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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-03031 (06/2024) | **STATE OF WISCONSIN**Page 1 of 2 |
| **WISCONSIN ASTHMA-SAFE HOMES PROGRAM****EDUCATION SERVICES PROVIDER GRANT APPLICATION** |
| **Instructions:** Complete and email this application along with all other required documents outlined in the Request for Applications to DHSAsthmaSafeHomes@dhs.wisconsin.gov by August 23, 2024 at 5:00pm CST. Contact DHSAsthmaSafeHomes@dhs.wisconsin.gov with questions. |
| **Applicant Information** |  |
| Organization Name | Contact Name |
|       |       |
| Address | City | State | ZIP Code |
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| Phone Number | Email |
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| **Review Criteria 1. Applicant Capacity and Experience (45 points)** |
| 1. *Key Personnel (10 points).* Describe the roles and responsibilities of each key personnel for the project.

      1. *Program Administration and Oversight (10 points).* Describe how you will provide program oversight and staff supervision to ensure grant objectives are met.

      1. *Relevant Organization Experience (15 points).* Describe your experience providing asthma education services and/or other home visiting, public health, and/or environmental health programs and how intended outcomes were achieved. **If a previous Asthma-Safe Homes Program grantee**, describe your experience and accomplishments as an Asthma-Safe Homes Program provider.

      1. *Health Equity (10 points).* Describe your organization’s history of and ability to authentically engage and positively impact members of the priority populations. Describe how you plan to incorporate diversity, equity, and inclusion into hiring, supervision, program services, and community engagement.

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| **Review Criteria 2. Qualification Statement (40 points)** |
| 1. *Planned Approach (15 points).* Describe a plan for program start-up and implementation that includes objectives for each major program activity (outreach, in-home asthma self-management education, and home assessment to identify asthma triggers). Indicate approximately how many clients you have capacity to serve in a year. **If a previous Asthma-Safe Homes Program grantee**, describe how you successfully implemented the program in the previous grant year, including your ability to reach your target number of clients. If there were barriers to successful program implementation in the previous grant year, discuss your planned approach to address those barriers.

      1. *Outreach (5 points).* List any experience and qualifications that your staff have related to providing outreach to recruit and engage prospective participants.

      1. *In-Home Asthma Self-Management Education (5 points).* List any experience, certifications, or qualifications that your staff have related to providing in-home asthma self-management education.

      1. *Home Asthma Trigger Assessment (5 points).* List any experience, certifications, or qualifications that your staff have related to conducting basic home assessments and providing asthma trigger reduction strategies.

      1. *Program Financial Management (10 points).* Discuss how you will ensure financial stability and accountability throughout the grant period.

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| **Review Criteria 3. Partnerships (15 points)** |
| 1. *Partner Description (5 points).* List and describe the partners (within and/or outside your organization) that you will partner with to receive eligible client referrals into the Asthma-Safe Homes Program.

      1. *Partnership Capacity (10 points).* Describe how you will work with the identified partners to receive client referrals into the Asthma-Safe Homes Program. **If a previous Asthma-Safe Homes Program grantee**, describe the partnerships you successfully developed in the previous grant year and your plan to sustain those partnerships to ensure continued referrals to the program. If there were barriers to successful partnership development in the previous grant year, discuss your planned approach to develop new and sustained partnerships.

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