**REDUCING RACIAL AND ETHNIC HEALTH DISPARITIES   
CLOSING THE GAP GRANT PROGRAM (CTG)**

REQUEST FOR APPLICATIONS

RFA #: 17-007

**APPLICATION GUIDELINES**

**FY 2018-2019**

**Florida Department of Health**

**Office of Minority Health and Health Equity**

**Pre-conference Call**

(888) 670-3525

Conference Code: 2826467798 then press #

**Application Deadline:**

February 16, 2018

**Letter of Intent with Area of Intervention** must be emailed to: [OMH-CTGDatabase@flhealth.gov](mailto:OMH-CTGDatabase@flhealth.gov) by 5:00p.m. EST January 19, 2018

INSERT AREA OF INTERVENTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Authorized under Sections 381.7351-381.7356, Florida Statutes*

***Disclaimer – NOTE:*** *The receipt of applications in response to this grant opportunity does not imply or guarantee that any one or all qualified applicants will be awarded a grant from the Florida Department of Health.*

***This grant opportunity is not subject to Section 120.57 (3) Florida Statutes.***

**FUNDING ANNOUNCEMENT**

The Florida Department of Health, Office of Minority Health and Health Equity, announces the availability of FY 2018-2019 funds for the Minority Health Initiative: CTG grant program to eliminate racial and ethnic health disparities and improve minority health outcomes.

**Purpose:**

The CTG Grant Program seeks to promote the improvement of minority health outcomes and the elimination of health disparities through the development of closely coordinated community-based and neighborhood-based projects.

**Eligibility:**  Any person, entity, or organization within a county may apply for a CTG grant and may serve as the lead agency to administer and coordinate project activities within the counties and develop community partnerships necessary to implement the grant, pursuant to section 381.7354 (1), (2), (3), (4), Florida Statues.

**Estimated Funds Available:** Approximately $3 million, subject to the general revenue appropriations of the 2018 Florida Legislature.

**Anticipated Number of Awards:** Subject to the availability of funds per Legislative Appropriation.

**Range of Awards:** The amount of award per applicant may vary. Themaximum award per applicant is $200,000. Budgets must be justified by proposal activities.

**Type of Award**: Grant

**Budget Period**: Twelve Months

**Program Period**: July 01, 2018- June 30, 2019

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**TIMELINE**

|  |  |  |
| --- | --- | --- |
| **Schedule** | **Due Date** | **Information** |
| RFA Released and advertised | January 5, 2018 | <http://www.myflorida.com/apps/vbs/vbs_www.main_menu>  <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>  <http://www.floridahealth.gov/programs-and-services/minority-health/closing-the-gap.html> |
| Pre-Application Conference Call | January 12, 2018  3:00 pm. EDT | Call number: (888) 670-3525  Conference Code: 2826467798 then press # |
| Letter of Intent Due to OMHHE | January 19, 2018  By **5:00 p.m. EDT** | Letter of Intent must be submitted electronically to:  [OMH-CTGDatabase@flhealth.gov](mailto:OMH-CTGDatabase@flhealth.gov) |
| Submission of Written Questions | January 23, 2018  by **5:00 p.m. EDT** | All questions must be submitted electronically to:  [OMH-CTGDatabase@flhealth.gov](mailto:OMH-CTGDatabase@flhealth.gov) |
| Answers to Questions Posted (anticipated date) | January 31, 2018 | Posted electronically via  <http://www.myflorida.com/apps/vbs/vbs_www.main_menu>  <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>  <http://www.floridahealth.gov/programs-and-services/minority-health/closing-the-gap.html> |
| Applications Due  (No fax, or delivered copies of applications accepted) | February 16, 2018  by **5:00 PM EDT** | Applications must be submitted to:  Office of Contracts  4052 Bald Cypress Way, Bin B-08  Tallahassee Florida, 32399 |
| Anticipated Evaluation of Grant Applications | March 9, 2018 | Evaluation of Grant Application |
| Anticipated Department Review of Funding Recommendations | March 30 - April 6, 2018 |  |
| Anticipated Contract Negotiations | April 13 – April 30, 2018 | Negotiations with potential awardees |
| Anticipated Awardee Meeting | May 30 – June 1, 2018 | Provider Orientation |
| Anticipated Posting of Intent to Award | June 1, 2018 | Posted electronically via  <http://www.myflorida.com/apps/vbs/vbs_www.main_menu>  <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>  <http://www.floridahealth.gov/programs-and-services/minority-health/closing-the-gap.html> |
| Anticipated Grant Start Date | July 01, 2018 |  |

**It is the applicants’ responsibility to regularly check the Vendor Bid System.**

**DEFINITIONS**

1. **Applicant:** Entity applying for funding.
2. **Awardee:** Successful Applicant
3. **Contract Manager:** A Department of Health employee designated to be responsible for enforcing the performance of contract terms and conditions and serving as a liaison with the provider for each contractual service contract, pursuant to section 287.057(14), Florida Statutes.
4. **Florida** **CHARTS:** The Community Health Assessment Resource Tool Set (CHARTS) maintained by the Department of Health that contains population estimates and health statistics including births, deaths, disease prevalence and morbidity, and behavioral risk and protective factors. County & State Profile Reports, including Chronic Disease and Minority Health Profiles, are available from this page: [www.flhealthcharts.com/charts/QASpecial.aspx](file:///C:\Users\SmithCL1\Desktop\RFA\www.flhealthcharts.com\charts\QASpecial.aspx)
5. **Department:** The Florida Department of Health (DOH).
6. **Grant Application:** An application submitted by an entity to the Department in response to a Request for Application (RFA) for funding a project.
7. **Grants:** Financial assistance transferred, pursuant to written agreements between federal or state agencies and recipients, to carry out a public purpose.
8. **Office of Minority Health and Health Equity (****OMHHE):** The organizational unit within the Department which processes grant awards to applicants.
9. **Evidence-based Public Health Practice:** The integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve.**[[1]](#endnote-2)**

**Program Specific Definitions**

1. **Community:** A body of people living in the same locality or having a common language or interest or populations living and interacting with one another in a particular environment.
2. **Determinants of Health**: The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health.9
3. **Diversity:** The condition of having or being composed of differing elements, especially, the inclusion of different types of people (as people of different races or cultures) in a group or organization.**[[2]](#endnote-3)**
4. **Focal Priority population:** The racial/ethnic group identified by an applicant in its RFA application.
5. **Front Porch Communities:** The Front Porch Florida Initiative encourages revitalization efforts in some of the state’s most distressed communities through the award of competitive grants to fund projects proposed by the community. Five communities have been designated as Front Porch Florida communities. In general, Front Porch funding has been used for economic development, beautification, revitalization, technical assistance, community training, and youth development.
6. **Health Disparities:** A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographical location; or other characteristics historically linked to discrimination or exclusion.**[[3]](#endnote-4)**
7. **Health Equity:** Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.**[[4]](#endnote-5)**
8. **Health in All Policies (HiAP):** Health in All Policies is a collaborative approach that integrates and articulates health considerations into policymaking across sectors, and all levels, to improve the health of all communities and people.**”** University Programs. The educational, research, and service programs of the Provider will be enhanced because of opportunities for students, staff, and faculty to participate in educational, service, and administrative responsibilities through the cooperative efforts of the Provider and the Department
9. **Health Outcomes:** Change in the health status of an individual, group, or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.
10. **National Minority Health Month (April):** During National Minority Health Month, led by the Office of Minority Health at the U. S. Department of Health and Human Services, health and health equity partners and stakeholders are encouraged to work across public and private sectors to collaborate on initiatives to reduce disparities, advance equity, and strengthen the health and well-being of all Americans.**[[5]](#endnote-6)**
11. **Minority Racial and Ethnic Populations:** Blacks or African Americans, Hispanics Latinos, Native Americans, Asian/Pacific Islanders (Sections 760.80(2) and 288.703(4), Florida Statutes).
12. **Priority Health Area:** The nine health areas identified in the statute for concentration of the CTG grants. These include cancer, cardiovascular disease, diabetes, HIV/AIDS, adult & child immunizations, maternal and infant mortality, oral health, sickle cell disease, and social determinants of health.
13. **Reducing Racial and Ethnic Health Disparities Closing the Gap (CTG) Grant Program:** Program promoting coordinated efforts to reduce and ultimately eliminate racial and ethnic health disparities in Florida.
14. **Service Area:** The area in which the Applicant’s services will be made available.
15. **Social Determinants of Health:** “The Social Determinants of Health are the conditions in which people are born, grow, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces, including the physical environment, economics, social policies, resources, and politics.”**[[6]](#endnote-7)**
16. **Socioeconomic Status:** Socioeconomic status is a measure of the relative influence wielded by an individual, family, or group as a result of their income, education, and occupation. Socioeconomic status is linked to a wide range of health problems, including low birth weight, cardiovascular disease, hypertension, arthritis, diabetes, and cancer.**[[7]](#endnote-8)**
17. **Underinsured Populations:** The underinsured have health insurance but face significant cost sharing or limits on benefits that may affect its usefulness in accessing or paying for needed health services.**[[8]](#endnote-9)**
18. **Vulnerable Populations**: Populations who are at greater risk of experiencing poor health outcomes due to social and economic factors such as place of residence, income, current health status, age, race/ethnicity and distribution of wealth and resources.

**SECTION 1.0 PROGRAM OVERVIEW**

## Overview of CTG

The Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program promotes coordinated efforts to reduce and ultimately eliminate racial and ethnic health disparities in Florida. The CTG program provides grants to stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of Florida’s racial and ethnic populations within Florida counties and Front Porch Florida Communities. Further, the CTG program aims to foster the development of coordinated, collaborative, and broad-based participation by entities, either public and private, and faith-based organizations.

**CTG funding will be allocated to the below Priority Health Areas:**

* Cancer
* Cardiovascular disease
* Diabetes
* Adult and Child Immunizations
* HIV/AIDS
* Maternal and Infant Mortality
* Oral Healthcare
* Sickle Cell Disease
* Social Determinant of Health
  1. **Program Authority**

The CTG grant program is authorized under sections 381.7351 through 381.7356, Florida Statutes.

* 1. **Statement of Purpose**

1. This RFA seeks applications from entities that will improve health outcomes of minority racial and ethnic populations by proposing evidence-based disease prevention and intervention strategies, by creating sustainable partnerships, and by mobilizing communities to support long-term social change. All activities and services proposed must be evidenced-based, delivered in a culturally and linguistically appropriate manner, and include diverse populations, including persons with disabilities. Proposed strategies must address disparities in at least one of the nine priority areas, outlined in Section 381.7355, Florida Statutes.
2. Grants will be awarded to projects with strategies designed to:
   1. Address the physical and social determinants of health, particularly as it relates to evidence-based prevention, intervention, and local policy initiatives demonstrated to improve health outcomes.
3. Address evidence-based interventions proven to:
4. Increase the percentage of minority children and adults who are at a healthy weight.
5. Reduce the non-white infant mortality rate.
6. Decrease the percentage of HIV-infected people in minority groups.
7. Increase the number of minorities who have access to and are receiving culturally and linguistically appropriate prevention, care and treatment services.
8. Increase access to resources that promote healthy behaviors.
9. Promote chronic disease self-management education.
10. Promote early detection and screening for chronic diseases such as cancer, heart disease and diabetes.
11. Increase immunization rates among adults, particularly among people over the age of 65.
12. Decrease racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease (Section 381.7355, Florida Statutes).
    1. **Funding Period**

The term of any contract resulting from this RFA will be for a period of twelve months beginning July 01, 2018 and ending June 30, 2019.

* 1. **Grant Renewals**

Any contracts resulting from this solicitation may be renewed. Contracts may be renewed for a period that may not exceed three years or the term of the original Contract, whichever is longer. Renewals must be in writing, subject to the same terms and conditions set forth in the initial Contract and any written amendments signed by the parties. Renewals are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds. The renewal may not include any compensation for costs associated with the renewal.

## Eligible Applicants

A CTG program grant may be awarded to any person, entity, or organization within a Florida county. Persons, entities, or organizations within adjoining counties, with populations of less than 100,000, based on the annual estimates produced by the Population Program of the University of Florida Bureau of Economic and Business Research (<https://www.bebr.ufl.edu/population>) may submit multi-county proposals if the populations served are representative of those to benefit from the activities of this RFA. The proposal must clearly identify a single lead agency and any subcontractors with respect to program accountability and administration. The populations of a multi-county proposal will be combined for determining match obligations as indicated in section 1.7 Matching Funds Requirement.

* 1. **Matching Funds Requirement**

* 1. CTG program grants will be awarded on a matching basis. The funds must be matched at a ratio of one dollar from in local (non-state) funds for every three dollars of grant funds provided by the CTG program grant except:

1. In counties with populations greater than 50,000, up to 50 percent of the local (non-state) matching may be in the form of free services or human resources.
2. In counties with populations of 50,000 or less, local (non-state) matching may be provided entirely through in-kind contributions. Multi-county proposal populations will be combined to determine total population and match obligation.
3. CTG awards to Front Porch Florida Communities or organizations providing services in Front Porch Communities do not have a matching funds requirement. A list of Front Porch Communities is attached to this RFA as **Attachment 3**. This match requirement exemption will only be applied to the portion of the applicant’s proposal servicing a Front Porch Community. Applicants must make a clear distinction of Front Porch Community activities in their proposal and budget.
   1. Within 10 days of notification of award, applicants must provide proof of an established account with funds specifically identified as match dollars for the CTG program. Verification must be in the form of a certified bank statement, or other Department approved documentation, and submitted by an individual authorized to do so on behalf of the applicant. Funding acquired to provide other services may not be used as cash match.
   2. **Performance–Based Funding Allocation**

Applicants can select multiple priority areas and focal priority populations. Applications and resulting contracts must indicate the priority areas covered, deliverables for each priority area, and the funding allocated for each.

For example:

|  |  |  |
| --- | --- | --- |
| **PRIORITY AREA** | **DELIVERABLE** | **% OF BUDGET** |
| Diabetes | Through local policy initiatives, increase in Florida County, the number of convenience stores offering fresh fruit and vegetables by 70%. | 50% |
| Oral Health | Increase, by 50%, the proportion of children and adolescents in Florida County, screened and referred for needed dental services such as sealants. | 50% |

* 1. **Notice and Disclaimer**

The CTG Grant program is governed by sections 381.7351 through 381.7356, Florida Statutes, “Reducing Racial and Ethnic Health Disparities: Closing the Gap Act” (the Act). Grant awards under the Act are not purchases of services or commodities governed by Chapter 287, Florida Statutes. Pursuant to the Act, by this publication the Department gives notice of the expected availability of funds and its application process to submit grant proposals. Grant awards, if any, will be determined by the Department in accordance with the Act, as described in this publication.

Grant awards will be determined by the Department at its sole discretion based on the availability of funds and the quality of the application. The Department reserves the right to offer grant awards for less than the amount requested by applicants as it deems is in the best interest of the State of Florida and the Department. The receipt of proposals in response to this publication does not imply or guarantee that any one or all proposals will be awarded a grant. **Additionally, the** **Department reserves the right to negotiate services and funding with applicants prior to the final offer of the grant award.** See the timeline for when these negotiations will take place.

**SECTION 2.0 TERMS AND CONDITIONS OF GRANT**

**2.1 Grant Requirements**

1. The Department will use a fixed price for communities and faith based organizations and a cost reimbursement method of payment for Government Agencies and Universities.
2. The Department reserves the right to reject any and all applications.
3. Awardees will be required to attend CTG program trainings and workshops sponsored by OMHHE. Applicants’ traveling to required meetings who fail to attend sessions or workshops will not be reimbursed for travel expenditures. Failure to attend the sessions will result in financial consequences as specified in resulting contract.
4. The provision of medical or clinical services **are not** permitted with this funding.
5. Within 10 days of award notification, applicants will be required to submit a copy of current W-9; copy of liability insurance, copy of lease agreement, proof of match account, and a letter of credit from a bank or certified statement from a financial institution indicating the availability of credit or cash to sustain the project for at least three months.
6. Subcontracts and consultants are allowed under this contract. However, they are accountable to the applicant for the management of any funds received. Applicants **may not sub-contract** **any** of the proposed services without prior written approval from the Contract Manager. Applicants must demonstrate to OMHHE the procurement method used to secure all sub-contracts and consultant agreements. Consultant and sub-contract agreements will be restricted to no more than **15%** of the total final award. Proposed sub-contracts will be identified in the applicant’s proposal.
   1. **Use of Grant Funds**
7. Allowable and Unallowable Costs: Grant funds may be expended on allowable expenditures only. Allowable and unallowable expenditures are defined by applicable federal or state law and are specified in “Reference Guide for State Expenditures” found at: <http://www.myfloridacfo.com/aadir/reference_guide/>
8. Administrative or Indirect costs of up to 10% of salary and fringe-benefits are allowed under this grant award. All indirect costs must be justified and not be a duplication of identified direct costs.
9. To support program outcomes identified in this RFA and upon approval by the Department; grant funds may be used for personnel, fringe benefits, travel, rent, telephone, utilities, supplies, contractual, advertising, print or educational materials, maintenance, and copying. With the exception for cooking demonstrations, the purchase of food is **not allowed** with grant funds provided under this RFA.

**2.3 Method of Payment**

The Department will use a fixed price for communities and faith based organizations and a cost reimbursement method of payment for government agencies and state universities.

**2.4 Invoicing and Payment of Invoices**

* 1. The Department will reimburse for allowable expenditures incurred pursuant to the terms of the contract for a total dollar amount not to exceed the awarded amount, subject to the availability of funds.
  2. Reimbursement will be made for travel expenses for up to two staff members to attend the **mandatory** CTG workshops. This expenditure must be reflected in the budget proposal.
  3. Payment will be made upon the receipt, review, and approval of deliverables and a properly completed invoice. Invoices must be submitted and received (not postmarked) **within 15 days** following the end of the month for which reimbursement is being requested. Invoices must be supported with appropriate documentation and reports. Late invoices will be subject to financial consequences as outlined in final grant award.
  4. Applicants must maintain records documenting the total number of participants and names, or unique identifiers, of individuals who benefit from project activities and the dates on which activities were conducted so that an audit trail is available.

**2.5 Evaluation of Applications**

Each application will be evaluated and scored based on the criteria identified in **Section 5**. Evaluation sheets will be used by the Review Committee to designate the point value assigned to each application. The scores of each member of the Review Committee will be averaged with the scores of the other members to determine the final score. **Grants will be awarded based on the available funding and the application’s final score. The final award amount will be determined through negotiation.**

## 2.6 Required Program Reports

Funded projects must utilize a data collection method as directed by OMHHE and included in the final award. The applicant must submit reports to OMHHE on a monthly basis. These reports include monthly invoices, expenditure reports, progress reports, and a data collection tool provided by OMHHE.

## 2.7 Programmatic Specifications

Applicants serving clients are required to serve unduplicated clients over the course of the project period. Tasks to be performed will be developed based on the application submitted and negotiations between OMHHE and the applicant. Applicants must demonstrate the ability to initiate activities immediately upon execution of a contract. The applicant will not perform any tasks related to the project other than those negotiated without the prior written consent of the Department. Each applicant will include its proposed staffing for professional, technical, administrative, clerical support, and direct service provision. Professionals must have current and valid licenses as required by law. The applicant must ensure that background screenings are conducted on all employees and volunteers as appropriate.

## SECTION 3.0 SUBMISSION OF APPLICATION

### 3.1 Cost of Preparation

Neither the Department nor the State of Florida is liable for any costs incurred by an applicant in responding to this RFA.

**3.2 Instructions for Submitting Applications**

Applications must be received no later than **5:00 p.m. (EDT)** on **February 16, 2018**.

Applications must be sent to:

CTG RFA #17-007 FY 2018-2019

Office of Contracts

4052 Bald Cypress Way, Bin B-08

Tallahassee Florida, 32399

**Applicants must submit by mail, carrier or certified mail; one original, three hardcopies and one (labeled) thumb drive to the Department at the above address. Applications sent by any other method will not be accepted.**

It is the responsibility of the applicant to assure its application is submitted at the place and time indicated in the Timeline.

Late applications will not be accepted under any circumstances.

Materials submitted will become property of the State of Florida. The state reserves the right to use any concepts or ideas contained in the application.

**3.3 Pre-Application Conference Call**

A pre-application conference call will be held at the date, time, and location indicated in the timeline. Prospective applicants are encouraged, but not required, to participate in the pre-application conference call. The purpose of the pre-application conference call is to answer questions prior to proposal submission. Any statements made at the pre-application conference call are advisory only and will in no way be considered as a change or modification to the contents of the RFA. Any questions regarding the requirements of this RFA or any apparent omissions or discrepancies should be presented to the Department in writing prior to, or during the pre-application conference call. The Department will determine the appropriate action necessary, if any, and may issue a written amendment to the RFA. Only those changes or modifications issued in writing and posted as an official amendment will constitute a change or modification to the RFA. **To access the teleconference, dial 1-888-670-3525 conference code 2826467798 then press #.**

**3.4 Applicants Written Questions**

Questions related to this RFA must be received in writing at the site identified by the date and time indicated in the Timeline. No questions will be accepted after the date and time indicated in the timeline. The questions may be sent by e-mail to: [OMH-CTGDatabase@flhealth.gov](mailto:OMH-CTGDatabase@flhealth.gov)

## SECTION 4.0 APPLICATION PREPARATION GUIDELINES

## 4.1 Application Content

Applications for funding must address all sections identified below in the order presented and in as much detail as requested. The provision of extraneous information should be avoided. Applicants must adhere to the page limits as identified below.

**4.2 Instructions for Formatting Applications**

Applicants should observe the following:

1. Word or PDF file format
2. Font Size: 12 point (Arial or Times New Roman)
3. Page Margin Size: One inch
4. Applicants are required to complete, sign, and return the “Cover Page” (**Attachment 1**) with the application. This should be the first page submitted as part of the application.
5. Project Narrative(Proposal):
   1. The Project Narrative should be single spaced
   2. The Project Narrative will not exceed the maximum number of pages for each section outlined in **Section 4.5** (if the narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed).
6. Budget:
   1. The budget information must be completed on **Attachment 5.**
   2. The budget narrative is limited to the number of pages outlined in **Section 4.5.7** and should adhere to the format in **Attachment 6** (if the budget narrative exceeds the page limit, only the first pages which are written within the page limit will be reviewed).
7. Number and label all pages; not to exceed the maximum number of pages where applicable.
8. Headers should identify each section and Footers should include: the name of the organization and page number.
9. All required forms and content should be submitted in one document in the order and format set forth in this RFA.

**4.3 Cover Page- One Page Limit**

Each copy of the application must include a signed Cover Page (**Attachment 1**) which contains the following:

1. RFA number;
2. Title of the application;
3. Legal name of the organization or individual (applicant’s legal name);
4. Applicant’s mailing address, including city, state and zip code;
5. Telephone number, fax number, and e-mail address of the person who can respond to inquiries regarding the application;
6. Applicant’s Federal Employer Identification (FEID) Number;
7. Total amount of grant requested;
8. Contact person for negotiations;
9. Name, title, and signature of the person authorized to submit the application on behalf of the applicant;
10. Type of applicant (i.e. Person, entity, organization);
11. County, or counties, to be served;
12. Priority Areas covered; and,
13. Brief project description

**4.4 Table of Contents-Two Page Limit**

The application must contain a table of contents with page numbers identifying major sections of the application.

**4.5 Project Narrative (Proposal) –Twenty-Four Page Limit**

The Project Narrative is limited to **24** singled spaced pages. The Appendices are limited to an additional ten pages. Applicants should provide sufficient details for reviewers to be able to assess the project narrative’s appropriateness and merit. Applicants should cover key aspects of the Statement of Need, Program Description, Evaluation Plan, and Budget. Awards of CTG program grants will be based on quantification of health outcome changes. Below is an example of how applicants should demonstrate measures and outcome evaluation.

|  |  |
| --- | --- |
| **Measures** | **Outcome Evaluation Questions** |
| Changes in policy | Have local policies been adopted or implemented that will affect health outcomes within the community? |
| Changes in knowledge, attitude, skills, and practices | Has the requisite change in knowledge, attitudes, habits, and skills needed for behavior change occurred? |
| Changes in behavior, behavioral adaptation | Has a new healthier behavior been adopted? |
| Changes in morbidity and mortality | Has a change in health status occurred (BMI, BP, glucose/HA1C levels)? |

**4.5.1 Organizational Overview– Two Page Limit**

* + 1. The organizational overview should identify the overall mission and purpose of the project and how it relates to the purpose of this RFA. The organizational overview should also:

1. Identify the focal populations to be served, types of prevention and intervention activities offered, the area to be covered by the project, expected overall outcomes, and the applicant’s experience related to preventing and eliminating health disparities.
2. Demonstrate the organization’s capacity and ability to direct, perform, and complete the proposed activities including project management experience.
3. Demonstrate the organization’s background or experience establishing partnerships and connections with other organizations and how those connections interface with the applicant’s organization.
4. Indicate operating hours.
5. Indicate sustainability plans.

**4.5.2 Statement of Need– Two Page Limit**

1. The Statement of Need will be used to describe the need for the proposed project. Applicants must include in narrative form all the following information:
2. Demographic information about the focal population to be served in the proposed target county (or counties) under this project.
3. Justification for the need of funding to address health disparities in the targeted area, including strengths and challenges.
4. Impact of the problem on the identified target population.
5. Prevalence of health disparities that exist within the county or areas proposed.
6. Risk factors and other health or social indicators that contribute to the problem.
7. Previous and current efforts and outcomes undertaken to address minority health and health disparities including any collaborations with health entities, local governmental agencies, civic associations, and others that show experience with the identified problem and target population.
8. The sources of all data and statistics used to validate the need.
9. A comparison of data for the proposed project geographic area with statewide averages to demonstrate relative need for the project.
10. Sources of other funds currently received by the applicant to support proposed activities. Explain how the funding requested under this program will be used differently than the funding already received for the proposed activities.
11. Identify other health disparities programs operating in the county serving the same population proposed to be served under this project. Applicant should explain how it proposes to avoid duplication of existing services or how the proposed program will enhance or differ from services provided by existing programs.

**4.5.3 Program Description**

* 1. **Provision of Services - Four Page Limit:**

1. In narrative format explain how the project will address the needs as identified in the Statement of Need section (**section** **4.5.2**). Applicants must identify all of the following information:

Activities to be conducted as a result of this funding including the timeframes for implementation. Describe all strategies to be used for policy initiatives, prevention, intervention, education and outreach.

An explanation of how activities will be implemented and to whom. Include the intended focal population, the total number of unduplicated individuals that will benefit from each activity, the area/s served and/or locations and settings in which activities will commence. Be as specific as possible including descriptions, such as number and length of classes (e.g., ongoing or repeated, number of hours and sessions offered, number in each session or activity etc.).

Strategies to address potential barriers to the provision of the activities proposed.

A description of plans to collaborate with organizations and health care systems to conduct outreach, recruit for program activities and referral for follow-up services.

* + 1. Lists of intended outcomes or specific changes expected as a result of program activities.
    2. A description of activities, actions and strategies that will be undertaken to achieve Specific, Measurable, Achievable, Realistic, Timely **(SMART)** objectives including timelines with beginning and ending dates, and the persons responsible for each activity.
    3. The mechanism that will be used by the program to document and measure its progress toward meeting programmatic objectives and program effectiveness. Specific indicators and measures must be provided.
    4. The roles and responsibilities of other organizations involved with implementing the project.
    5. A description of how the program will be staffed, (e.g., paid staff and/or volunteers, consultants and subcontracts). Identify the number and type of positions needed, which positions will be full-time and which will be part-time, and qualifications proposed for each position, including type of experience and training required. Applicant must explain how staff and volunteers are recruited as well as how consultants and subcontractors are procured.
  1. **Evaluation Plan - Two Page Limit**

1. Awardees will evaluate the implementation and measure the outcomes of proposed activities. This will include monthly reporting on the strategies identified in proposed work plans. Evaluation activities may also include quantitative and qualitative assessments of service participation; yield from promotional, outreach, and recruitment efforts; and, where possible, increases in knowledge, intended behavior modification, or noted improvements in quality of life measures as a result of participation in the activities provided.
2. The evaluation plan must clearly articulate how the applicant will assess program activities. It is expected that evaluation activities will be initiated at the beginning of the program and conducted throughout the project period in order to capture and document actions and assess to program outcomes. The evaluation must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of minority health and the elimination of health disparities. The evaluation should identify the expected result (i.e., a particular impact or outcome) for each major objective and activity and discuss the potential for replication. The evaluation is an internal process and funds **may not** be authorized to secure an outside evaluator.
3. The Evaluation Plan will be evaluated against the following criteria:
4. Does the program evaluation plan include core evaluation questions both process and outcome specific, time-phased, measurable objectives, and indicators of progress?
5. Does the program evaluation plan include detailed information about data collection, analysis, and reporting?
6. Does the evaluation plan adequately speak to relevant standards for program evaluation planning, implementation, and the use of findings for program accountability and improvement?

**4.5.4 Project Management Plan – One Page Limit**

1. Outline, in narrative form, a detailed project management plan that defines how the project is executed, monitored, and controlled by the applicant. The objective of the project management plan is to define the approach to be used by the applicant to deliver the intended activities of the project. **See Attachment 8.**
2. **The Project Management Plan must outline how the applicant will handle any issues, including remedies, to be taken if project timeline changes occur.** Describe the contingency plan if the targeted monthly totals will not be reached; how resources will be redirected to successfully carry-out the proposed project; and how the applicant plans to sustain the program once grant funding ends**.**

**4.5.5 Collaboration- Three Page Limit**

* 1. The Collaboration section must describe the efforts to partner with other organizations within the local community to deliver the proposed project as described in the Program Description (**section 4.5.3**) for the benefit of the identified focal population. Collaboration may also be considered as a means of ensuring program sustainability once grant funding ends. Applicants must identify the following information in narrative form:

1. The collaborative process used to plan and implement the proposed project. Describe who will be involved, how these relationships will be maintained, the expected roles and responsibilities of each organization, and assurances that there is no duplication or overlap of services.
2. For each collaborative partner, describe their role, activities, and expected outcomes as a result of their input.
3. Evidence of collaborative partnerships. Documentation may be provided in the Appendix section of application.

**4.5.6 Workplan – Three Page Limit**

1. Applicants **must** submit a work plan listing the objectives for implementation of proposed activities, including activities which will be conducted to meet each objective each month, methods used to assess whether or not objectives are met, timeframe, and the individual responsible for carrying out each activity. All awardees will be expected to submit an updated work plan in the frequency specified in the resulting contract. A sample work plan template is provided below **(see** **Attachment 7).**

**4.5.7 Proposed Budget Summary and Budget Narrative**

1. The Proposed Budget Summary and Budget Narrative must provide a breakdown and explanation of all requested cost items that will be incurred by the proposed project as they relate to the Program Description. All proposed costs for the project activities described in this RFA are required to be presented in a line item budget format that is accompanied by a budget narrative that supports, justifies, and clarifies the various line items. Justification for all cost items, including cash match, contained in the Proposed Budget Summary must be described in a separate Budget Narrative, the format for which is contained in **Attachments 5 & 6**. Only cost allocations under the terms of the RFA and applicable federal and state cost principles may be included in the line item budget. All requested costs must be reasonable and necessary. Note: Points will be deducted for not using the budget form and lack of detailed narrative. **Administrative or Indirect costs** should be directly related to project activities and may not exceed 10% of the salary and fringe benefits.
2. **Budget Summary Sheet - One Page Limit**
   1. All cost contained in the Budget Summary must be directly related to the services and activities identified in the application. All cost must be presented in the format outlined in this RFA.
   2. Indicate the amount of match an organization or a partner agency will be providing for each budget category if there is a match of cash or in-kind services being committed to the project.
   3. The method of cost presentation will be a line item budget using the format found in **Attachments 5 & 6.**
3. **Budget Justification – Three Page Limit**
   1. Provide a brief justification for each budget line item. Applicants should demonstrate how the proposed expenditures relate to the activities in the work plan or how the proposed expenditures will improve progress towards project objectives in a narrative format.
   2. Include only expenses directly related to the project and necessary for program implementation using only the standard heading listed on the budget form.
   3. Provide a narrative description of the amount and sources of cash match. Provide similar information on other budget items under the appropriate headings. Participation in an annual CTG workshop is mandatory and must be included in your budget.

**4.6 Appendices for Application (All Applicants)**

1. Applications should contain the following appendices as applicable and all appendices must be clearly referenced and support elements of the narrative.
2. Include documentation and other supporting information in this section.
3. **Appendix A** ofthe application must include:
4. A table of organization or an organizational chart is required all applicants except individuals.
5. A current roster of the board of directors, including name, address and telephone numbers is required for all applicants except individuals.
6. **Appendix B** of the application must include:
7. Proposed data collection instruments.
8. **Appendix C** of the application must include:
9. No more than a one-page verification of applicant’s official status (i.e., Community-Based Organization (CBO), 501(c)(3) etc.).
10. **Appendix D** of the application must include:
11. Letters from the County Health Departments (CHDs) of the counties in which services will be provided outlining any partnerships, referral agreements, and collaborations on the CHD’s Community’s Health Improvement Plan (CHIP). Letters should be signed by the CHD Administrator, CHD Director, or a designee.
12. **Appendix E** of the application must include:
13. A letter from the Front Porch Florida Community, if applicable, detailing the cooperative partnership, services to be provided, and support for the proposed project.
14. **Appendix F** of the application must include:
15. Letters of agreement, support, or commitment from organizations where program activities will be implemented that details the collaborative partnerships. Letters with collaborative partners should identify their role and contribution to the project.

**4.7 Authorized Signatory**

The signature on the application must be that of an authorized official of the organization. An authorized official is an officer of the applicant’s organization who has legal authority to bind the organization to the provisions of the RFA and the subsequent grant award. This person is usually the President, Chairman of the Board, Chief Executive Officer, or Executive Director. If a person other than the President, Chairman of the Board, Chief Executive Officer, or Executive Director signs the application, a document establishing delegated authority must be included with the application. The authorized signature certifies that all information, facts, and figures are true and correct and that if awarded a grant, the agency will comply with the RFA; the contract; all applicable state and federal laws; regulations; grant terms and conditions; action transmittals; review guides; and other instructions and procedures for program compliance and fiscal control. The signatory is certifying that these funds will not be used to supplant other resources nor for any other purposes other than the funded program. The organization also agrees to comply with the terms and conditions of the Department as it relates to criminal background screening of the Chief Executive Officer, Executive Director, program director, direct-service staff, volunteers, and others as necessary**.**

## SECTION 5.0 EVALUATION OF APPLICATIONS

### 5.1 Receipt of Applications

Upon receipt, applications will be reviewed for compliance with the requirements in the RFA. Applications that are not complete or that do not conform to or address the criteria of the program will be considered non-responsive and **will not be evaluated.**

The Department will make every attempt not to award multiple grants covering the same priority area within the same county. However, this will be contingent upon the number and strength of the applications received. If multiple applications are received for one county, the Department will consider only the application with the best score that meets all other requirements stated in the RFA. If no application for a county meets the minimum criteria, none will be considered for an award.

Receipt confirmation will be sent for all received applications. Notification of incomplete application will be sent via email from the Contract Manager within 10 business days following the close of the RFA.

**5.2 Evaluation of Applications:** Applications should address or include the following:

1. Address lifestyle factors that contribute to disparate health outcomes; for example, increasing physical activity and improving nutrition.

2. Represent areas with the greatest documented racial and ethnic health disparities in the priority areas. Applicants can refer to Florida CHARTS for state and local data at [http://www.floridacharts.com/charts/default.aspx](http://www.floridacharts.com/charts/default.aspx%20)

3. Demonstrate broad-based local support and commitment from entities representing diverse minority racial and ethnic populations including indicators of support and commitment, agreements to participate in the program, letters of endorsement, letters of commitment, interagency agreements, or other forms of support.

4. Train healthcare providers in cultural, linguistic, and spiritual competencies (i.e. CLAS standards).

5. Collaborate with community and faith-based organizations representing diverse communities to obtain the help of trusted leaders and to better understand and address the concerns of their members.

6. Implement health equity-informed system- and community-driven approaches for eliminating public health disparities such as tobacco use, substance abuse, chronic conditions and low birth weight.

7. Demonstrate a high degree of participation by the health care community in clinical preventive service activities and community-based health promotion and disease prevention interventions.

8. Demonstrate partnerships with established coalitions focusing on promoting health improvement.

9. Incorporate documented evidence-based interventions to improve the population’s health status.

1. Demonstrate the likelihood that project activities will occur and continue in the absence of CTG funding.

**5.3 How Applications Are Scored**

Applications will be scored by Evaluators. Evaluators are chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by minority racial and ethnic minority populations in Florida. The scoring of proposals establishes a reference point from which to make negotiation decisions. It in no way implies that a contract will be awarded. The maximum points possible are 100. Scoring will be in the following categories up to the maximum points indicated for each category:

|  |  |  |
| --- | --- | --- |
|  | **Maximum Points Possible** | **Score/Comment** |
| 1. Statement of Need | 25 |  |
| 2. Provision of Services | 35 |  |
| 3. Evaluation Plan | 30 |  |
| 4. Budget Summary and Budget Narrative | 10 |  |
|  |  |  |

TOTAL POSSIBLE SCORE 100 \_\_\_\_\_

### SECTION 6.0 GRANT AWARDS

### 6.1 Posting of Awards

Awards will be posted at:

<http://www.myflorida.com/apps/vbs/vbs_www.main_menu>

<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>

<http://www.floridahealth.gov/programs-and-services/minority-health/closing-the-gap.html>

**Vendor Registration**

Each vendor doing business with the State for the sale of commodities or contractual services as defined in Section 287.012. Florida Statutes, will register in the MyFloridaMarketPlace system, unless exempted under subsection 60A-1.030(3), Florida Administrative Code. Also, an agency will not enter into an agreement for the sale of commodities or contractual services as defined in Section 287.012 Florida Statutes, with any vendor not registered in the MyFloridaMarketplace system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace system will do so within 5 days after posting of intent to award. Information about registration is available, and registration may be completed, on the MyFloridaMarketPlace website

[http://www.dms.myflorida.com/business\_operations/state\_purchasing/vendort \_resources](http://www.dms.myflorida.com/business_operations/state_purchasing/vendort%20_resources)

Those lacking internet access may request assistance from the MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, Florida 32399.

**ATTACHMENT 1**

**COVER PAGE**

**FLORIDA DEPARTMENT OF HEALTH**

**OFFICE OF MINORITY HEALTH AND HEALTH EQUITY**

**REDUCING RACIAL & ETHNIC HEALTH DISPARITIES:**

**CLOSING THE GAP**

**RFA #**

|  |  |
| --- | --- |
| **Title of Application** |  |
| **Legal Name of Applicant** |  |
| **Applicant Mailing Address** |  |
| **City, State, Zip:** |  |
| **Telephone Number (including area code)** |  |
| **Fax** |  |
| **Email Address:** |  |
| **Applicant FEID:** |  |
| **Total Amount of Funding Requested:** |  |
| **Contact Person for Negotiations:** |  |
| **Name of Authorized Official:** |  |
| **Title of Authorized Official:** |  |
| **Signature of Authorized Official:** |  |
| By signing above, you are attesting that:  TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | |
| **Type of applicant** | Community Based Organization (CBO)  County Health Department  For Profit  Front Porch Community  Individual  Faith Based  Other (specify) |
| **County(s) Served** |  |
| **Priority Area(s) Covered:** | Immunization  HIV/AIDS  Oral Health  Cancer  Diabetes  Maternal & Infant Mortality  Cardiovascular Disease  Sickle Cell Disease  Social Determinant of Health |

**ATTACHMENT 2**

**SMART Objective Hints**

State the objectives in measurable terms and include a realistic time frame for achievement. To further enhance the performance measurement, OMHHE is requiring that objectives be Specific, Measurable, Achievable, Realistic and Timely (*“SMART”*). This will assist the Department in evaluating whether objectives that are being set are effective and appropriate for the project.

* 1. A specific objective is concrete, detailed, focused, and well defined. The objective should communicate what the applicant would like to see happen and emphasize the action and outcome.
  2. Measurable terms include both baseline numbers from the start of the project and outcome numbers expected at the end of the project for each major component.
  3. An objective is only achievable when it is also measurable and limitations have been assessed.
  4. An objective when it discusses who, what, when, where, and how. This is where human capital, resources, time, money and opportunity intersect. Specifically seek to answer the following:

1. How it is to be done?
2. When it is to be done?
3. Where it will be done?
4. Who will do it?
5. For whom it is to be done?
   1. Deadlines must be achievable and realistic to merit the undertaking. The timeframe should indicate when the objective will be achieved. The timeline should list the following:
6. Each objective;
7. The activities under each objective;
8. The specific month each activity will be implemented; and
9. The individual responsible for the listed activities by project title and position.

ATTACHMENT 3

**Florida Front Porch Communities**

|  |  |  |
| --- | --- | --- |
| Bartow | West Bartow Neighborhood | (863) 534-0121 |
| Gifford | Gifford Neighborhood Youth Achievement Center | (722) 794-1005 |
| Immokalee | Immokalee South Park | (239) 252-4677 |
| Jacksonville | Sherwood Forest Neighborhood | (904) 248-8188 |
| Miami | Riverside Neighborhood of Little Havana | (305) 545-0926 |
| Orlando | Holden Heights Front Porch Florida Revitalization Council in Orange County | (407) 836-6729  (407) 342-6477 |
| Sanford | Goldsboro Front Porch Council (Sanford Community) in Seminole County | (321) 262-6564 |

**ATTACHMENT 4**

**Application Budget Format and Instructions**

**General Information**

All expenses for your project must be in line item detail on the forms provided. CTG-funded indirect costs may not exceed ten percent of salary and fringe and must be fully itemized and justified.

Assume a 12-month budget, with a July 1, 2018 start date and June 30, 2019 being the end date. Complete **Attachments 5 & 6 (Budget Summary and Budget Narrative/ Justification).**

**Budget Narrative/Justification Forms**

Use **Attachment 5 & 6** &6 to provide a justification or explanation for the expenses included in the Budget Summary. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g., if your total travel cost is $1,000, show how that amount was determined) and, if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

**Personnel Services**

Include a description for each position and the annual salary or rate per hour, if non-salaried or if hourly percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff are not to be included in personnel services; these expenses should be shown as consultant or contractual services under non-personnel services.

**Fringe Benefit Rate**

Specify the components (FICA, Health Insurance, Unemployment Insurance, etc.) and their percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in the budget calculations. If different rates are used for various positions, submit a separate form for each rate and specify which positions are subject to which rate.

**Non-Personnel Services**

Any item of expense not applicable to the following categories must also be listed along with a justification of need.

1. Supplies and Materials – Delineate the items of expense and estimated cost of each item along with justification of their need.
2. Travel – Delineate the items of expense and estimated costs (i.e. travel costs associated with conferences, including transportation, meals, lodging, and registration fees) along with a justification need.
3. Consultants, Per Diem, or Contractual Services – Provide a justification for each service listed. Justifications should include the name of the proposed consultant or contractor, the specific service to be provided, and the time frame for the delivery of services.
4. Equipment – Delineate each piece of equipment and estimated cost along with a justification of need. Equipment costing less than $500 should be included in the Supplies and Materials category. Anticipated equipment purchases of $500 or more should be included in the equipment line.

**ATTACHMENT 5**

**Budget Summary Template**

### ATTACHMENT 6

### BUDGET NARRATIVE TEMPLATE

A justification for all costs associated with the proposed program must be provided. The Budget Narrative **must provide detailed** information to support each line item contained in the proposed Budget Summary. All contracts resulting from this RFA will be cost-reimbursement. The Budget Narrative should include, at a minimum, the following:

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| **PERSONNEL (SALARY AND BENEFITS)** | | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | |
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| **A. Personnel** – List each position by title or name of employee (if available). Show the annual salary rate and the percentage of time to be devoted to the program. Compensation paid to employees engaged in grant activities must be consistent with that paid for similar work within the prospective applicant’s organization. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |
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| **Name/Position** | **Computation of Salary (Annual Salary)** | | **(% of Time)** | | | **Hourly Rate** | | | | | **Cost** | | | | | | | **State Funds Requested** | | | | | | **Cash Match** | | | | | **In-Kind** | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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|  |  | |  | | |  | | | | | **Grand Total** | | | | | | | **$0.00** | | | | | | $0.00 | | | | | $0.00 | | | | | | $0.00 | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| **B. Fringe Benefits –** Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the Personnel category and only for the percentage of time devoted to the program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| **Name/Position** | **Type of Benefit** | | **(% Rate)** | | | **Cost** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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| **C. Contracted Program Staff** – These are program staff employed on a contractual basis to provide direct services related to program implementation and for which the organization directs and controls when, where and how the employee performs the work. List each position by title or name of employee (if available). Show the hourly rate and the percentage of time to be devoted to the program. Compensation paid to such employees must be consistent with that paid for similar work within the prospective Applicant’s organization. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |
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| **Name/Position** | **Hourly Rate** | | **(% of Time)** | | | **Cost** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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| **EXPENSES** |  | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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| **D. Staff Travel** – Itemize the cost of local travel and mileage expenses for personnel by purpose. Show the basis of the calculation. Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes. **Mileage is reimbursed at $0.44.5 cents per mile.** Travel should also include the CTG mandatory training. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| **Position Traveling** | **Total Miles** | | **State Mileage Rate** | | | **Total Travel** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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| **E. Training and Seminars** – Itemize costs associated with required or anticipated staff training or seminars by purpose, and include associated costs (i.e., mileage, per diem, meals, hotel, registration fees, etc.). Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes. No out-of-state travel may be paid with funds provided under this RFA. **All conference travel must be requested and approved in writing by the Department in advance.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| **Description of Travel** | **Benefit to state** | **Position Traveling** | | | **Mileage/Air Fare** | | | **Hotel/Lodging** | | | | **Meals** | | | | **Rental** | | | **Total Cost** | | | **State Funds Requested** | | | | **Cash Match** | | | | **In-Kind** | | | |  | | | | | | | | | | | | |
| CTG mandatory training |  |  | | |  | |  | | | | | |  | | |  | | | | $0.00 | | | **$0.00** | | | $0.00 | | | | $0.00 | | |  | | | | | | | | | | | | |
| CTG mandatory training |  | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | $0.00 | | | | | | **$0.00** | | | | | | | | | | | | |
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| **F. Consumable Office Supplies –** Itemize program related supplies separately by type (office supplies, copy paper, postage, etc.) that are expendable or consumed during the program and show the formula used to arrive at total program costs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| **Items Computation Cost** | | | |  | | | | |  | | | | |  | | |  | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| **Supply Type** | **Units** | | **Unit Cost** | | | **Total** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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| **G. Rent/Telephone/Utilities –** Itemize program specific costs to implement the program by prorate share or applicable percentage of the total costs of these items. List each item separately and show the formula used to derive at total program costs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| **Expenditure** | **Monthly Price** | | **Cost Sharing %** | | | **Total** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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| **H. Curricula and Other Educational Material –** Itemize the costs of program related curricula, including consumable workbooks, and other educational material proposed to be used by the program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| **Description** | **Quantity** | | **Unit Cost** | | | **Total** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
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|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| **I. Promotion and Marketing Materials –** Itemize the type and costs of materials to be purchased or developed for use in promoting and marketing the program in the local community. Detail the programmatic benefits to be derived from the promotion and marketing materials and how they relate to achievement of the programmatic goals and objectives. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| **Description** | **Quantity** | | **Unit Cost** | | | **Total** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| **J. Media Advertising –** Itemize the costs of media advertising related to marketing and promotion of the program and marketing. Detail the programmatic benefits to be derived from the advertising and how it relates to achievement of the programmatic goals and objectives. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| **Media Type** | **Total Reach of Type** | | **Quantity** | | | **Unit Cost** | | | | | **Total** | | | | | | | **State Funds Requested** | | | | | | **Cash Match** | | | | | **In-Kind** | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| TV |  | |  | | |  | | | | |  | | | | | | | **$0.00** | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| Radio |  | |  | | |  | | | | |  | | | | | | | **$0.00** | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| Newspaper |  | |  | | |  | | | | |  | | | | | | | **$0.00** | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | |  | | | | | | | **$0.00** | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **Grand Total** | | | | | | | **$0.00** | | | | | | $0.00 | | | | | $0.00 | | | | | | $0.00 | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| **K. Other –** List and describe any other expenses related to the program that is not specifically listed above. Breakout and show the computation for each line item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| **Description** | **Quantity** | | **Unit Cost** | | | **Total** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| **L. Indirect Costs –** List and describe any indirect costs related to the program. Indirect costs cannot be a duplication of identified direct costs that are specifically listed above. Breakout and show the computation for each line item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |
| **Description** | **Quantity** | | **Unit Cost** | | | **Total** | | | | | **State Funds Requested** | | | | | | | **Cash Match** | | | | | | **In-Kind** | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | |  | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  |  | |  | | | **Grand Total** | | | | | **$0.00** | | | | | | | $0.00 | | | | | | $0.00 | | | | | $0.00 | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | | | | |

**ATTACHMENT 7**

**Work Plan Template**

Please use this template to complete the work plan and include it with the application. Work Plan should be completed for one year only (July 1, 2018 – June 30, 2019)

\*Assessment Method - details of how each activity under this goal will be measured

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goal 1: | | | Measures of Effectiveness: | |
| Objectives | Activities Planned to Achieve This objective | \*Assessment Method | Timeframe for Assessing Progress | Person/s Responsible |
|  |  |  |  |  |
|  |  |  |  |  |
| Goal 2: | | | Measures of Effectiveness: | |
| Objectives | Activities Planned to Achieve This objective | \*Assessment Method | Timeframe for Assessing Progress | Person/s Responsible |
|  |  |  |  |  |
| Goal 3: | | | Measures of Effectiveness: | |
| Objectives | Activities Planned to Achieve This objective | \*Assessment Method | Timeframe for Assessing Progress | Person/s Responsible |
|  |  |  |  |  |
| Goal 4: | | | Measures of Effectiveness: | |
| Objectives | Activities Planned to Achieve This objective | \*Assessment Method | Timeframe for Assessing Progress | Person/s Responsible |
|  |  |  |  |  |

ATTACHMENT 8

**Project Management Plan Instruction**

The management plan defines how the organization is run both day-to-day and over the long term. The objective of the management plan is to define how the project is executed, monitored and controlled. It describes the agency’s ability to successfully carry-out the proposed project and to sustain the program once grant funding ends. Address the following in narrative form:

* + 1. **Personnel:**

1. Discuss any assumptions and constraints associated with the staffing estimates described in the organizational overview.
2. Describe the appropriate procedures used to manage staff on the project.
3. Describe the process for transitioning staff once the project is completed. Describe how the project or organization will help to place staff. Indicate how consultant/contractor staff will be released.
4. **Deliverable Timelines:**
5. Discuss the process getting the project on tract if deliverables aren’t being met as specified in by the criteria set forth in contract.
6. **Contingency Plan:**
7. Discuss how applicant plans to handle any issues that might arise during the course of the proposed project funding period.

1. [↑](#endnote-ref-2)
2. [↑](#endnote-ref-3)
3. [↑](#endnote-ref-4)
4. [↑](#endnote-ref-5)
5. [↑](#endnote-ref-6)
6. [↑](#endnote-ref-7)
7. [↑](#endnote-ref-8)
8. [↑](#endnote-ref-9)