

**REDUCING RACIAL AND ETHNIC HEALTH DISPARITIES  
CLOSING THE GAP GRANT PROGRAM  
REQUEST FOR APPLICATIONS  
RFA #: [14-006](#)**

**APPLICATION GUIDELINES**

**FY 2014-2015**

**Florida Department of Health  
Office of Minority Health**

**(888) 670-3525  
Conference Code: 3449850387**

**Application Deadline:  
April 7, 2014**

**Letter of Intent** must be emailed to: [OMH-CTGDatabase@doh.state.fl.us](mailto:OMH-CTGDatabase@doh.state.fl.us)  
by 5:00p.m. EST March 28, 2014

*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, announces the availability of FY 2014-2015 funds for the Minority Health Initiative: Closing the Gap grant program to eliminate racial and ethnic health disparities and improve minority health outcomes.

**Purpose:**

The Closing the Gap 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 Florida county.

**Estimated Funds Available:** Approximately \$2.9 million, subject to the general revenue appropriations of the 2014 Florida Legislature.

**Anticipated Number of Awards:** Fifteen to Twenty depending on Legislative Appropriation

**Range of Awards:** The amount of award per applicant may vary. The maximum award per applicant is \$200,000 with the average being \$150,000. However, budgets must be justified by proposal activities.

**Type of Award:** Grant

**Budget Period:** Twelve Months

**Program Period:** July 01, 2014- June 30, 2015

# TABLE OF CONTENTS

Funding Announcement	2
Table of Contents	3
Timeline	5
Definitions/Terms	6
<b>Section 1.0 Program Overview</b>	
1.1 Overview of Closing the Gap	8
1.2 Program Authority	8
1.3 Statement of Purpose	8
1.4 Funding Period	9
1.5 Grant Renewal	9
1.6 Eligible Applicants	9
1.7 Matching Funds Requirement	9
1.8 Performance Based Funding Allocation	10
1.9 Notice and Disclaimer	10
<b>Section 2.0 Terms and Conditions of Grant</b>	
2.1 Grant Requirements	11
2.2 Use of Grant Funds	11
2.3 Method of Payment	12
2.4 Invoicing and Payment of Invoicing	12
2.5 Evaluation of Applications	12
2.6 Required Program Reports	12
2.7 Programmatic Specifications	13
<b>Section 3.0 Submission of Application</b>	
3.1 Cost of Preparation	14
3.2 Instructions for Submitting Applications	14
3.3 Pre-Application Conference Call	14
3.5 Applicants Written Questions	14
<b>Section 4.0 Application Preparation Guidelines</b>	
4.1 Application Content	15
4.2 Instructions for Formatting Applications	15
4.3 Cover Page	15
4.4 Table of Contents	16
4.5 Project Narrative (Proposal)	16
4.5.1 Organizational Overview	17
4.5.2 Statement of Need	17
4.5.3 Program Description	18
4.5.4 Project Management Plan	19
4.5.5 Collaboration	19
4.5.6 Work Plan	19
4.5.7 Proposed Budget Summary and Budget Narrative	20
1. Budget Summary Sheet	
2. Budget Justification	
4.6 Appendices for Application	20
4.7 Authorized Signature	21
<b>Section 5.0 Evaluation of Applications</b>	
5.1 Receipt of Applications	22
5.2 How Applications Are Scored	22
<b>Section 6.0 Grant Awards</b>	
6.1 Posting of Awards	23

## **ATTACHMENTS**

Attachment 1 - Application Cover Page	24
Attachment 2 – SMART Objective Hints	25
Attachment 3 – Florida Front Porch Communities	26
Attachment 4 – Budget Format Instructions	27
Attachment 5 – Budget Summary Template	28
Attachment 6 – Budget Narrative Template	29
Attachment 7 – Work Plan Template	32
Attachment 8 – Management Plan Instructions	33
Attachment 9 – MOVEit DMZ Instructions	34

## TIMELINE

Schedule	Due Date	Information
RFA Released and advertised	March 14, 2014	<a href="http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html">http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html</a>  <a href="http://www.myflorida.com/apps/vbs/vbs_www.main_menu">http://www.myflorida.com/apps/vbs/vbs_www.main_menu</a>  <a href="http://www.floridahealth.gov/">http://www.floridahealth.gov/</a>
Pre-Application Conference Call	March 19, 2014 3:00 pm. EDT	Call number: (888) 670-3525 Conference Code: 3449850387
Submission of Written Questions	March 21, 2014 by <b>5:00 p.m. EDT</b>	All questions must be submitted electronically to: <a href="mailto:OMH-CTGDatabase@doh.state.fl.us">OMH-CTGDatabase@doh.state.fl.us</a>
Answers To Questions Posted (anticipated date)	March 26, 2014	Posted electronically via  <a href="http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html">http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html</a>  <a href="http://www.myflorida.com/apps/vbs/vbs_www.main_menu">http://www.myflorida.com/apps/vbs/vbs_www.main_menu</a>  <a href="http://www.floridahealth.gov/">http://www.floridahealth.gov/</a>
Letter of Intent Due to OMH	March 28, 2014 by <b>5:00 PM EDT</b>	Letter of Intent must be submitted electronically to: <a href="mailto:OMH-CTGDatabase@doh.state.fl.us">OMH-CTGDatabase@doh.state.fl.us</a>
Applications Due (No fax, or delivered copies of applications accepted)	April 7, 2014 <b>by 5:00 PM EDT</b>	Applications must be submitted electronically to: MOVEit DMZ Enterprise Secure Server. Instructions In Attachment 9
Anticipated Evaluation of Grant Applications	April 8-15, 2014	Evaluation of Grant Application
Department Review of Funding Recommendations	April 15- April 22, 2014	
Contract Negotiations	April 23-May 5, 2014	Negotiations with potential awardees
Anticipated Posting of Intent to Award	June 1, 2014	Posted electronically via  <a href="http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html">http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html</a>  <a href="http://www.myflorida.com/apps/vbs/vbs_www.main_menu">http://www.myflorida.com/apps/vbs/vbs_www.main_menu</a>  <a href="http://www.floridahealth.gov/">http://www.floridahealth.gov/</a>
Anticipated Grant Start Date	July 01, 2014	

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



## DEFINITIONS

1. **Applicant:** Entity applying for funding.
2. **Florida CHARTS:** The Community Health Assessment Resource Tool Set maintained by the Department of Health that contains health statistics such as births, deaths, disease morbidity, population and behavioral risk factors.
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. **Department:** The Florida Department of Health (DOH).
5. **Standard Contract:** Document outlining the legal and programmatic requirements of the agreement between the successful applicant and the Department.

### Program Specific Definitions

1. **Reducing Racial and Ethnic Health Disparities Closing the Gap Grant Program (CTG):** Program promoting coordinated efforts to reduce and ultimately eliminate racial and ethnic health disparities in Florida.
2. **Grantor:** Entity which awards a grant for a public purpose. For this RFA it is the Department through its Office of Minority Health
3. **Grants:** Financial assistance transferred, pursuant to written agreements between federal or state agencies and recipients, to carry out a public purpose.
4. **Grant Application:** An application submitted by an entity to the Department in response to a Request for Application (RFA) for funding a project.
5. **Health Disparities:** Health disparities exist when one group of people experience disproportionate health outcomes in comparison to another.
6. **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.
7. **Office of Minority Health (OMH):** The organizational unit in the Department of Health which processes grant awards to applicants.
8. **Racial and Ethnic Underserved Groups:** Blacks or African Americans, Hispanics Latinos, Native Americans, Asian/Pacific Islanders.
9. **Service Area:** The area in which services of the Applicant will be made available.
10. **Network:** A collaboration of agencies/organizations formed to increase access to services.
11. **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.

12. **Priority Health Area:** The seven 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, and oral health.
13. **Focal population:** The racial/ethnic group identified by an applicant in its RFA application.



## SECTION 1.0 PROGRAM OVERVIEW

### **1.1 Overview of Closing the Gap**

The “Reducing Racial and Ethnic Health Disparities: Closing the Gap” grant program (“CTG”) promotes coordinated efforts to reduce and ultimately eliminate racial and ethnic health disparities in Florida. The CTG program provides within Florida counties and Front Porch Florida Communities, 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. Further, the CTG program aims to foster the development of coordinated, collaborative, and broad-based participation by public and private entities, and faith-based organizations.

### **1.2 Program Authority**

Authority for the “Reducing Racial and Ethnic Health Disparities: Closing the Gap” grant program is authorized under Sections 381.7351-381.7356, Florida Statutes.

### **1.3 Statement of Purpose**

This RFA seeks applications from entities that will improve health outcomes of 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 shall be evidenced-based, delivered in a culturally and linguistically appropriate manner and include diverse populations. Proposed strategies shall address disparities in at least one of the seven priority areas, outlined in Section 381.7355, Florida Statutes. Grants will be awarded to projects with strategies designed to:

1. Address the social and physical determinants of health, particularly as it relates to evidence-based and practice-based prevention, intervention and local policy initiatives demonstrated to improve health outcomes.

Examples of social determinants:

- Access to healthcare services
- Availability of community-based resources in support of community living opportunities for recreational and leisure-time activities
- Availability of resources to reduce food deserts
- Social norms and attitudes
- Availability of Culturally and Linguistically Appropriate Services in Health and Health Care

Examples physical determinants:

- Natural environment such as green space
- Built environment such as buildings, sidewalks, bike lanes, complete streets
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially as the affect individuals with disabilities
- Aesthetic elements (good lighting, trees, benches)

And

2. Address evidence-based and practice- based interventions proven to:
  - Increase the percentage of minority children and adults who are at a healthy weight.
  - Reduce the non-white infant mortality rate
  - Decrease the percentage of HIV-infected people in minority groups

- Increase the number of minorities who have access to and are receiving culturally and linguistically appropriate prevention, care and treatment services
- Increase access to resources that promote healthy behaviors.
- Promote chronic disease self-management education
- Promote early detection and screening for chronic diseases such as cancer, heart disease and diabetes
- Increase immunization rates among adults, particularly among people over the age of 65.

### **1.4 Funding Period**

The term of any contract resulting from this RFA shall be for a period of twelve months beginning July 01, 2014 and ending June 30, 2015.

### **1.5 Grant Renewals**

The Office of Minority Health reserves the right to renew grants annually for up to two (2) one year periods. The renewal of this grant is not guaranteed and shall be contingent upon satisfactory performance of the initial grant award, the availability of funds, and the awardees ability to justify continuation of or expansion of the original project.

The renewal shall be in writing and subject to the same terms and conditions set forth in the original grant. The renewal may not include any compensation for costs associated with the renewal.

### **1.6 Eligible Applicants**

A CTG 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, 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 with respect to program accountability and administration. The populations of a multi-county proposal will be combined for determining match obligations as indicated in next section.

### **1.7 Matching Funds Requirement**

CTG grants shall be awarded on a matching basis. The matching funds requirement is that one dollar cash in local (non-state) matching funds must be provided for each 3 dollar grant payment made by the state, except:

- a. In counties with populations greater than 50,000, up to 50% of the local (non-state) matching funds may be in-kind in the form of free services or human resources.
- b. In counties with populations of 50,000 or less, local (non-state) matching funds may be provided entirely through in-kind contributions. Multi-county proposal populations will be combined to determine total population and match obligation.
- c. 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 shall make a clear distinction of Front Porch Community activities in their proposal and budget.

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 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.

### **1.8 Performance–Based Funding Allocation**

Applicants are able to select multiple priority areas and focal populations. Applications and resulting contracts must indicate priority area(s) covered, deliverables for each priority area and the funding allocated for each.

For example:

<b>PRIORITY AREA</b>	<b>DELIVERABLE</b>	<b>% OF BUDGET</b>
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%

### **1.9 Notice and Disclaimer**

The CTG Grant program is governed by Sections 381.7351-381.7356, 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 of Health 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 of Health 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. Grants will be awarded utilizing cost reimbursement contracts.
2. The Department reserves the right to reject any and all applications.
3. Awardees will be required to attend CTG trainings and workshops sponsored by the Office of Minority Health. Applicants' traveling to required meetings who fail to attend sessions and/or workshops will not be reimbursed for travel expenditures.
4. The provision of medical or clinical services **is not** permitted with this funding.
5. Within 10 days of award notification, providers 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. Awardees **may not sub-contract any** of the proposed services without prior written approval from the OMH contract manager. Awardees must demonstrate, to the OMH, 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 shall be identified in the applicant's proposal.

### 2.2 Use of Grant Funds

Allowable and Unallowable Costs: Allowable and unallowable expenditures are defined by at least one of the following:

1. Reference Guide for State Expenditures found at: [http://www.myfloridacfo.com/aadir/reference\\_guide/](http://www.myfloridacfo.com/aadir/reference_guide/)
2. Section 112.061, Section 286.27, Section 381.84, Section 215.97, Florida Statutes.
3. Office of Management and Budget (OMB) Circular A-110-Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations
4. OMB Circular A-133-Audits of States, Local Governments, and Non-Profit Organizations
5. OMB Circular A-122-Cost Principles for Non-Profit Organizations
6. OMB Circular A-87-Cost Principles for State and Local, and Indian Tribal Governments
7. OMB Circular A-21-Cost Principles for Educational Institutions
8. Code of Federal Regulations (CFR)

## 9. State Projects Compliance Supplement

10. Other fiscal requirements set forth in program laws, rules and regulations.

Indirect costs of up to 10% of salary and fringe-benefits are allowed under this grant award. However, all indirect costs must be justified and not be a duplication of identified direct costs.

In order 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/educational materials, maintenance, copying and gift cards (no more than \$15 per person). With the exception for the purpose of cooking demonstrations, the purchase of food is **not allowed** with grant funds provided under this RFA.

### **2.3 Method of Payment**

The Department will pay the grantees using a cost reimbursement method of payment for the delivery of services provided in accordance with the terms and conditions of the Standard Contract.

### **2.4 Invoicing and Payment of Invoices**

- 1 The DOH 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 2 staff members to attend the CTG workshops.
- 3 Payment shall be made upon the receipt, review and approval of deliverables and a properly completed invoice. Invoices shall 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 will maintain records documenting the total number of participants and names (or unique identifiers) of individuals who benefit from project activities and the date (s) on which activities were conducted so that an audit trail is available.

### **2.5 Evaluation of Applications**

Each application response 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 scoring. **Awarding of grant funding will be based on available funding and reviewer scores. All final award amounts will be determined through negotiation.**

### **2.6 REQUIRED PROGRAM REPORTS**

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

## **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 successful applicant's application and negotiated by OMH staff. Applicants shall demonstrate the ability to initiate activities immediately upon execution of a contract. The successful applicant shall not perform any tasks related to the project other than those negotiated, without the prior written consent of the Department. Each applicant shall 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 successful applicant shall 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 by 5:00 p.m. (EDT) on April 7, 2014

Applications must be sent via: MOVEit DMZ Enterprise Secure Server. The Department will create an account for each applicant that submits a letter of intent (LOI). 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, times, and locations 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 applicant questions prior to proposal submission. Any statements made at the pre-application conference call are advisory only and shall 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 shall constitute a change or modification to the RFA. **To access the teleconference, dial 1-888-670-3525 conference code 3449850387.**

### **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@doh.state.fl.us](mailto:OMH_CTGDatabase@doh.state.fl.us)

## **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 adhere to 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):
  - a. The Project Narrative should be single spaced
  - b. The Project Narrative shall 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:
  - a. The budget information must be completed on **Attachment 5**.
  - b. 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/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 (ie. Person, entity, organization)
11. County(ies) proposed to be served
12. Priority Area(s) covered
13. Brief project description



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

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

#### **4.5 Project Narrative (Proposal – Nineteen Page Limit)**

The Project Narrative is limited to **19** 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 proposal's appropriateness and merit. Applicants should cover key aspects of the Statement of Need, Program Description, Evaluation Plan and Budget. Awards of CTG funding will be based on quantification of health outcome changes. Below is an example of how applicants should demonstrate measures and outcome evaluation.

<b>Measures</b>	<b>Outcome Evaluation Questions</b>
Changes in policy	Has there been the adoption and implementation of local policies that will affect health outcomes within the community?
Changes in morbidity and mortality	Is there a change in health status (BMI, BP, glucose/HA1C levels)?
Changes in behavior, behavioral adaptation	Has a new healthier behavior been adopted?
Changes in knowledge, attitude, skills and practices	Is there the requisite change in knowledge, attitudes, habits, and skills needed for behavior change?

#### **Priority shall be given to proposals that:**

1. Seek to improve lifestyle factors that contribute to disparate health outcomes such as increasing physical activity and improved nutrition.
2. Include partnerships with entities experienced with implementation and evaluation of community-based initiatives (e.g. universities, health planning organizations etc.)
3. Represent areas with the greatest documented racial and ethnic health status disparities in the priority areas. Applicants can refer to Florida CHARTS for state and local data. <http://www.floridacharts.com/charts/default.aspx>
4. Demonstrate broad-based local support and commitment from entities representing racial and ethnic populations, including non-Hispanic whites. Indicators of support and commitment may include agreements to participate in the program, letters of endorsement, letters of commitment, interagency agreements, or other forms of support.
5. 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.
6. Demonstrate partnerships in already established coalitions focusing on addressing health improvement.

7. Include strategies identified as priorities in a local community health improvement plan (CHIP)
8. Incorporate evidence-based interventions documented to improve the target population's health status.
9. Demonstrate a commitment to quality management in all aspects of project administration and implementation.
10. Demonstrate the likelihood that project activities will occur and continue in the absence of CTG funding.

**The project narrative shall include all of the following:**

**4.5.1 Organizational Overview– Two Page Limit**

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 organizations capacity and ability to direct, perform, and complete the proposed activities including project management experience
3. Demonstrate the organizations background/experience establishing partnerships and linkages with other organizations and how those linkages interface with the applicant's organization.
4. Indicate operating hours.
5. Indicate sustainability plans.

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

The Statement of Need shall be used to describe the need for the proposed project. Applicants shall include in narrative form all the following information:

1. Demographic information about the focal population to be served in the proposed target county(ies) under this project.
2. Justification for the need of funding to address health disparities in the targeted area, including strengths and challenges.
3. Impact of the problem on the identified target population.
4. Prevalence of health disparities that exist within the county(ies) or areas proposed.
5. Risk factors and other health and/or social indicators that contribute to the problem.
6. Previous and current efforts (including any 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 group(s).

7. The source(s) of all data and statistics used to validate the need.
8. A comparison of data for the proposed project geographic area with statewide averages to demonstrate relative need for the project.
9. 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.
10. Identify other health disparities programs operating in the county(ies) serving the same population proposed to be served under this project. Applicant should explain how it proposes to avoid duplication of existing services and/or how the proposed program will enhance or differ from services provided by existing programs.

### **4.5.3 Program Description**

#### **A. Provision of Services - Four Page Limit:**

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:

1. 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.
2. 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/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.).
3. Strategies to address potential barriers to the provision of the activities proposed.
4. 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.
5. Lists of intended outcomes or specific changes expected as a result of program activities.
6. 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.
7. 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.
8. The roles and responsibilities of other organizations involved with implementing the project.
9. 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.

## **B. Evaluation Plan - Two Page Limit**

Successful applicants will evaluate the implementation of and measure 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, and/or intended behavior modification, and/or noted improvements in quality of life measures as a result of participation in the activities provided.

The evaluation must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing 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. This is an internal process and funds **may not** be authorized to secure an outside evaluator.

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

In narrative form, the Applicant will outline 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.**

**This section must outline how the Applicant will handle any issues including remedies to be taken if project timeline changes occur.** This section shall be used by the applicant to describe the agency's contingency plan if target monthly totals will not be reached, how they will redirect resources to successfully carry-out the proposed project, and how the applicant plans to sustain the program once grant funding ends.

### **4.5.5 Collaboration- One Page Limit**

The Collaboration section shall be used by the applicant to describe its 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 shall identify in narrative form the following information:

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

#### **4.5.6 Workplan – Three Page Limit**

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

#### **4.5.7 Proposed Budget Summary and Budget Narrative**

The Proposed Budget Summary and Budget Narrative shall 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 **Attachment 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 shall be reasonable and necessary. Note: Points will be deducted for not using the budget form and lack of detailed narrative. **Administrative / Indirect costs** should be directly related to project activities and may not exceed 10% of the salary and fringe.

#### **A. Budget Summary Sheet - Two Page Limit**

All cost contained in the Budget Summary must be directly related to the services and activities proposed to be provided and identified in the application. All cost must be presented in the format outlined in this RFA.

If there is a match of cash or in-kind services being committed to the project, indicate the amount of match the organization or partner agencies will be providing for each budget category.

The method of cost presentation will be a line-item budget using the format found in **Attachment 5 & 6**.

#### **B. Budget Justification – Two Page Limit**

In narrative format, provide a brief narrative justification for each budget 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.

Include only expenses directly related to the project and necessary for program implementation using only the standard heading listed on the budget form.

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 Applicants' workshop or Closing the Gap Summit is mandatory and must be included in your budget.

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

Applications should contain the following appendices as applicable and all appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section.

**Appendix A** of the application shall include:

- A table of organization or organizational chart (all applicants except individuals).
- A current roster of the board of directors, including name, address and telephone numbers (all applicants except individuals).

**Appendix B** of the application shall include:

- Proposed data collection instruments (all applicants).

**Appendix C** of the application shall include:

- No more than a one-page verification of applicant's official status (i.e, Community-Based Organization (CBO), 501(c)(3) etc.) (all applicants).

**Appendix D** of the application **MUST** include:

- Letter(s) 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 Health Improvement Plan (CHIP). Letters should be signed by the CHD Administrator, CHD Director or designee.

**Appendix E** of the application shall include:

- A letter from the Front Porch Florida Community, if applicable, detailing the cooperative partnership, services to be provided and support for the proposed project.

**Appendix F** of the application shall include:

- Letters of agreement, support or commitment from organizations where program activities will be implemented, detailing the collaborative partnerships. Letters with collaborative partners should identify their role and contribution to the project (all applicants).

#### **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 prospective 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 of Health 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 OMH contract manager within 10 business days following the close of the RFA.

### 5.2 How Applications Are Scored

Applications will be scored by peer reviewers. Reviewers are chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by 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:

	<b>Maximum Points Possible</b>	<b>Score/Comment</b>
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 \_\_\_\_\_

## 6.0 Grant Awards

### 6.1 Posting of Awards

Awards will be posted at: <http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html> and [http://myflorida.com/apps/vbs/vbs\\_main\\_menu](http://myflorida.com/apps/vbs/vbs_main_menu) on or about June 1, 2014.

This document may be downloaded from:

<http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/purchasing/grant-funding-opportunities/index.html> or [http://myflorida.com/apps/vbs/vbs\\_main\\_menu](http://myflorida.com/apps/vbs/vbs_main_menu)

### **Vendor Registration**

Each vendor doing business with the State for the sale of commodities or contractual services as defined in Section 287.012, F.S., shall register in the MyFloridaMarketPlace system, unless exempted under subsection 60A-1.030(3), F.A.C. Also, an agency shall not enter into an agreement for the sale of commodities or contractual services as defined in Section 287.012 F.S. with any vendor not registered in the MyFloridaMarketplace system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace system shall 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/vendor\\_resources](http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_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  
REDUCING RACIAL & ETHNIC HEALTH DISPARITIES:  
CLOSING THE GAP  
RFA #**

<b>Title of Application</b>	
<b>Legal Name of Applicant</b>	
<b>Applicant Mailing Address</b>	
<b>City, State, Zip:</b>	
<b>Telephone Number (including area code)</b>	
<b>Fax</b>	
<b>Email Address:</b>	
<b>Applicant FEID:</b>	
<b>Total Amount of Funding Requested:</b>	
<b>Contact Person for Negotiations</b>	
<b>Name of Authorized Official</b>	
<b>Title of Authorized Official</b>	
<b>Signature of Authorized Official</b>	
<p>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.</p>	
<b>Type of applicant</b>	<input type="checkbox"/> Community Based Organization (CBO) <input type="checkbox"/> County Health Department <input type="checkbox"/> For Profit <input type="checkbox"/> Front Porch Community <input type="checkbox"/> Individual <input type="checkbox"/> Faith Based <input type="checkbox"/> Other (specify)
<b>County(ies) Served</b>	
<b>Priority Area(s) Covered:</b>	<input type="checkbox"/> Immunization <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Oral Health <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Maternal & Infant Mortality <input type="checkbox"/> Cardiovascular Disease
<b>Brief Description of Project</b>	

## ATTACHMENT 2

### SMART Objective Hints

State the objective(s) in measurable terms and include a realistic time frame for achievement. To further enhance the performance measurement, the Office of Minority Health is requiring that objectives be “*SMART*” (Specific, Measurable, Achievable, Realistic and Timely). 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 (at 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. Realistic is about who, what, when, where, and how. This is where human capital, resources, time, money and opportunity intersect. Specifically seek to answer the following:
  - a) How it is to be done?
  - b) When it is to be done?
  - c) Where it will be done?
  - d) Who will do it?
  - e) For whom it is to be done?
5. Timely is the deadline set for achievement of an objective. 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:
  - a) Each objective;
  - b) The activities under each objective;
  - c) The specific month(s) each activity will be implemented; and
  - d) The individual(s) responsible for the listed activities by project title/position.

### ATTACHMENT 3

#### Florida Front Porch Communities

Bartow	<a href="#">West Bartow Neighborhood</a>	863-533-1773
Bradenton	<a href="#">Rogers, Rousch Field, Singeltary, Washington Neighborhoods</a>	941-747-8054
Daytona Beach	<a href="#">Central City Neighborhood of Daytona Beach</a>	386-248-0260
Fort Lauderdale	<a href="#">Dorsey-Riverbend Neighborhood</a>	954-523-6240
Gainesville	<a href="#">Duval Heights Neighborhood</a>	352-334-7260
Gifford	<a href="#">Gifford Neighborhood</a>	772-794-1005
Immokalee	<a href="#">South Immokalee Neighborhood</a>	239-657-5576
Jacksonville	<a href="#">Sherwood Forest Neighborhood</a>	904-248-8188
Miami	<a href="#">Riverside Neighborhood of Little Havana</a>	305-416-1595
Ocala	<a href="#">West Ocala Front Porch Area</a>	352-237-2202
Opa-Locka	<a href="#">Opa-Locka Front Porch Coalition</a>	305-769-6168
Orlando	<a href="#">Holden Heights Community</a>	407-849-0135
Pensacola	<a href="#">Greater Pensacola Front Porch Community</a>	850-439-0139
Sanford	<a href="#">Goldsboro Neighborhood</a>	407-302-1377
Tampa	<a href="#">Heart of East Tampa Community</a>	813-248-8780
Tallahassee	<a href="#">Greater Frenchtown Community</a>	850-224-0799
West Palm Beach	<a href="#">West Palm Beach Front Porch Community</a>	561-832-2330

## **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 (10%) of salary and fringe and must be fully itemized and justified.

Assume a twelve (12) month budget, with a July 1, 2014 start date and June 30, 2015 being the end date. Complete **Attachments 5 & 6 (Budget Summary and Budget Narrative/ Justification)**.

#### **Budget Narrative/Justification Forms**

Use Attachment 3 to provide a justification/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 – conference, local travel, etc.) 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 different positions, submit a Form 2 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.

- Supplies and Materials – Delineate the items of expense and estimated cost of each item along with justification of their need.
- 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.
- Consultants/Per Diem/Contractual Services – Provide a justification for each service listed. Justifications should include the name of the proposed consultant or contractor, the specific service(s) to be provided, and the time frame for the delivery of services. 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**

**BUDGET INFORMATION**

<b>SECTION A – BUDGET SUMMARY</b>						
-----------------------------------	--	--	--	--	--	--

Grant Program	Florida Statutes	State	Cash Match 33% of budget	In-Kind	Other Funding	Total
1. CTG Grant Program	381.7351-381.7356					

<b>SECTION B – BUDGET CATEGORIES</b>						
--------------------------------------	--	--	--	--	--	--

*Identify source of cash match – what cash will pay for and what in-kind will cover*

	State	Cash Match	In-Kind	Total
2. Personnel				
2a.Fringe Benefits				
3. Travel				
4. Rental or Use of Space				
5. Supplies				
6.Contractual				
7.Other (Specify)				
8.Total Direct Cost				
1. Indirect Cost (Must not exceed 10% of salary and fringe)				
10. Totals				

## 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:

#### PERSONNEL (SALARY AND BENEFITS)

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.  
Cost

Name/Position	Computation of Salary (Annual Salary)	( % of Time)	Hourly Rate	Cost

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	Time of Benefit	( % Rate)	Cost
	FICA		
	Health Insurance (permanent employees only)		
	Unemployment		
	other		

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.

Name/Position	Hourly Rate	( % of Time)	Cost

#### EXPENSES

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 \$0.445 cents per mile. Travel should also include the CTG mandatory training.

Position Traveling	Total Miles	State Mileage Rate	Total Travel
Project Director	500	.445	222.50

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 prior to the date of travel.**

Description of Travel	Benefit to state	Position Traveling	Mileage/Air Fare	Hotel/Lodging	Meals	Rental	TOTAL COST

**F. Consumable Office Supplies** – Itemize program related supplies separately by type (office supplies, copy paper, postage, etc.) that are expendable or consumed during the course of 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

**G. Rent/Telephone/Utilities** – Itemize program specific costs to implement the program by prorated 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	Month price	Cost Sharing %	Total	State Funds Requested
Rent/lease/mortgage	Cost per month x # of months			

**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

**N. 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

**O. 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
TV					
Radio					
Newspaper					

**P. 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/IN-KIND MATCH**

If a commitment of cash and/or in-kind match has been identified on the Budget Summary provide a narrative description of each source of match by budget category, including the amount of cash and/or in-kind match and how the amount was calculated.



## 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, 2014 – June 30, 2015)

\*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:

#### **Personnel**

- Discuss any assumptions and constraints associated with the staffing estimates described in the organizational overview.
- Describe the appropriate procedures used to manage staff on the project.
- 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.

#### **Deliverable Timelines**

- Discuss the process getting the project on track if deliverables aren't being met as specified in by the criteria set forth in contract.

#### **Contingency Plan**

- Discuss how applicant plans to handle any issues that might arise during the course of the proposed project funding period.

**Attachment 9**  
MOVEit Instructions

## Getting Started - Sign On

1. Providers who submit a letter of intent will receive a Username and Password
2. Access the Department's MOVEit DMZ site by selecting this link: <https://ww12.doh.state.fl.us>
3. Enter the assigned Username and Password. At first log-in, you will be prompted to change your password.

### Sign On

Username:

Password:



**Security Notice**  
You are about to access a secured resource.  
DoxOrg reserves the right to monitor and/or  
limit access to this resource at any time.

Need Help? [Tech Support](#) - [Online Manual](#)

## Getting Started - Sending Packages

Sending a new package is like sending an email with attachments. As such, it is a familiar process, and uses a form similar to a compose email form.

Scroll down until you see "Package Actions" which appears on the home page.

### Package Actions

 [Send a new package...](#) -  [Manage your address book...](#)

1. To get started, click **Send a new package**. The Package compose page opens.

## New Package

Helga Finlayson  
[Show Cc/Bcc](#)

**Subject:** project schedule

**Note:**

**b** / **i** **u** (Font) (Size) [List Icons] [Color Picker] [Undo] [Redo] [ABC]

Helga,

Here are some upcoming dates to be aware of:

- **4/15:** Code freeze
- **5/1:** Important meeting with client
- **5/14:** ship date

The full schedule is attached. Let me know if you have any questions.

John

**Files:**  
(Optional)

AHT\_ProjectSchedule.xls (31 KB)

Total: 31 KB

To upload an attachment: [CLICK HERE to Launch the Upload/Download Wizard...](#)

**Options:**

Delivery Receipt(s)

Prevent "Reply All"

Prevent all replies

2. In the **To** field, enter the following email: [OMH-CTGDatabase@doh.state.fl.us](mailto:OMH-CTGDatabase@doh.state.fl.us).
3. In the **Subject** field, enter a description of the package: agency name FY14-15 CTG Proposal.
4. To add the file attachment to your package, click the Browse button. Select the desired file, then click **Upload**.
5. Check the **Delivery Receipt(s)** checkbox.
6. When you are done composing your package and uploading any attachments, click **Send** to send the package. Once sent, a copy is saved to your Sent mailbox for future reference.

A 'new package notification' email will be sent to your recipients, to inform them that a package is waiting for them. Recipients can click on the web link in this notification to connect to the site and view the package.