

REQUEST FOR APPLICATIONS

Minority Health Mini-Grants

September 18, 2009

Issued by:

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
MINORITY HEALTH PROGRAM

**All applications must be received
no later than 3:00 PM Central Time
October 16, 2009**

Email Applications as a WORD document attachment to:
DHSWIMinorityHealthProgram@wisconsin.gov

You can also mail or deliver to:

Ruth De Weese
Minority Health Program
Division of Public Health
1 West Wilson Street, Room 372
Madison, WI 53703
Phone: (608) 261-9302

For technical questions, contact:

Fabienne Ouapou-Lena
Minority Health Program
Phone: (608) 261-9308

**Late or faxed proposals will not be considered.
The State of Wisconsin reserves the right to reject any and all proposals.**

Background and Definitions

The Minority Health Grant Program is targeted to racial/ethnic minority community-based organizations and Tribes in Wisconsin. The mini-grants are intended to build the capacity of “local communities” to provide culturally and linguistically appropriate health resources and services for African Americans, American Indians, Southeast Asians, and/or Hispanics/Latinos and to eliminate racial/ethnic disparities in health and health care.

"Community" in some respects may not have a physical location, but instead be demarcated as a group of people with a common interest. In this request for proposal, however, local community is defined as a physical geographic location within the State of Wisconsin.

Community Based Organizations (CBOs) are the grassroots groups formed to serve the interests of families or stakeholders in communities. CBOs usually emerge through schools, churches, neighborhoods, ethnic groups, or sports and/ or cultural activities.

Grassroots groups are initiatives that operate at the lowest geographical level in local communities, very close to stakeholders or within small population groups that are otherwise difficult to reach.

Stakeholders are individuals or groups who have an interest or "stake" in a given project or program.

Purpose

This Request for Proposals (RFP) invites applications from Community Based Organizations (CBOs) to conduct activities related to improving the health status of economically disadvantaged racial and ethnic minority group members in Wisconsin. The Department of Health Services (DHS) has requested a \$100,000 appropriation for the 2010 state budget for matching grants to conduct said activities. **Funding for these grant awards is contingent on the approval of the appropriation by the Wisconsin Legislature.** The grants are intended to build the capacity of local communities to provide culturally and linguistically appropriate resources and services for targeted minority populations and eliminate racial and ethnic disparities in health.

Project Criteria

Projects funded under this RFP will be expected to work in cooperation with other related programs within the Division of Public Health. These other related programs include programs that promote and protect public health; prevent disease and disability; and promote healthy behavior; such as: communicable diseases, community health promotion, environmental and occupational health, health information and policy, and local public health practice and emergency medical services.

All projects funded under these grants must address racial and ethnic health disparities by:

1. Targeting one or more racial and ethnic minority groups (African American, American Indian, Hispanic/Latino, Southeast Asian);
2. Specifically tailoring the project to the cultural, linguistic, and social norms of the target population;
3. In addition, the projects funded will address at least one of the following focus areas:
 - Focus Area 1:* Capacity building activities for community-based organizations.
 - Focus Area 2:* Community-driven, neighborhood-based primary prevention and health promotion models and services.
 - Focus Area 3:* Mentoring, development, and support of minority health professionals and minority students interested in health careers.
 - Focus Area 4:* Programs to reduce overweight and obesity among racial and ethnic minority groups.

Funding

Eligible grants will receive funding in amounts not to exceed \$10,000 per grant for the period of December 1, 2009 to June 30, 2010 to support (a) implementation of short-term minority health-related projects that end by June 30, 2010,; or (b) planning activities for longer-term projects that expect to be continued into another year from July 1, 2010 to June 30, 2011.

Monies may be used for a variety of activities and materials such as workshops and conferences; interpretative and translation services; personnel; and capital equipment (e.g., medical equipment and supplies) if used to support the above mentioned priorities targeting racial and ethnic minorities populations.

All applicants are required to explicitly demonstrate the ability to provide local match in an amount at least equal to 50% of the requested grant funds. The match can be in the form of funding, personnel, or in-kind services. For example, an applicant who requests \$5,000 must demonstrate and document the ability to provide funds or in-kind services that total at least \$2,500 or one-half of the grant award. The matching fund requirement also applies to continuation awards.

Technical Support

The Division of Public Health and Minority Health Program offices and web sites offer technical assistance and information related to this mini grant process. Technical Assistance (TA) broadly defined includes assisting grantees with fulfilling their goals and objectives for this announcement. In addition, we are committed to ensuring that grantees build a solid foundation for delivering and sustaining effective projects. We are available to provide advice regarding the implementation and evaluation of projects.

Period of Support

.December 1, 2009 to June 30, 2010.

Eligible Applicants

Qualified applicants for these grants are community-based organizations targeted to racial/ethnic minorities and Tribes in Wisconsin. An applicant that is not a Federally Qualified Health Center shall receive priority for grant awards.

Award Criteria

Awards will be granted competitively based on the Review Criteria and Scoring stated in this RFP. An evaluation committee will score and tabulate the applications and rank applications in each category according to the numerical score received. Recommendations for funding are based on the numeric rating of individual proposals in each category **and** assurance that the selected combination of proposals addresses priority needs across minority populations and subgroups throughout the State. The Division Administrator will make the final decision to award each contract. The Division reserves the right to reject any or all proposals and to negotiate the award amount, the evaluation process, authorized budget items, and specific programmatic goals with the selected applicants prior to entering into a grant agreement. Anyone receiving a contract must comply with DHS affirmative action and civil rights compliance requirements (see <http://dhs.wisconsin.gov/civilrights/CRC/creplan&resources.htm> for details). Should additional funding become available, we reserve the right to utilize the results of this process to award additional mini-grants.

Application Guidelines

Proposals must be typed, using at least 10 point font, double-spaced on 8 ½ by 11 inch paper with at least one-inch margins. **Proposals should not exceed 5 pages**, excluding the cover page, budget/budget narrative pages, assurances and letters of support. Applicants must number all pages and organize the application according to the application guidelines detailed in this document. **Preferably, applications should be submitted via e-mail as a WORD document attachment. Please indicate “Mini Grant Application” in the subject.**

Applications can also be mailed or hand delivered to the Minority Health Program at the address indicated

below. If applications are submitted by mail; **submit 5 identical copies** of your application, each one stapled in the upper left-hand corner.

Application Deadline

Mini-grant applications are due on October 16, 2009 by 3:00 pm to

DHSWIMinorityHealthProgram@wisconsin.gov

Or to Ruth DeWeese/ Minority Health Program/Division of Public Health/1 West Wilson Street, Room 372/ Madison, WI 53703. Mailed packages must be post marked by the deadline of October 16, 2009.

This Request For Proposals can be downloaded from the website of the Wisconsin Department of Health Services at <http://dhs.wisconsin.gov/rfp/index.htm>. Scroll down to “Minority Health Mini-Grants.”

Application Checklist

The grant application must include:

- Cover page
- Proposal Narrative (**no more than 5 pages, doubled-spaced**) with the following sections:
 - Organizational Profile
 - Statement of Needs or Assets
 - Program Goal(s) and Objective(s)
 - Methods
 - Evaluation
- Budget form and budget narrative
- Signed Assurances of Compliance form (Only 1 copy needed and may be sent by mail)
- A completed W-9 form (Only 1 copy needed and may be sent by mail)
- Two letters of support (Only 1 copy each and may be sent by mail)

If submitting your application by mail, send five (5) stapled copies of the proposal. Please make sure all five packets contain copies of your letters of support.

Mini-Grant Application Format

A. Cover Page

- Complete the cover page and make it the first page of the submitted application.
- Include a brief description of the project in the cover page block.

B. Individual or Organizational Profile

- Identify the applicant and include a statement about the applicant organization's history, mission, and qualifications as related to the project.

C. Statement of Needs

- Identify the focus area (or focus areas) that the project plans to address.
- Identify the target racial/ethnic population(s) and subgroups for which the project is designed.
- Identify the population-specific health needs that the project will address.
- Explain why the project is needed and how the project relates to elimination of health disparities.

D. Program Goals and Objectives

- List your overall project goal and at least one measurable outcome objective that will be satisfied by your project within the performance period.

Examples--

Goal: *To enhance positive social support for infants, children and families in Anytown Neighborhood.*

Measurable Objective: *Provide resilience training to 100 pregnant women in Anytown Neighborhood zip codes 10001 and 20002 by June 30, 2010.*

E. Methods

- State specifically how grant funds will be used to achieve the stated goals and objectives.
- Describe how your project will collect information or implement promising practices and strategies to address the problems and unmet needs of your target population.
- Provide an overview of the kinds of activities proposed, dates that activities will be completed, and staff person responsible for each activity.

F. Evaluation

- Consider the following key questions when completing your project evaluation.

1. What do you want to be able to figure out as a result of your evaluation?
2. What type of information do you need to collect in order to make the determination in # 1 above?
3. How will you collect the information in # 2?
4. How will you measure progress as you move toward accomplishing your objectives?
5. How will you be able to tell whether or not objectives are met; how would you determine why objectives were not met?

G. Budget

Budget Form

Complete the attached budget form. The budget form serves as a one-page summary of anticipated expenditures. The budget should be based on the best available estimates of personnel and supporting resources needed to perform the services described in the proposal. All figures should be rounded to the nearest dollar. Calculate the total for each category and the *Grand Total-All Costs Categories*. Double-check all figures and calculations.

Budget Narrative

Complete a budget narrative to explain how figures were determined. Sources of match should also be identified in the budget narrative.

Descriptions of the budget categories are as follows:

Category I—Personnel

List, by title, each position that will be supported in whole or in part with grant funds or local match. In the *Grant Amount* column, indicate the total salary that will be paid with grant funds during the grant period. If fringe benefits are to be paid, indicate the percentage/rate and add the total fringe benefit amount for all positions to be paid with grant funds. Minority health mini-grant funds cannot be used to support staff hours that will be concurrently obligated to other sources of funding, including federal or state grants and private or local foundations. Agency records are subject to audit.

NOTE: If you plan to subcontract out part or all of your project, you must provide the above information for your agency and/or the subcontractor(s). Be very clear in describing and distinguishing between your agency's staff and/or the staff of the subcontractor(s).

Category II—Consultant and Contractual

The organization may choose to subcontract to provide some required program components. The Department reserves the right to approve all subcontracts as a condition of the award.

Identify consultants and/or other subcontractors who will provide services that will be paid with grant money or local match funds. All expenditures to be made to consultants and/or subcontractors must be fully explained in the budget narrative.

Category III—Program Supplies

Examples of costs to be included in this category include medical, dental, laboratory, and education/outreach supplies. Estimate the cost for each type of expenditure and itemize it in the space provided.

Category IV—Agency/Organization Operations

Include costs such as rent; telephone; utilities; staff development, recruitment and travel; office supplies; postage; printing; and data processing.

Category V—Indirect Costs

For community-based agencies, **indirect charges may not exceed 10 percent of salaries/wages (excluding fringe benefits) charged to the grant.** Tribal organizations must adhere to the DHFS Tribal Indirect Cost Policy. An indirect cost rate plan may be requested and negotiated. All indirect cost figures are subject to review and approval by the Grantor.

Local Match

Community Based Organizations are required to provide local match in an amount at least equal to 50 percent of the requested grant funds. Local match is the value of the applicant's efforts in furthering the objectives of the proposed project. The match can be in the form of funding, personnel, or in-kind services and contributions. Examples of in-kind match include staff time, travel costs, private donations, and other contributions. An organization may count as a match any local expenses which meet the qualifications outlined above and which contribute to the project.

H. Letters of Support

- Attach 2 letters of support for your specific project. The letters should be mailed as supporting documents AFTER you submit your application by email. Send letters of recommendation to **Ruth DeWeese**/ Minority Health Program/Division of Public Health/1 West Wilson Street, Room 372/ Madison, WI 53703. Mailed packages for supporting documents must be post marked by the deadline of October 31, 2009.
- If sending the complete application by mail, please ensure that your letters of support are attached to each of the five copies of the application.

Review Criteria and Scoring

Organization Profile (10 points)

- Proposer organization's mission and goals relate to the project proposal.
- Proposer described experiences and accomplishments with the target populations or subgroups.
- Proposer appeared well-positioned to implement the project as described.

Statement of Needs or Assets (10 points)

- Proposer identified a grant program priority.
- Proposer identified the target racial/ethnic population(s) and subgroups for which the project is designed and the population-specific health needs or assets that the project will address.
- Proposer explained how the project relates to elimination of health disparities in the target population.

Proposal Goals and Objectives (10 points)

- Proposer clearly identified the overall purpose or goal of the project.
- Proposer developed at least one realistic, measurable outcome objective for the proposed project.

Methods and Strategies (30 points)

- Proposer clearly stated how grant funds will be used to achieve the stated goals and objectives.
- Proposer described proposed activities to accomplish the stated objectives and included projected dates of completion.
- Proposer demonstrated current or planned utilization of promising practices or evidence-based strategies to eliminate racial/ethnic health disparities.
- Proposer described the utilization of strategies tailored to the specific cultural, linguistic, and social norms of the target communities.

Budget (10 points)

- Proposer completed the budget form with correct calculations and met the match requirement.
- Proposer adequately described budget line items in the budget narrative.
- The staff, equipment, and resources appeared to be reasonable with respect to the quantity and type of services to be delivered.

Evaluation (20 points)

- Proposer adequately described the resources available to evaluate the project
- Proposer clearly described methods to collect data and other information
- Proposer clearly identified measures or indicators directly related to the objectives proposed

Overall Project Assessment (10 points)

- Proposer demonstrated a strong commitment and promising interventions to eliminate disparities in health among disadvantaged racial and ethnic minority group members.
- Project did not duplicate existing community resources and services OR strongly justified the need for the applicant organization to provide similar services.

COVER PAGE
MINORITY HEALTH MINI-GRANTS (12/01/09-6/30/10)

LEGAL NAME OF APPLICANT: _____

TITLE OF PROPOSAL: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

TAX IDENTIFICATION NUMBER: _____

DOLLAR AMOUNT REQUESTED: \$ _____ MATCH: \$ _____

PROPOSAL PRIORITY AREA (Check one):

- _____ 1. Capacity building activities for community-based organizations
- _____ 2. Community-driven, neighborhood-based primary prevention and health promotion models and services
- _____ 3. Mentoring, development, and support of minority health professionals and minority students interested in health careers
- _____ 4. Programs to reduce overweight and obesity among racial and ethnic minority groups

PROJECT DESCRIPTION: *(Concisely describe purpose of request, target population, and services to be provided.)*

SIGNATURE OF AUTHORIZED PROPOSER REPRESENTATIVE:

DATE: _____

**MINORITY HEALTH MINI-GRANTS
BUDGET FORM**
December 1, 2009 – June 30, 2010

AGENCY NAME: _____

PROJECT: _____

I.PERSONNEL (By Position Title)	ANNUAL SALARY RATE	NUMBER MONTHS BUDGETED	% TIME	GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT & PROGRAM INCOME/MATCH
FRINGE BENEFITS (_____%)						
TOTAL CATEGORY I						
II. CONSULTANT & CONTRACTUAL				GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT & PROGRAM INCOME/MATCH
TOTAL CATEGORY II						
III. PROGRAM SUPPLIES				GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT & PROGRAM INCOME/MATCH
TOTAL CATEGORY III						
IV. AGENCY OPERATIONS				GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT & PROGRAM INCOME/MATCH
TOTAL CATEGORY IV						
V. INDIRECT COSTS						
TOTAL ALL COSTS CATEGORIES (I-V)						

Original signature needed, please send by mail

**Department of Health Services
CRC LETTER OF ASSURANCE
(For the funding period from December 1, 2009 to June 30, 2010)**

1. RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Recipient	
Address (include city, state, zip code and county)	
Print Name of Equal Opportunity Coordinator	
Signature of Equal Opportunity Coordinator	Signature Date
Phone Number () -	Email
Print Name of Limited English Proficiency (LEP) Coordinator	
Signature of LEP Coordinator	Signature Date
Phone Number) -	Email
Print Name of Executive Director or Chief Executive Officer (CEO)	
Signature of Executive Director or CEO	Signature Date
Phone Number () -	Email

- Notes: **Be sure to show the names in print as well as include their signatures.**
- **Important:** Please provide e-mail address(es) as we use e-mail to communicate training opportunities and policy updates.