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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-03032 (06/2024) | | **STATE OF WISCONSIN**  Page 1 of 2 | | |
| **WISCONSIN ASTHMA-SAFE HOMES PROGRAM**  **ENVIRONMENTAL 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](mailto:DHSAsthmaSafeHomes@dhs.wisconsin.gov) by August 23, 2024 at 5:00pm CST. Contact [DHSAsthmaSafeHomes@dhs.wisconsin.gov](mailto:DHSAsthmaSafeHomes@dhs.wisconsin.gov) with questions. | | | | |
| **Applicant Information** | |  | | |
| Organization Name | | Contact Name | | |
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| Address | | City | State | ZIP Code |
|  | |  |  |  |
| 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, staff supervision, and sub-contractor oversight (if applicable) to ensure grant objectives are met.      1. *Relevant Organization Experience (15 points).* Describe your experience providing environmental home assessment, repair, and remediation services and/or other environmental health, weatherization, and/or housing 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 (45 points)** | | | | |
| 1. *Planned Approach (15 points).* Describe a plan for program start-up and implementation that includes objectives for each major program activity (environmental home assessment, repair, and remediation of asthma triggers sources and coordination of these environmental management services). Indicate how many households 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. If there were barriers to successful program implementation in the previous grant year, discuss your planned approach to address those barriers.      1. *Environmental Home Assessment (10 points).* List any experience, certifications, or qualifications your staff have related to conducting comprehensive home assessments.      1. *Home Repair and Remediation (10 points).* List any experience, certifications, or qualifications that your staff or contractors have related to providing home repair and remediation services.      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 (10 points)** |
| 1. *Partner Description (10 points).* List and describe the partners (within and/or outside your organization) and sub-contractors (if applicable) that you will work with to deliver or supplement the environmental services provided in this grant opportunity. |