# Appendix A: Application Template

The proposal narrative should be no more than five pages (double-spaced with minimum 12-point font and one-inch margins). Letters of support, project timeline, budget and budget narrative, and supporting documents do not count toward the page limits. Supporting documents may be attached separately or included within a single PDF file with the proposal. Submit your application to [PHSharing@khi.org](mailto:PHSharing@khi.org) no later than 5:00 PM CDT on Friday, March 30, 2018. Late submissions will not be accepted and incomplete applications will not be reviewed.

**Please cut and paste the following information into a new document for your proposal.**

Request for Proposals: *Increasing the body of knowledge for cross-jurisdictional sharing in public health – Small Grants Program*

|  |  |
| --- | --- |
| Legal Name of Organization: |  |
| Tax Identification Number: |  |
| Contact Person for Application: |  |
| Email Address: |  |
| Phone: |  |

## For All Proposals:

1. **Grantee Organization Overview**

Please share a brief description of the grantee organization and the general capacity of the grantee organization to implement the proposed project and manage the grant funds, including prohibitions against lobbying and political activities.

1. **Project Team and Subcontractors**

Include information on partner organizations, project leadership, and any subcontractors (if relevant). List the project team members and their roles, and how they will be engaged throughout the project.

1. **What priority area does your project address? (Select only one.)**
2. Use of CJS among small jurisdictions.
3. Use of CJS in states with a centralized public health system.
4. Using CJS as a systems change tool for public health service delivery.
5. Use of CJS methods and principles for collaboration among different government sectors.
6. Use of CJS in projects involving tribes.
7. **Which category does your proposal fall into? (Refer to the RFP for a detailed explanation of each category. Select only one.)**

## Proposals Focused on a Specific CJS Arrangement

## Proposals Focused on CJS as a Systems Change Tool

## Proposals for Research Projects

1. **Which best describes your organization? (Select only one.)**

A state or local government agency;

An American Indian/Alaska Native tribe or tribal entity recognized by the U.S. federal government or by a state;

A nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code operating for, or on behalf of, multiple public health jurisdictions.

* Is your organization classified as a private foundation or Type III supporting organization under Section 501(c)(3)?

YES

NO

A research institution (e.g., a university-based institute) or coalition (e.g., a Practice-Based Research Network) (only for applications in the category of research projects).

1. **Project Description**

Please describe your proposed CJS project. Please include:

* Rationale for work;
* Goals, strategies and activities; and
* Any expected products and any anticipated work beyond the project period.

1. **Project Plan and Benchmarks**

Please describe your proposed timeline of activities and any benchmarks within the project period. ALL PROJECTS MUST BE COMPLETED BY DECEMBER 31, 2018.

1. **Challenges and Measures of Success**

Please detail what measures of success you intend to use for your project. Also, describe any challenges you may foresee with your project and how they may be addressed.

1. **Letters of Support**

Please include letters of support from each participating jurisdiction and partner organization to demonstrate a commitment to the success of the project. The Letters of Support are not included in your five-page limit.

## Proposals Focused on a Specific CJS Arrangement:

1. **Initiative Consistency with Center Models**

Please describe work on CJS done to date. Also, describe how the partnerships to-date and this proposed initiative are generally consistent with the Center’s Roadmap (<http://phsharing.org/Roadmap>) or Success Factors (<http://phsharing.org/SuccessFactors>).

If your project includes any departure from the Center’s models (e.g., roadmap, spectrum, success factors), please explain why you think this departure is necessary.

## Proposals for Research Projects:

1. **Products**

*Please describe tools or resources expected to be produced during the project and how they will improve or complement those currently available through the Center. For a description of available resources please see* ***Appendix C****, page 14.*

# Appendix B: Budget and Budget Narrative Template

Complete the budget table and narrative, below. The Budget and Budget Narrative are not included in the five-page limit.

## Budget

|  |  |
| --- | --- |
| **Budget Category** | **Amount Requested** |
| **Personnel** |  |
| *Salary and Wages* |  |
| *Fringe Benefits* |  |
| **Other Direct Costs** |  |
| *Office Operations* |  |
| *Travel* |  |
| *Meeting Expenses* |  |
| *Project Space* |  |
| *Other* |  |
| **Purchased Services** |  |
| *Consultants* |  |
| *Contracts* |  |
| **Indirect Costs** |  |
| *IDC\** |  |
| **TOTAL** |  |

*\*Indirect costs are not to exceed 12% on all costs, except consultant costs and contractual service, for which indirect costs cannot exceed 4%.*

## Budget Narrative

| **Category** | **Narrative** |
| --- | --- |
| **Personnel**  **Note:** You *must* include base annual salary and full-time equivalent (FTE) information for each person/role where funds are being requested in this category. | |
| ***Project Staff*** |  |
| ***Fringe Benefits*** |  |
|  | |
| **Other Direct Costs** | |
| ***Office Operations*** |  |
| ***Travel*** |  |
| ***Meeting Expenses*** |  |
| ***Project Space*** |  |
| ***Other*** |  |
|  | |
| **Purchased Services** | |
| ***Consultants*** |  |
| ***Contracts \**** |  |
|  | |
| **In-Kind Support** | |
|  |  |

\* *If contracts are a part of your proposed budget, you must complete one Contract Budget and Fact Chart for each contract. Copy and paste the chart below if there are multiple contracts. Enter “TBD” when information is not yet known. If there are no contracts, delete these instructions and the chart shown below.*

## Contract Budget and Fact Chart

|  |  |
| --- | --- |
| ***Contractor Name*** |  |
| ***Contract Start Date*** |  |
| ***Contract End Date*** |  |
| ***Scope of Work*** |  |
| ***Deliverables*** |  |
| ***Total Cost*** |  |
| ***Cost Justification*** |  |

## Category Descriptions

**Salary and Wages**: For each requested position, please describe the scope of responsibility and assets for each position, relating it to the accomplishment of proposal objectives.

**Fringe Benefits**: Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

**Office Operations**: Administrative costs such as telephone, printing, postage, copying, information technology (IT) services and other costs associated with supporting your project. Provide justification for each item and relate it to specific proposal objectives.

**Travel**: Please provide clear travel information regarding who, when, where, why, and how, and how it relates to or supports specific project objectives.

**Meeting Expenses**: Arrangement costs such as venues, working lunches, and other items necessary for meetings. Provide justification for each item and relate it to specific proposal objectives.

**Other**: This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

**Consultants**: This category is appropriate when hiring an individual to give professional advice or services (e.g., technical or skilled consultant, etc.) for a fee but not as an employee of the contracted organization. If applicable, please describe the method of selection for a consultant, name (if known), scope of work, and expected rate of compensation, including travel.

**Contracts**: A subcontractor is an entity that performs duties that are either the same as or directly related to the scope of work of the project. Their efforts contribute directly to the outcome of the project. Please provide the method of selection of a subcontractor, the name of the contractor, scope of work, method of accountability, and budget.

**Indirect Costs**: Not to exceed 12% on all costs, except consultant costs and contractual service, for which indirect costs cannot exceed 4%.

**In-Kind Support**: Please list any additional funding, project space, personnel and other resources not included within this budget but provided for in-kind.