
<th>ROLE IN PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

EDUCATION: Begin with baccalaureate and end with the most recent, including postdoctoral training.

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE</th>
<th>YEAR</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

RESEARCH AND PROFESSIONAL EXPERIENCE: In chronological order list: 1) All professional licenses and certifications include, title, issuing body and expiration date. 2) All professional positions include, title, organization and term of appointment. 3) Complete citations of all publications in the past three years and earlier pertinent publications. List all authors in order. If investigator published under another name, underline that name.

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
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</tbody>
</table>
**ACTIVE AND PENDING RESEARCH:** In chronological order list any active and pending research include a) the funding agency, b) the grant title, c) the role of applicant and d) a description of any overlap that occurs with respect to the proposed project.

<table>
<thead>
<tr>
<th>Funding Agency</th>
<th>Grant Title</th>
<th>Role of Applicant</th>
<th>Description of Overlap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Instructions**

**BIOGRAPHICAL SKETCH**

Please include a Biographical Sketch of all professional staff beginning with the principal investigator and all other key personnel. Include educational qualifications, research and professional experience, a list of publications within the preceding five years and a list of any active and pending research. Include abstracts of active and pending research where the applicant is the primary investigator in the Appendix.

*Limit each biographical sketch to the space provided on front and back of this form.* Do not send reprints or manuscripts as part of this form.
FORM G1
DESCRIPTION OF INSTITUTIONAL ENVIRONMENT

Project Title ________________________________________________________________
Principal Investigator ________________________________________________________
Institution __________________________ Funding Request _________________________

Please follow the instructions on the back of this form.
Instructions
DESCRIPTION OF INSTITUTIONAL ENVIRONMENT

The sponsoring institution must document a strong, well-established research program related to prostate cancer, including the names of key faculty members relevant to the proposed project. Describe opportunities for intellectual interactions with other investigators, including courses offered, journal clubs, seminars and presentations.

Limit the statement to one single-spaced page.
INSTITUTIONAL COMMITMENT TO CANDIDATE’S RESEARCH

Project Title

Principal Investigator

Institution ___________________________  Funding Request ______________________

Please follow the instructions on the back of this form.
Instructions

INSTITUTIONAL COMMITMENT TO CANDIDATE’S RESEARCH

The institutional commitment should document the agreement of the institution to provide adequate time and support for the candidate to devote nearly full time to research for the entire period of the proposed award. The institution should provide the equipment, facilities, and resources necessary for the fellowship project. It is essential to document the institution's commitment to the retention, development, and advancement of the candidate during the period of the award.

The institutional commitment must be dated and bear the signature of the head of the organizational unit who is authorized to commit the institution to the assurances listed above. The signature must appear over the signer's name and title at the end of the statement.

Limit the statement to one single-spaced page.
ALLOWABLE COSTS FOR REIMBURSEMENT UNDER OHPm GRANT AGREEMENT

To be reimbursed under IDPH/OHPm 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 agency.
b. Be authorized or not prohibited under federal, state or local laws or regulations.
c. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.
d. Be accorded consistent treatment through application of generally accepted accounting principles appropriate to the circumstances.
e. Not be allocable to or included as a cost of any state or federally financed program in either the current or a prior period.
f. Be net of all applicable credits.
g. Be specifically identified with the provision of a direct service or program activity.
h. Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds.

Examples of allowable costs 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 employee’s; examples include FICA (social security), life/health insurance, Workers Compensation insurance, Unemployment insurance and pension/retirement benefits.

Contractual Services:
Conference registration fees
Contractual employees (require 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.

Allocation of the applicable portion of the following costs are allowable only if approved by the program and the allocation methodology is approved as part of the application process.

Rent or lease space or facilities
Utility costs
Insurance
Copy machine rental or lease
Costs of improvements to real property

Travel:
Mileage (at state rate unless specifically noted otherwise)
Airline or rail transportation expenses
Lodging
Per diem and meal costs
Operation costs of agency owned vehicles

Commodities (Supplies):
Office supplies
Medical supplies
Educational and instructional materials and supplies, including booklets and reprinted pamphlets
Equipment items costing less that $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

Unallowable costs include, but are not limited to:
Indirect cost plan allocations
Bad debts
Contingencies or provisions for unforeseen events
Contributions and donations
Entertainment, alcoholic beverages, gratuities
Fines and Penalties
Interest and financial costs
Legislative and lobbying expenses
Real Property payments and purchases
## BUDGET SUMMARY

<table>
<thead>
<tr>
<th>LINE ITEM (Category)</th>
<th>Total for the Program</th>
<th>SOURCES OF FUNDS</th>
<th>IDPH Components (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Applicant and Other</td>
<td>Requested from IDPH</td>
</tr>
<tr>
<td>Personal Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL, Direct Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SOURCES OF FUNDS - Applicant and Other Sources

<table>
<thead>
<tr>
<th>Required Match</th>
<th>Other Support</th>
<th>Total</th>
</tr>
</thead>
</table>

**TOTAL, Applicant and Other Sources**
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.
### BUDGET SECTION, Personal Services

**APPLICANT AGENCY:** ____________________________  **TIN:** ________________  
**PROGRAM:** ____________________________  **FOR THE PERIOD:** ________________  **THROUGH** ________________

<table>
<thead>
<tr>
<th>PERSONAL SERVICES, Subtotal</th>
<th>Sources of Funds</th>
<th>IDPH Components (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Applicant and Other</td>
<td>Requested from IDPH</td>
</tr>
</tbody>
</table>

**PERSONAL SERVICES**  
(Position title and Name of Incumbent)  
Monthly Salary  
Number of Months Budgeted  
Percent of time on Program  
Total for the Program

**FRINGE BENEFITS**  
(Rate: _____ %) Components and rates must be itemized in budget justification section.

**PERSONAL SERVICES AND FRINGE TOTAL**
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

Program Coordinator - 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:

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

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.
<table>
<thead>
<tr>
<th>CONTRACTUAL SERVICES (Itemize)</th>
<th>SOURCES OF FUNDS</th>
<th>IDPH Components (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for the Program</td>
<td>Applicant and Other</td>
<td>Requested from IDPH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL, Contractual Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

USE ADDITIONAL SHEETS IF NECESSARY
List the costs directly attributable to the program estimated to be incurred during the period covered by this application. Examples of Contractual Services include conference registration fees; repair and maintenance of furniture and equipment; 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.
## Supplies (Itemize)

<table>
<thead>
<tr>
<th>Total for the Program</th>
<th>Applicant and Other</th>
<th>Requested from IDPH</th>
<th>IDPH Components (specify)</th>
</tr>
</thead>
</table>

**TOTAL, Supplies**

## Travel (Itemize)

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Total for the Program</th>
<th>Applicant and Other</th>
<th>Requested from IDPH</th>
<th>IDPH Components (specify)</th>
</tr>
</thead>
</table>

- Mileage (Rate per mile: $_____)
- Lodging
- Meals/Per Diem
- Commercial Transportation
- Other:

**TOTAL, Travel**
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 ____________

<table>
<thead>
<tr>
<th>EQUIPMENT (Itemize)</th>
<th>SOURCES OF FUNDS</th>
<th>IDPH Components (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total for the Program</td>
<td>Applicant and Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

TOTAL, Equipment

<table>
<thead>
<tr>
<th>PATIENT CARE (Itemize)</th>
<th>SOURCES OF FUNDS</th>
<th>IDPH Components (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total for the Program</td>
<td>Applicant and Other</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

TOTAL, Patient Care

USE ADDITIONAL SHEETS IF NECESSARY
INSTRUCTIONS
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

List those patient care services necessary to the program which the applicant agency cannot provide through its own resources and which will be purchased from other agencies or individuals.

Patient Care includes laboratory tests or other diagnostic procedures; and transportation of patients or clients, including accompanying parents or guardians (or other escort).

Patient Care also includes services which applicant agency will provide and be paid an established fee-for-service.
<table>
<thead>
<tr>
<th>Fringe Benefits -</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA (Social Security)</td>
<td>_____%</td>
</tr>
<tr>
<td>Pension/Retirement</td>
<td>_____%</td>
</tr>
<tr>
<td>Group Health Insurance</td>
<td>_____%</td>
</tr>
<tr>
<td>Group Life Insurance</td>
<td>_____%</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>_____%</td>
</tr>
<tr>
<td>Workmen's Compensation</td>
<td>_____%</td>
</tr>
<tr>
<td>Other:</td>
<td>_____%</td>
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<td></td>
<td>_____%</td>
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<td></td>
<td>_____%</td>
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<tr>
<td></td>
<td>_____%</td>
</tr>
</tbody>
</table>

TOTAL, Fringe Benefits Rate  _____% 

Other Budget Justification -
