MISSOURI FOUNDATION FOR HEALTH

REQUEST FOR APPLICATIONS

Tobacco Prevention and Cessation Initiative

Community Grants for Workplace Programs

2008

2008 Tobacco Prevention and Cessation Initiative
Community Grants for Workplace Programs

Request for Applications

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OVERVIEW

In 2003, Missouri Foundation for Health (MFH) identified tobacco use as a major health issue affecting the residents of the MFH service region. MFH determined the scope of this problem required a coordinated long-term approach, and so made a commitment to the nine-year, $40 million Tobacco Prevention and Cessation Initiative (TPCI).

Mounting an effective effort requires both broad regional efforts and community-based activities. A multi-phase approach including grantmaking, policy development, capacity building, evaluation, and communication activities will have the greatest impact and benefit.

The four TPCI strategies currently being funded are workplace programs, school-based prevention programs, local tobacco policy change, and tobacco use disparities in priority populations.

PROGRAM DESIGN

Community Grant for Workplace Programs Request for Applications

This Request for Applications (RFA) is only for Community Grants for workplace programs. TPCI provides a two-tiered approach for its workplace programs:

Regional Grants – funding for broad-based organizations and/or collaboratives with established, evidence-based workplace programs that include tobacco cessation efforts and/or smoke-free workplace policy projects which can be conducted and coordinated at the community level.

Community Grants – funding for community-based organizations to deliver and conduct the workplace tobacco cessation programs and/or the smoke-free workplace policy projects developed by the regional grantees.

Community-based organizations may apply for funding to implement workplace-based tobacco cessation programs and/or smoke-free workplace policy projects developed by the American Lung Association of Central States (ALA), the University of Missouri (UM), or the Missouri Department of Health and Senior Services (DHSS) within the MFH service area (shaded areas on map at right).

Applicants may propose to deliver one of the following programs:

American Lung Association of Central States:

- *Freedom from Smoking (FFS)*, a structured eight-week, group-based program offering a systemic approach to quitting, moving from awareness of the smoking habit toward behavior change, or
- *Employer-Assisted Smoking Elimination (EASE)*, a comprehensive, six-week behavior modification program addressing smoking in the workplace.

For more information on these programs, contact:
Barry Freedman, Program Director
American Lung Association of Central States
314.645.5505
bfreedman@lungmo.org
Also visit: www.lungusa2.org/missouri/tobacco.html

University of Missouri:

- *Campus-Community Alliance for Smoke-Free Environments (CASE)*, a program that supports campus-community implementation of tobacco control initiatives and workplace smoking bans, and promotes smoking cessation throughout the community.

For more information on this program, contact:
Kevin Everett, PhD, Associate Professor, Family and Community Medicine
University of Missouri-Columbia
573.882.3508
everettk@health.missouri.edu
Also visit: www.casemo.org/

Missouri Department of Health and Senior Services:

- *Employer Tobacco Policy Project*, a program that analyzes workplace tobacco control policies for smoke-free workplaces and for tobacco cessation assistance offered to employees. In addition, the program provides education and technical assistance to employers wanting to strengthen their policies.

For more information on this program, contact:
Denny Spurling, Program Coordinator
Missouri Department of Health and Senior Services
573.751.6400 (toll-free 866.726.9926)
dennis.spurling@dhss.mo.gov

FUNDING GUIDELINES

Community grants for workplace programs are limited to three (3) years of funding.
Only one application in response to this Community Grants for Workplace Programs RFA will be accepted per applicant organization as determined by federal tax ID number. Funding under this RFA begins in September 2008.

Applicants must submit a signed Memorandum of Understanding (MOU) outlining shared responsibilities with the appropriate regional grantee listed above. This is in addition to MOUs with any other collaborative partners.

Funded organizations also are expected to:

- » Become actively involved in other local and statewide tobacco policy efforts;
- » Attend meetings with MFH staff, the external evaluator, and all partners funded under this initiative, as well as MFH-sponsored trainings. Applicants should include travel and lodging expenses in their proposed budgets to attend these trainings. MFH-sponsored trainings include:
  - › Annual two-day Summer Training Institute in St. Louis (required);
  - › 1½-day training on program sustainability in two Missouri locations (encouraged); and
  - › One-day training on tobacco policy advocacy in five Missouri locations (encouraged).

Applicants should consult with the appropriate regional grantee to determine appropriate per unit and line item costs and activities specific to the program. See the budget and budget narrative instructions (pages 13-17) and the MFH Funding Guidelines (http://www.mffh.org/funding_guidelines.html) for further details on allowable costs and activities.

ELIGIBILITY

To be eligible for this funding program, an organization must either be a government agency or a nonprofit organization exempt from federal tax under Section 501(c)(3) of the IRS code. Eligible organizations must also be located within the MFH service region (see map, page 1). **Previous MFH TPCI community grantees are encouraged to apply.**

The following requirements also apply where appropriate:

- Applicants must be registered with the Secretary of State to conduct business in Missouri and classified by the state as being in good standing. Applicants not classified by the state as being in good standing are ineligible to apply until their status has been resolved and reclassified to good standing.
- Memoranda of Understanding (MOU, see Attachment A, page 18) are required for all collaborative partnerships that are integral to the proposed project, including regional grantees and businesses.
- Applicants must act as their own fiscal agents.
- MFH funding cannot exceed 25% of an organization's annual expense budget. All current MFH grants and contracts in addition to this request are considered in calculating an organization's 25% limit. In-kind expenses are not considered in determining the size of an annual expense budget.

PROGRAM EVALUATION

To implement a workplace program and gather data to measure progress, a community grantee must work collaboratively with their regional grantee (ALA, UM or DHSS), the regional grantee's internal evaluator, MFH staff and the Center for Tobacco Policy Research at Saint Louis University (the MFH-funded external evaluator for the initiative).

Up to 10% of the subtotal of direct expense requested from MFH by a community grant applicant may be used to support evaluation activities required of a community grantee.

TIMETABLE

Application Available:	February 25, 2008
Pre-Application Conference:	March 20, 2008, 10:30 am-noon (Teleconference option available)
Application Deadline:	April 16, 2008 (must be received in MFH office by 4 pm)
Anticipated Award:	July 2008
Target Program Start Date:	September 2008

HOW TO APPLY

Applicants must submit one (1) original and one (1) copy of the following materials (see the *Application Checklist* on page 7-8 for more information):

- TPCI Community Grants for Workplace Programs application cover sheet
- Application narrative
- Line-item budget sheet and budget narrative (in MFH format)
- All required attachments detailed on page 7-8 of this RFA

Any applications without the required items will not be accepted for review.

Applications may be mailed or hand-delivered to MFH offices – no faxed or e-mailed applications will be accepted. Send applications to the address below.

RIGHT TO REJECT

MFH reserves the right to:

- Reject any or all applications submitted.
- Request additional information from any or all respondents.
- Conduct discussions with respondents for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements.
- Negotiate modifications to a respondents' proposal prior to final award for the purpose of obtaining best and final offers.
- Approve subcontractors proposed or utilized in carrying out the scope of the work.

INQUIRIES

Please direct all inquiries about the application process to Matthew Kuhlenbeck, Program Officer, 314.345.5541, mkuhlenbeck@mffh.org, or Michael Renner, Program Officer, 314.345.5533, mrenner@mffh.org. Toll-free is 800.655.5560.

To RSVP for the March 20 pre-application conference, contact Temekka Cannon at 314.345.5577 or tcannon@mffh.org. A teleconference option also is available.

Send applications to the address below.

Missouri Foundation for Health

Attn: TPCI Community Grants for Workplace Programs

APPLICATION ENCLOSED

1000 St. Louis Union Station, Suite 400

St. Louis, MO 63103

APPLICATION CHECKLIST

General requirements:

- » Applications that do not contain all of the required documentation *will not be reviewed* unless an applicant has contacted and obtained approval from MFH *prior to submission* to explain why certain documentation is unavailable. Incomplete applications will not be advanced to consideration for funding.
- » Do not provide any other documentation such as leaflets, promotional materials, flyers, etc.
- » Do not staple (use paper clips) the application or use any special folders or bindings.

Submitted applications *must* contain all of the items listed below (provide one (1) original and one (1) copy of the following):

☐ **Application cover sheet.** Submit a one-page form located on page 9 of this packet with all spaces completely filled in.

☐ **Application narrative.** Submit a narrative of no more than five (5) pages detailing the proposed program. Instructions for required content are included in this packet (pages 10-11).

☐ **Project budget.** Submit a one-page table showing the requested amount for each line item. A spreadsheet to input this information is included in this packet (page 12).

☐ **Budget narrative.** Submit a narrative that details each line item request. Instructions for required content are included in this packet (pages 13-17). Be sure to include vendor quotes for each major equipment item (equipment with single item value equal to or over $5,000).

Submit one (1) copy of the following:

☐ **Tax determination letter.** Provide a copy of the letter issued by the Internal Revenue Service that states that your organization is tax exempt under IRS code section 501(c)(3). Call 1.877.829.5500 to obtain a copy. *Do not send a Missouri sales tax exemption letter.* Government agencies have a tax exemption under a different code section.

☐ **List of board members.** Submit a list of all current board members.

☐ **Memoranda of Understanding (MOU).** Include signed MOUs outlining the roles and responsibilities between the applicant, the regional grantee and other proposed partners, including businesses. A sample MOU is included in this packet (Attachment A, page 18).

☐ **Letters of support.** Include letters from other organizations that express support for the proposal submitted in this application.

- ☐ **Annual audit report.** Provide the most recent (issued less than 15 months prior to date of application submission) audit report prepared by a CPA. Send the complete report including audit letter, financial statements, and notes to the financial statements.

  Note: *If a recent audit report is unavailable, provide the most recent IRS Form 990 tax return (without supporting schedules).*
- ☐ **Annual budget.** Provide the current fiscal year's approved expense budget. The budget must show detailed annual expense by type of expense.
- ☐ **Current financial statements.** Provide current (issued less than 75 days prior to the date your application is submitted) unaudited financial statements (income statement and balance sheet).

Missouri Foundation for Health

TPCI Community Grants for Workplace Programs

2008 Application Cover Sheet

MISSOURI FOUNDATION FOR HEALTH

For Internal Use Only:

Date Received: ________________

Reference Number: ________________

Name of Applicant Organization:	**Legal Name (if different from Applicant Organization Name):**

Address:	**County:**	**City:**	**State:**	**ZIP:**

Primary Contact and Title:	**Telephone (area code):**	**Fax (area code):**	**E-mail Address:**
Secondary Contact and Title:	**Telephone (area code):**	**Fax (area code):**	**E-mail Address:**

Federal Tax ID (EIN) Number: ☐☐-☐☐☐☐☐☐☐	**Organization's Website:**	**Project Title:**

County(ies) project will serve (List all):	**County(ies) where project will be implemented (List all):**
Zip Codes project will serve (List all):	**Zip Codes where project will be implemented (List all):**

Tax Status

☐ **Exempt under 501(c)(3) of the IRS code**
☐ **Exempt governmental unit**
☐ **Other (specify)** ________________________________

All applicants must attach a Federal IRS letter. Call 1.800.829.4933 to obtain a copy. Do not send a Missouri sales tax exemption letter.

Organizational Profile	Organizational Financial Profile
Age of organization (years): ________________	Total Amount of Project: ________________
Number of FTE staff: ________________	Total Amount Requested from MFH: ________________
Number of volunteers: ________________	Duration of Project (months): ______

Target Population(s) – Please indicate the population you will be serving (Check all that apply to this project within each category)

Age Group: http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html

☐ Under 5 years	_____%	☐ 55 to 59 years	_____%
☐ 5 to 9 years	_____%	☐ 60 to 64 years	_____%
☐ 10 to 14 years	_____%	☐ 65 to 74 years	_____%
☐ 15 to 19 years	_____%	☐ 75 to 84 years	_____%
☐ 20 to 24 years	_____%	☐ 85 years and over	_____%
☐ 25 to 34 years	_____%	☐ All ages	_____%
☐ 35 to 44 years	_____%		
☐ 45 to 54 years	_____%		

Race/Ethnicity: http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html

☐ White	_____%
☐ Black or African American	_____%
☐ American Indian and Alaskan Native	_____%
☐ Asian	_____%
☐ Native Hawaiian and Other Pacific Islander	_____%
☐ Hispanic or Latino (of any race)	_____%
☐ Other________________________	_____%
☐ Two or more races	_____%

Economic Status: http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html

☐ Persons below 50% of poverty level	_____%
☐ Persons below 185% of poverty level	_____%
☐ Persons between 100 & 200% of poverty level	_____%
☐ Above 200% of poverty level	_____%
☐ Unknown/Not captured	_____%

Program to be implemented:

☐ FFS/EASE

☐ CASE

☐ Employer Tobacco Policy Project

Printed name and title of person authorized by organization's governing board to sign grant award agreement if application is approved by MFH Board of Directors.

Name: **Title:**

Printed name and title of organization's Chief Executive Officer (CEO):

Name: **Title:**

Signature of CEO: **Date:**

PREPARING YOUR APPLICATION NARRATIVE

The Application Narrative cannot exceed five (5) pages (excluding attachments).

The Application Narrative must be typed on standard white paper, single spaced with at least a 10-point font size and one-inch margins.

DESCRIPTION OF YOUR PROGRAM

Use the format and headings below.

A. PROGRAM OVERVIEW

- Provide a one-paragraph synopsis of the proposed program that describes the need, the demand, and the proposed activities planned to deliver the program. *Do not include a description of the actual cessation intervention.*
- Specify the total program budget and the amount of funding required from MFH.
- Specify the per-person-served annual cost of the program.

B. PROGRAM PLAN

- Identify the needs or problems of the target population addressed by the project. Explain the major assumptions about the target population and how the proposed intervention addresses those assumptions. Use local data (assessments, surveys, focus groups, etc.) as much as possible to describe the target workforce population (age, tobacco use data for the worksite or community, demographic and risk information, cultural characteristics, etc.)
- Describe any outreach efforts the organization has made to businesses regarding workplace programming. Identify businesses that have committed to the project.
- Describe the project's measurable objectives (What will be different for the target population if the program is successful? For how many? By when?)
- Describe the specific activities that move the target population toward the defined objectives (participants recruited, trainings conducted, collaborators engaged, etc.) There should be a clear, logical flow between the proposed objectives and activities.
- Include a projected timetable for the project's objectives and activities.

C. PROGRAM MANAGEMENT

- » Identify specific staff responsible for project coordination, implementation of the proposed activities and data collection. Include estimated time commitment for each staff and his/her qualifications for designated activities.
- » Describe the relationship with the regional grantee (past trainings, scheduled trainings, meetings, orientations and other relevant activities).

OVERVIEW OF YOUR ORGANIZATION

A. ORGANIZATIONAL PROFILE:

- » Describe your organization's experience and qualifications for conducting workplace tobacco activities in the targeted community.
- » Describe the role of any collaboration and/or partnerships, such as linkages with public health departments, voluntary organizations, institutional and/or individual providers, or others providing related services.

B. FINANCIAL PROFILE:

- » Describe applicant's state or federal funding sources (if any).
- » Describe the other funding sources and strategies used to maintain or increase organizational revenue.
- » List any in-kind services for the proposed program.
- » Describe funding strategies that will sustain the proposed program after MFH support ends.

2008 TPCI COMMUNITY GRANTS - WORKPLACE BUDGET
PROJECT TITLE: Enter Name of Project

	TOTAL PROJECT BUDGET				FUNDING REQUESTED FROM FOUNDATION			
	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total
Net Revenue								
Enter Type of Revenue	0	0	0	0	0	0	0	0
Total Net Revenue	0	0	0	0	0	0	0	0
Expense								
Salary	0	0	0	0	0	0	0	0
Benefits & Payroll Taxes	0	0	0	0	0	0	0	0
Total Compensation	0	0	0	0	0	0	0	0
Conferences	0	0	0	0	0	0	0	0
Equipment, Major	0	0	0	0	0	0	0	0
Equipment, Minor	0	0	0	0	0	0	0	0
Printing	0	0	0	0	0	0	0	0
Supplies	0	0	0	0	0	0	0	0
Travel	0	0	0	0	0	0	0	0
Other Direct Expense	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Evaluation Expense	0	0	0	0	0	0	0	0
Indirect Expense	0	0	0	0	0	0	0	0
Total Expense	0	0	0	0	0	0	0	0
Net Project Cost	0	0	0	0	0	0	0	0

BUDGET ASSUMPTIONS/JUSTIFICATION INSTRUCTIONS

General Instructions

The Project Budget Worksheet contains two sides. The left side, Total Project Budget, must contain total project revenue and expense. The right side, Funding Requested from Foundation, is limited to revenue that results from Foundation funding, and expenses for which Foundation reimbursement is being requested.

Under no circumstances may the net project cost on the ‘Foundation’ side be greater than the net project cost on the ‘Total Project’ side.

Instructions for ‘Funding Requested from Foundation’ Side of Worksheet

Revenue and expense assumptions/justifications are to be provided **only** for that portion of the total project for which funding from the Foundation is requested.

Each year’s revenue and expense must be fully explained as outlined below, with a total provided by line item for each year of expense. The line item totals in the narrative must correspond to the line item totals on the Project Budget Worksheet.

Net Revenue

Net Revenue: List any type of **new** revenue (e.g. Medicare/Medicaid Reimbursement, fee-for-service, client fees, etc.) for this project that will result from Foundation funding. If additional rows are needed, insert on worksheet. Explain how each type of revenue is calculated.

Example:

Medicaid. 2,000 patient visits @ $15 average reimbursement per visit. Total $30,000. 5% increase in patient visits annually with reimbursement per visit fixed with no increase.

Note: The figures on the budget worksheet would appear as follows:

	Year 1	Year 2	Year 3
Medicaid	$30,000	$31,500	$33,075

Expense

Salary: Salary is for staff that will be employed by your organization. Consulting and/or contracted positions must be listed in Other Direct Expense. For each employed staff position, state the position title, annual salary, full time equivalency applicable to this project and project cost by year.

Example:

Position	Annual Salary	FTE	Year 1	Year 2	Year 3
Physician	$150,000	.1	$15,000	$15,300	$15,606
LPN	30,000	.6	18,000	18,360	18,727
Total Salary			$33,000	$33,660	$34,333

Note: In this example, salaries are increased 2.0% annually to reflect merit increases.

Benefits & Payroll Taxes: The Foundation recognizes that benefits such as health insurance, life insurance, retirement, etc. are commonly provided to full-time employees, and that payroll taxes are required by statute. Accordingly, benefits and payroll taxes expense can be included in a project subject to the limits stated below.

State your organizations standard benefit and payroll tax rate expressed as a percentage of salary, not to exceed the following maximum percentage rates:

Full-time employee with annual salary up to $30,000: up to 32% of salary
Full-time employee with annual salary $30,001-$60,000: up to 25% of salary
Full-time employee with annual salary over $60,001: up to 15% of salary
Part-time employees: up to 10% of salary

For each position supported in whole or in part with Foundation funds, show the calculations that equate to the benefits & payroll tax funding request as follows:

Example: (assumes an established organizational rate of 20%)

Position	Annual Salary	Benefit/Tax Rate	Subtotal	FTE	Year 1 Total
Physician	$150,000	.15	$22,500	.1	$2,250
LPN	30,000	.20	6,000	.6	3,600
Total Benefits & Payroll Taxes					$5,850

Note: Most examples below this point provide an example for only year one. If additional years' funding is requested, repeat the narrative for the subsequent year.

Conferences: List name of conference(s) proposed to be attended and registration fee(s) required. (Note: travel related to conferences such as airfare, hotel, meals, etc. is listed under Travel)

Example:

Year 1: Annual ABC Conference: $200 registration fee for 2 staff members = $400.

Total Conference for Year 1: $400

Equipment, Major: (For equipment with single item value over $5,000): List each item of equipment and item cost. Attach vendor quote for each item of major equipment.

Example:

Year 1: Ford van with wheelchair lift: $24,950

Total Major Equipment for Year 1: $24,950

Equipment, Minor: (For equipment with single item value under $5,000): List item, quantity, unit cost and total cost.

Example:

Year 1

Item	Quantity	Unit Cost	Total Cost
Personal computer	2	$1,000	$2,000
Hewlett Packard laserjet printer	1	400	400

Total Minor Equipment for Year 1: $2,400

Printing: Explain how printing costs are calculated.

Example:

Year 1: Print 5,000 brochures for medical care at $1.50 per brochure.

Total Printing for Year 1: $7,500

Supplies: Explain how supplies costs are calculated.

Example:

Year 1: Medical supplies for 6,000 patients at $2.07 per patient = $12,420

Total Supplies for Year 1: $12,420

Travel: Explain how travel costs are calculated.

Example:

Year 1: Four trips weekly by nurse, average 40 miles per trip, at Missouri standard reimbursement per mile. 52 weeks X 4 trips per week X 40 miles per trip X $.455 per mile totals $3,786.

Example:

Two staff attending (name of) conference:

Airfare: $200 X 2 staff = $400

Hotel: $100 per night X 2 nights X 2 staff = $400

Meals: $40 per day X 2 days X 2 staff = $160

Total Travel for Year 1: $4,746

Other Direct Expense: Describe in detail any other type of direct expense not specifically listed above or not included in Indirect Expense as defined below and explain how the costs are calculated for each year requested.

Evaluation Expense: Evaluation expense includes cost associated with evaluating the success of the project and achievement of project objectives.

The Foundation will consider evaluation expense up to a maximum of 10% of the sub-total of Salary through Other Direct Expense (excluding Indirect Expense) on the right hand side of the budget worksheet – Funding Requested from Foundation.

If evaluation is outsourced, provide the name of the contractor or organization that will perform the evaluation services.

Indirect Expense: Indirect expense includes general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. in support of employees that provide health care services directly related to the project.

The Foundation will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits and payroll taxes).

If indirect expenses are requested, state the percentage of indirect expenses and show the calculation as follows:

Example: (assumes an Indirect expense rate of 7%)

	Year 1	Year 2	Year 3
Salary expense	$33,000	$33,660	$34,333
Indirect Rate	.07	.07	.07
Indirect Expense	$ 2,310	$ 2,356	$ 2,403

ATTACHMENT A

SAMPLE MEMORANDUM OF UNDERSTANDING

(Use one MOU for each regional grantee, partner and business involved in the project)

MEMORANDUM OF UNDERSTANDING

between

(Insert name of Regional Grantee or Partner)
("hereinafter referred to as Regional Grantee" or "Partner" or "Business")

and

(Insert name of Community Organization)
("hereinafter referred to as Community Organization")

Regional Grantee agrees to:

A. .
B.
C.

Community Organization agrees to:

A.
B.
C.

(Insert Authorized Signature Name) (Regional Grantee or Partner)	(Insert Authorized Signature Name) (Community Organization Name)
Date	Date

ATTACHMENT B

MAP TO MISSOURI FOUNDATION FOR HEALTH

1000 St. Louis Union Station, Suite 400
St. Louis, MO 63103

314.345.5500 or 1.800.655.5560

MFH is located on the 4th floor of the Grand Central Offices of Saint Louis Union Station. Directions are as follows:

I-70 Eastbound: I-70 East to Memorial Drive, Memorial Drive to Market, West to 18th Street, left onto 18th Street to Union Station parking lot (on right).

I-44 Eastbound: I-44 East to Lafayette exit - this is a left lane exit, go slow. Stay on the exit as it merges into eastbound Lafayette, quickly move to left turn lane. Turn left onto Truman Parkway (the first stoplight). Proceed on Truman Parkway (the name changes to 18th Street near the Ameren UE building). Turn left into the Union Station parking lot at the first stoplight once over the bridge.

Highway 40 Eastbound: 40 East to 20th @ Chestnut exit, right onto 20th Street, proceed straight across 20th Street to the Union Station parking lot.

I-170 Southbound: I-170 South to 40 East to Chestnut @ 20th exit, right on 20th, cross Market Street to the Union Station parking lot.

I-55 Northbound: I-55 North to Truman Parkway exit - be alert - this is a middle exit between the 44 West (left) and 55-70 North (right) exits. Proceed on Truman (the name changes to 18th Street near the Ameren UE building). Turn left into the Union Station parking lot at the first stoplight once over the bridge.