

Asthma Program

Indiana State Department of Health



June 4, 2010

Dear prospective applicant,

As many as 560,000 Hoosiers have been diagnosed with asthma, a leading chronic disease. While treatments exist, controlling and preventing asthma can save lives and improve the quality of life for everyone.

To address asthma control and prevention, the Indiana State Department of Health Asthma Program is pleased to announce the availability of funds that will be awarded on a competitive basis to proposals that most adequately address the criteria found in the attached *Request for Proposals*. We anticipate funding several proposals with awards ranging from \$2,500 to \$10,000 for the period from September 1, 2010 through August 31, 2011.

The two categories are:

1. Develop a coalition that will address the burden of asthma within a region. Coalitions should consist of multiple key community organizations including, but not limited to hospitals, schools, county and local officials, health care providers, and persons with or affected by asthma.
2. Initiate or expand evidence-based asthma interventions that will improve the quality of life for persons with or affected by asthma, caregivers, and/or community.

A completed application must be received in our office by close of business on **Friday, June 25, 2010**. Please contact Kathryn Nicely via phone at 317-233-7793 or email at knicely@isdh.in.gov with any questions.

Respectfully,

Barbara Lucas

Asthma Program Director
Indiana State Department of Health
2 North Meridian Street, 6B
Indianapolis, IN 46204
317 233-7299
barlucas@isdh.in.gov

Indiana State Department of Health Asthma Program Grant Application

June 4, 2010

Timeline

Friday, June 4, 2010	RFP made available.
Thursday, June 10, 2010	A technical assistance call in will be available to interested applicants beginning at 12:30 p.m. Please call 1-866-899-5399 and enter room number *1621170*.
Friday, June 25, 2010	Completed applications must be received by 4:00 p.m. on Friday, June 25, 2010.
Friday, July 9, 2010	All applicants will be notified of award status.
Wednesday, September 1, 2010	Start date for reimbursable expenditures.
Wednesday, August 31, 2011	End-of-grant term and end date for reimbursable expenditures.
Friday, September 16, 2011	Grantee's end-of-project report, completed surveys, and invoices must be received no later than Friday, September 16, 2011.
Friday, September 30, 2011	Final reimbursements will be distributed to the grantees.

(Category specific deadlines are throughout this document.)

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Request for Proposal

Grant Description

The Indiana State Department of Health Asthma grants are funded by ISDH and the Centers for Disease Control and Prevention (CDC). Through this partnership, funding is available to:

1. Develop a coalition that will address the burden of asthma within a region. Coalitions should consist of multiple key community organizations including, but not limited to hospitals, schools, county and local officials, health care providers; **OR**
2. Initiate or expand evidence-based asthma interventions that will improve the quality of life for the individual with asthma, caregivers, and/or community.

Eligibility

To be eligible, the applicant organization and all partners must be members of the Indiana Joint Asthma Coalition (InJAC), which is free of charge. For additional information, visit www.injac.org. InJAC member organizations include local health departments, non-profit organizations, educational institutions, health centers, social organizations, faith-based organizations, hospitals, health care providers, etc. Evidence of collaboration with other organizations is required along with details of each organization's contribution to the grant activities and outcomes.

The applicant must be a registered vendor with the State of Indiana. Information about how to become a vendor can be obtained by visiting <http://www.in.gov/idoa/2355.htm>.

Categories

Please choose one of the following categories.

Category One: Develop a coalition that will address the burden of asthma within a region. Coalitions should consist of multiple key community organizations including, but not limited to hospitals, schools, county and local officials, health care providers, and persons with or affected by asthma.

Category Two: Initiate or expand evidence-based asthma interventions that will improve the quality of life for persons with or affected by asthma, caregivers, and/or community.

Background

The Indiana State Department of Health (ISDH) Asthma Program and its partners work to reduce the burden of asthma through education and interventions. The Asthma Program also maintains a comprehensive surveillance system for the ongoing, systematic collection of asthma data. The Indiana Asthma Program has been awarded a five-year grant from the Centers for Disease Control and Prevention (CDC) for 2009-2014. The objectives listed in the Indiana State Asthma Program's Work Plan correspond with these two categories and are listed below.

The purpose of this funding opportunity is to implement objectives and strategies from the Indiana Asthma Program Work Plan 2010-2011. You can view the work plan for 2010-2011 by following this link: <http://www.injac.org/images/coreyrtwowp.pdf>

This funding opportunity is supported in part by grant number 1U59EH000507-01, Addressing Asthma from a Public Health Perspective, from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the contributing authors and do not necessarily reflect the official views of the Centers for Disease Control and Prevention.

Category One

Requirements

Develop a coalition that will address the burden of asthma within a region. Coalitions should consist of multiple key community organizations including, but not limited to hospitals, schools, county and local officials, health care providers, and persons with or affected by asthma.

- The first official coalition meeting must be on or before **September 10, 2010**.
- Create a name, mission, vision, and decide on leadership roles within the coalition.
- Create by-laws for the coalition.
- Set-up a regular (monthly or more frequent) meeting place and time.
- As a coalition, support/create at least two evidence-based projects in your area by **February 28, 2011**.
- Submit hard copy, signed invoices monthly. Expenditures will be reimbursed by ISDH for items that were approved by ISDH in the budget submitted with the proposal.
- Submit an end-of-project report (a template will be provided to all grantees) by **Friday, September 16, 2011**. This report should include evaluation of all activities completed by the coalition and an evaluation of the coalition itself.
- All funds must be expended on or before **Tuesday, August 31, 2011** and final invoices submitted by **Friday, September 16, 2011**.

Budget

Submit a separate budget proposal indicating anticipated expenses (suggested format on page 11 and 12) and a budget justification to support the proposed expenses. The source of other funds supporting the project should also be indicated, if applicable. Food, beverages, screenings, and medical equipment are NOT covered or reimbursed by this grant, nor can grant funds be used to supplant state or local funds.

Selection Criteria

Organizational Capacity

- The extent to which the applicant can demonstrate the need and readiness for an asthma coalition within a region.
- The extent to which the applicant can demonstrate alignment with the Indiana State Asthma Program's Work Plan goals, objective, and/or strategies.
- The extent to which the applicant can collaborate with other organizations.

Budget

- The extent to which the proposed budget is reasonable and appropriate.
- The extent to which the budget items are justified.

Category One

Indiana State Asthma Program Work Plan Objective

Implementing the 2010-2011 Indiana State Asthma Program's Work Plan objectives are required. The specific objectives required to implement are below.

Objective: By 8/31/2011, maintain or improve the knowledge of asthma among caregivers of children. (Children are disproportionately affected by high emergency room visits and hospitalization rates for asthma).

- By increasing knowledge of appropriate medical treatment guidelines, children's asthma will be better controlled, thus reducing emergency room visits and hospitalization rates in the area.

Objective: By 08/31/2011, form and maintain partnerships to address asthma disparities.

- By developing an active coalition, resources and information will be shared among providers, giving them more options for patient referrals to organizations that can provide in home visits, assistance identifying and reducing asthma triggers, financial assistance for medications, or case management services, etc.

Suggested Resources

For more information or guidance, please refer to the following resources:

- Kathryn Nicely, Indiana State Asthma Program Health Educator
 - Phone Number: 317-233-7793
 - Fax Number: 317-233-7805
 - E-Mail: knicely@isdh.in.gov
- Development Manual for Asthma and Chronic Obstructive Pulmonary Disease (COPD) Coalitions:
<http://www.chestfoundation.org/downloads/communityResources/CoalitionsManual06.pdf>
- Asthma Awareness Month Event Planning Toolkit: (Environmental Protection Agency (EPA) <http://www.epa.gov/asthma/awm/index.html#Event%20Planning%20Kit>)
- Evidence-based Effective Interventions for Asthma (CDC):
<http://www.cdc.gov/asthma/interventions/default.htm>
- Fighting Childhood Asthma: How Communities Can Win (Policy Link):
<http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136441/k.BD4A/Home.htm>
- Spectrum of Prevention (Contra Costa Health Services):
<http://www.cchealth.org/topics/prevention/spectrum.php>
- Agency for Healthcare Research and Quality;
<http://effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=rr>
- The Community Toolbox (University of Kansas):
<http://ctb.ku.edu/en/>
- Indiana Joint Asthma Coalition: www.injac.org
 - Data & Reports: <http://www.injac.org/data-a-reports>
- Indiana State Department of Health Asthma Program: <http://www.in.gov/isdh/17269.htm>
 - Asthma Publications: <http://www.in.gov/isdh/17279.htm>
- Centers for Disease Control and Prevention (Asthma Data and Surveillance):
<http://www.cdc.gov/asthma/asthmadata.htm>

Category Two

Requirements

Initiate or expand evidence-based asthma interventions that will improve the quality of life for persons with or affected by asthma, caregivers, and/or community:

- Begin implementation on or before **November 26, 2010**.
- Contains both a work and evaluation plan.
- Addresses the Indiana State Asthma Program's Work Plan objectives and strategies. Submit hard copy, signed invoices monthly. Expenditures will be reimbursed by ISDH for items that were approved by ISDH in the budget submitted with the proposal.
- Submit an end-of-project report (a template will be provided to all grantees) by **Friday, September 16, 2011**.
- All funds must be expended on or before **Tuesday, August 31, 2011** and final invoices submitted by **Friday, September 16, 2011**.

Budget

Submit a separate budget proposal indicating anticipated expenses (suggested format on page 11 and 12) and a budget justification to support the proposed expenses. The source of other funds supporting the project should also be indicated, if applicable. Food, beverages, screenings, and medical equipment are NOT covered or reimbursed by this grant, nor can grant funds be used to supplant state or local funds.

Selection Criteria

Organizational Capacity

- The extent to which the applicant can demonstrate the need for the evidence-based practice in the community.
- The extent to which the applicant can justify the selection of the specific evidence-based practice.
- The extent to which the applicant can demonstrate the ability to implement the proposed activities.
- The extent to which the applicant can demonstrate alignment with the Indiana State Asthma Program's goals, objectives and strategies.
- The extent to which the applicant can collaborate with other organizations.

Budget

- The extent to which the proposed budget is reasonable and appropriate.
- The extent to which the budget items are justified.

Category Two

Indiana State Asthma Program's Work Plan Objective

Implementing the 2010-2011 Indiana State Asthma Program's Work Plan objective is required. The specific objective required to implement is below.

Objective: By 8/31/2011, form or expand existing partnerships to enhance the reach of asthma education, asthma environmental education or reduce the disproportionately represented minority or impoverished populations among those with asthma.

- By creating an evidence-based intervention or implementing an evidence-based intervention for disproportionately effected populations, the education/intervention will assist the population in properly managing their asthma or assist their care givers in properly managing the patient's asthma.

Suggested Resources

For more information or guidance on choosing an evidence based practice, please refer to the following resources:

- Kathryn Nicely, Indiana State Asthma Program Health Educator
 - Phone Number: 317-233-7793
 - Fax Number: 317-233-7805
 - E-Mail: knicely@isdh.in.gov
- Margaret Rabe, Indiana State Asthma Program Environmentalist
 - Phone Number: 317-234-7633
 - Fax Number: 317-233-7805
 - E-Mail: marabe@isdh.in.gov
- IAQ Tools for Schools Program (EPA) <http://www.epa.gov/iaq/schools/>
- Asthma Awareness Month Event Planning Toolkit (EPA)
<http://www.epa.gov/asthma/awm/index.html#Event%20Planning%20Kit>
- Effective Interventions for Asthma (CDC)
<http://www.cdc.gov/asthma/interventions/default.htm>
- Fighting Childhood Asthma: How Communities Can Win (PolicyLink)
<http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136441/k.BD4A/Home.htm>
- Spectrum of Prevention (Contra Costa Health Services)
<http://www.cchealth.org/topics/prevention/spectrum.php>
- Agency for Healthcare Research and Quality
<http://effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=rr>
- The Community Toolbox (University of Kansas) <http://ctb.ku.edu/en/>
- Indiana Joint Asthma Coalition: www.injac.org
 - Data & Reports: <http://www.injac.org/data-a-reports>
- Indiana State Department of Health Asthma Program: <http://www.in.gov/isdh/17269.htm>
 - Asthma Publications: <http://www.in.gov/isdh/17279.htm>
- Centers for Disease Control and Prevention (Asthma Data and Surveillance):
<http://www.cdc.gov/asthma/asthmadata.htm>

Notifications

Submission Guidelines

- An application with original signatures must be received in our office no later than 4:00 P.M. on **Friday, June 25, 2010**. Fax or email submission will NOT be accepted. Electronic copies should be submitted to Kathryn Nicely at the email address below, and will be used ONLY to facilitate the distribution of qualified applications to reviewers. All materials must be provided in an unbound, 8 ½" x 11" page format, suitable for photocopying (i.e., no audiovisual materials, posters, tapes, etc).
- The grant rationale should not exceed five pages and the budget narrative should not exceed two pages.
- Applicants will be notified with a letter by **Friday, July 9, 2010** via U.S. Postal Service.
- All applications should be double-spaced, with 1" margins, and 12-point Times New Roman font.

Mail or deliver applications to:

Barbara Lucas
Asthma Program Director
Indiana State Department of Health
2 N. Meridian St., 6B
Indianapolis, IN 46204

Payments to Grantees

The grantee will document actual expenditures incurred from the purchase of goods and services necessary for conducting program activities and submit invoices for reimbursement. All reimbursed expenditures will be included in an approved budget. Reimbursement for food, beverages, screenings, and medical equipment is **NOT** allowed under this grant.

The applicant organization will be the fiscal agent of grant funds and will be responsible for maintaining accurate records, submitting invoices in a timely manner, and providing ISDH with all required activity and fiscal reports.

LEAVE BLANK: FOR PROGRAM USE ONLY	Date Received:	By:	Amt:
	Date Reviewed:	By:	Recommend:
	Date Reviewed:	By:	Recommend:
	Date Reviewed:	By:	Recommend:

Application

Applicant Organization

Contact Person

Title

Address

Contact Person Phone

Contact Person Fax

Email

Organization's Tax Identification Number
(Attach a W-9)

\$

Total Amount of Funding Requested

I agree to accept responsibility for the fiscal conduct of this grant and to provide the required financial reports if a grant is awarded as a result of this application.

I agree to provide appropriate programmatic oversight, adhere to the program as described in this application, and complete all reports within the timeline required by this grant.

All information contained in this application is true and correct to the best of my knowledge.

Signature

Title

Date

Grant Narrative

Category One:

The following must be typed and may not exceed five pages (see page 9). Please address the following items.

1. Describe the need for a county or regional asthma coalition.
2. Include names of possible coalition partners along with letters indicating their intent to participate.
3. Explain how you will collaborate with other agencies/organizations, especially those who have agreed to be partners.
4. Describe how you will recruit community members to be a part of the county or regional coalition. Include your plans for publicizing and marketing the coalition.
5. Provide a description of the goals and planned activities for the first year of the coalition.
6. Provide an evaluation plan to assess effectiveness of the coalition.
7. Identify other potential future funding sources and create a sustainability plan to support the coalition.
8. Provide a written justification for each item listed in your proposed budget.

Category Two:

The following must be typed and may not exceed five pages (see page 9). Please address the following items.

1. Describe the need for asthma awareness in the community.
2. Describe the evidence based intervention you plan to implement.
3. Describe the rationale for picking this evidence based intervention.
4. Provide a source to reference the specific evidence based intervention you plan to implement.
5. Provide an overview of how you plan to implement the evidence based intervention you have selected.
6. Describe how you will collaborate with other agencies/organizations.
7. Provide a description of the goals and planned activities for the first year of the evidence based intervention.
8. Provide an evaluation plan of the selected evidence-based intervention.
9. Identify other potential future funding sources and create a sustainability plan for your evidence-based intervention.
10. Provide a written justification for each item listed in your proposed budget.

**ISDH Asthma Grant
2010 - 2011 Budget Proposal Format**

Grantees are required to submit a budget proposal to the ISDH detailing how the grantee intends to use the funding provided through the grant agreement. The purpose of the budget proposal is to prevent unallowable purchases from occurring and ensure that expenditures are reasonable and appropriate. The Supplies, Equipment and Contractual categories for the initial budget request do not have to include itemization. Budget justifications should include a brief description of how the proposed purchases will be used. During the grant period, the grantee may request budget modifications by submitting a revised version of this template to Barbara Lucas at barlucas@isdh.in.gov for approval.

Salary and Fringe TOTAL \$ _____

This Category includes full time or part time equivalent staff. Costs in this may include allocation of employee salary, health insurance, life insurance, and/or FICA for time worked on grant specific services and activities. Please list positions and estimated % of work for the whole grant period and estimated applicable cost. Temporary contract personnel should be included in the Contract category below.

Title of Person	Duties	Salary & Fringe

Services Other than Personnel TOTAL \$ _____

This category typically includes expenditure for operational expenses or services that do not require a formal contract such as cellular phone service, postage , printing services, and short term space rentals.

Service Description	Cost

In-State Travel TOTAL \$ _____

All travel costs will be reimbursed in accordance with the IDOA (<http://www.in.gov/idoa/2459.htm>) travel policy unless the grantee's travel rules are more stringent or reimbursement rates are lower. Please note that the maximum mileage reimbursement rate, effective 10/01/09, is \$0.40 per mile.

Travel Description	Cost

Materials and Supplies TOTAL \$ _____

This category includes those products and materials that are typically used within a relatively short period of time.

Item Description	Cost

NOTE: Include the cost of each line item. Total all of the costs in the Section Heading above the line items.

Applicant Name _____

Contractual costs **TOTAL \$** _____

Includes all payments made for services rendered under a contractual agreement or temporary staffing agreement including labor, materials, travel or other costs paid to a 3rd party to complete services on behalf of the grantee.

Vendor 1. Name: _____
Service Description: _____
Completion Criteria: _____
Contract Amount: _____

Vendor 2. Name: _____
Service Description: _____
Completion Criteria: _____
Service Dates: _____
Contract Amount: _____

NOTE: Include the cost of each line item. Total all of the costs in the Section Heading above the line items. When you have filled in all of the totals, please calculate a final total of all costs and write it on the line below.

TOTAL Budget Request **TOTAL \$** _____

Grant Checklist

This checklist is provided to assure that the following information has been addressed and completed during the application process.

- Complete application contact information
- Complete W-9
- Complete Grant Narrative (must be typed)
- Complete Budget Proposal (must be typed). Please use provided format (pages 11 and 12).
- Complete Budget Justification (must be typed)
- Submit Application: mailed or delivered to ISDH Asthma Program at the address below on or before 4:00 p.m., **Friday, June 25, 2010**. An electronic copy may also be submitted to assist with review, but the electronic copy will not substitute for a signed hard copy. Electronic copies can be sent to Kathryn Nicely at the email address below.

Mail or Deliver to:

Barbara Lucas
Asthma Program Director
Indiana State Department of Health
2 North Meridian 6B
Indianapolis, IN 46204

For questions, please contact Kathryn Nicely at 317-233-7793 or Knicely@isdh.in.gov