

PROGRAM DIRECTOR

Name _____
Position Title _____
Department _____
Telephone _____
Mailing Address _____
Email address _____

OPTIONAL CO-PROGRAM DIRECTOR

Name _____
Position Title _____
Department _____
Telephone _____
Mailing Address _____
Email address _____

Dates of proposed period of support _____
Costs requested for budget period: direct _____ / total _____

APPLICANT ORGANIZATION

Name _____
Address _____
Type of Organization _____

ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name _____
Title _____
Address _____
Telephone _____
Email _____

OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

Name _____
Title _____
Address _____
Telephone _____
Email _____
Signature of Official _____
Date _____



An Innovative Approach to Inclusive Health

State Disability and Health Cooperative Agreement Application Guide

Applications due: August 19, 2019 by 11:59 pm CT.

Submit Applications to nchpadgrants@lakeshore.org.

**All questions must be submitted in writing
to nchpadgrants@lakeshore.org and will be publicly available at www.nchpad.org/grants.**

Informational Webinar: July 17, 2019 at 12:00 PM CT. [REGISTER HERE.](#)

A. Overview of Project

People with disabilities continue to experience barriers to participation in health promotion programs that take place in community settings. Inclusive programs provide people with disabilities equal access to and opportunities for healthy living. There is a need for communities across the United States to develop health promotion opportunities that are equitable for and inclusive of people with disabilities. The National Center on Health, Physical Activity and Disability (NCHPAD) developed a model to implementing health promotion programs that facilitates greater inclusion of people with disabilities. The model is called NCHPAD's inclusive Community Implementation Process (NiCIP). NCHPAD is interested in testing the NiCIP to learn if using the model facilitates greater participation of people with disabilities and builds capacity for inclusion among stakeholders in local communities.

An Innovative Approach to Inclusive Health is a competitive funding opportunity to assist communities in advancing community health inclusion efforts. NCHPAD seeks applications for a planning and implementation project developed to facilitate inclusion of people with mobility, intellectual and/or sensory disability and to increase access to physical activity, healthful food, and/or healthy weight management initiatives. **The purpose of this cooperative agreement is to (1) train program stakeholders on an inclusive implementation process, (2) build capacity for effective partner collaboration, and (3) select sustainable, inclusive programmatic, policy, systems and environmental (PPSE) strategies that support inclusion of people with disabilities in a health promotion program.**

Applicants will select from one of NCHPAD's evidence-based adapted programs listed in Table 1.

Table 1: NCHPAD’s evidence-based adapted programs		
Program	Area of Emphasis	Sector
Aquatic Exercise Association Arthritis Foundation Aquatic Program	- Physical Activity - Disability and Aging	- Community Institution /Organization
Brief Motivational Interviewing to Reduce Child Body Mass Index (BMI ²)	- Healthy Weight - Youth and Adults	- Healthcare
CATCH Kids Club	- Physical Activity - Youth	- School - Organization
Comprehensive School Physical Activity Program (CSPAP)	- Physical Activity - Youth and Adults	- School
Prevent T2 for All (Diabetes Prevention Program)	- Healthy Weight - Adults	- Community Institution/ Organization
Girls on the Run	- Physical Activity - Healthy Weight - Youth	- School - Organization
Go4Life	- Physical Activity - Disability and Aging	- Community Institution/ Organization
SPARK Afterschool	- Physical Activity - Youth	- School - Organization
USDA’s SNAP – Ed	- Nutrition - Youth and Adults	- Community Institution/ Organization
USA Track and Field’s Run.Jump.Throw	- Physical Activity - Youth	- School - Organization
Weight – Wise	- Nutrition - Healthy Weight - Adults	- Community Institution/ Organization

For more information on these programs, go to:

https://www.nchpad.org/fppics/NCHPAD%2010%20Evidence-Based%20Adapted%20Programs_Final.pdf.

B. NCHPAD’s inclusive Community Implementation Process (NiCIP) – A guided implementation process

This project is guided by an evidence-based Knowledge-To-Implementation process. The NCHPAD inclusive Community Implementation Process (NiCIP) is a four stage, 12-step process (Table 2) used to implement evidence-based health promotion strategies that are inclusive of people with disabilities. The process requires the inclusion of people with disabilities along with other stakeholders from the

disability community from planning to implementation and evaluation. Successful implementation of this process occurs at a local level with appropriate supports, training and technical assistance provided by those working at a State level (i.e. State Department of Public Health, State Department of Education). Successful implementation of this process could be replicated and scaled-up to other communities in your State.

NCHPAD’s inclusive Community Implementation Process (NiCIP) includes four stages and 12 steps:

Table 2: NiCIP Stages and Steps	
Stage 1: Prepare for Inclusion	Step 1. Mobilize an Inclusive Health Coalition Step 2. Conduct community assessments Step 3. Select inclusion solutions and customize to local context
Stage 2: Align Inclusion Solutions	Step 4. Invite community feedback Step 5. Identify challenges to implementing inclusion solutions Step 6. Revise inclusion solutions to fit the community needs
Stage 3: Prepare for Implementation of Inclusion Plan	Step 7. Finalize evaluation Step 8. Pilot test inclusion solutions Step 9. Finalize inclusion plan
Stage 4: Implement, Evaluate, & Sustain Inclusion Plan	Step 10. Implement inclusion plan Step 11. Monitor & evaluate inclusion plan Step 12. Update & sustain inclusion plan

This process is an innovative way to approach planning for and implementing inclusive health promotion programs. It requires partnerships between state agencies and community partners, a step-by-step approach, community member involvement, and ultimately supports long-term sustainability. Are communities in your State interested in trying a different approach to community health? Give NiCIP a try!

C. What Does an Awarded State and Community Receive?

Awarded states and communities will receive funding to complete the NiCIP process and training/technical assistance from NCHPAD to ensure success. Specifics include:

- Two-day orientation workshop and networking event at Lakeshore Foundation in Birmingham, Alabama with the NCHPAD Implementation Team.
- Two-day on-site workshop within each community with the NCHPAD Implementation Team to mobilize the Inclusive Health Coalition, begin development of the Inclusion Plan, energize community teams and build capacity for the work.

- Ongoing training and technical assistance from the NCHPAD Implementation Team on the guided NiCIP process and as project-specific challenges and opportunities arise.
- Linkages to national disability organizations and healthy communities expertise.
- Materials, templates, or tools needed to promote community-driven success and programmatic, policy, systems and environmental (PPSE) outcomes—consistent with the NiCIP process, evidence-based adapted program and project deliverables.
- Access to NCHPAD’s database of adapted evidence-based programs in physical activity, nutrition and healthy weight as well as an evidence-based framework for adapting programs.
- Impact video story.

D. Who Can Apply?

This application is open and available to the 19 state organizations funded under CDC-RFA-DD16-1603: Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs (known as State Disability and Health Programs). For more information about this program, go to the website:

<https://www.cdc.gov/ncbddd/disabilityandhealth/programs.html>. Applications must be submitted by the existing state funded disability and health awardee, and may not duplicate current programmatic efforts. Only one application per state may be submitted for consideration under this announcement. States funded under the previous round of An Innovative Approach to Inclusive Health funding opportunity announcement are not eligible to apply.

The state programs are required to partner with local disability and health related community organizations for successful implementation of this community-driven process. It may be advantageous to partner with communities that have existing health promotion funding from the CDC because those communities may have already established a community health coalition and built important partnerships that could be leveraged for this project. Other CDC-funded programs include, the Division of Nutrition, Physical Activity and Obesity’s State Physical Activity and Nutrition (SPAN) Programs (1807) or the CDC School Health Branch’s Improving Student Health and Academic Achievement Through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools (DP18-1801) Programs. For more information about these programs, go to:

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/span-1807-recipients.html> and <https://www.cdc.gov/healthyschools/fundedpartners.htm>.

All applications must demonstrate involvement of local disability representatives. This should include partnership with a disability service organization that serves/advocates for people with disabilities (e.g. Independent Living Centers, cross-disability or disability-specific service organizations). Additionally, people with disabilities should be included in the development, implementation and evaluation of project work.

Successful NiCIP implementation is driven by community engagement and ownership. To that end, community leaders and disability organizations are encouraged to be partners in preparing the application proposal.

E. What are we looking for?

The following expectations and components will be considered with each application.

Pre-Award Requirements:

- Attendance to an Informational Webinar about this funding announcement which introduces the process and allows for Q&A.
- Submission of a Letter of Intent (LOI) to NCHPAD by July 29, 2019. Failure to submit the LOI by the due date will disqualify the state from submitting an application.

Application Requirements:

- Demonstration of understanding of the Stages and Steps of the NiCIP model as guided by NCHPAD.
- Demonstration of an active coalition in existence that is either inclusive of people with disabilities or will become inclusive of people with disabilities as a result of this project. The coalition could be a health coalition that becomes inclusive, or a disability-focused coalition that takes on health/wellness as part of their mission.
- Letter of commitment from a community based organization with demonstrated understanding of their role in the project.
- Letter of commitment from a disability service organization that works in the selected community for this project and demonstrated understanding of their role in the project.
- Demonstration of capacity through either previous experience working with other local partners or strong readiness to do so.
- Capacity for leveraging existing community partnerships and resources.
- A commitment to equity and inclusion.
- Feasibility of project implementation within the 12-month timeline. In a 12-month project, it is expected that each community complete at least Stages 1) Prepare for Inclusion and 2) Align Inclusion Solutions. This is facilitated by existing relationships within the local community, existing relationships with disability partners, and understanding the importance of sharing the workload amongst the Inclusive Health Coalition.
- Development of a project budget and budget justification.

Post-Award Requirements:

- A commitment and capacity for project sustainability post-award.
- Ability for key project personnel to travel to the two-day orientation workshop and networking event at Lakeshore Foundation in Birmingham, Alabama.
- Ability to host a local, onsite kick-off summit (awardee responsible for meeting space and supplies) with the Inclusive Health Coalition and NCHPAD Implementation Team.
- Attend regular calls with the NCHPAD Implementation Team.
- Based on approved budget, submit monthly invoices to NCHPAD, and provide documentation for expenditure of funds.
- Agree to use a specified Learning Management System for NiCIP training, file sharing and online communication.
- Submit a 6-month progress report (template provided by NCHPAD).

- Submit a final report 60 days after completion of the project period (template provided by NCHPAD).
- Provide evaluation data as requested by NCHPAD evaluators and staff in regular intervals throughout the project period.
- Agree to have project videographed, photographed and reported by NCHPAD.
- Submit success stories as requested by NCHPAD.

F. Funding Timeline and Important Dates

Date	Activities
July 8, 2019	Announcement & Request for Proposals Issued
July 17, 2019	Informational Webinar
July 29, 2019	Letter of Intent Due
August 19, 2019	Final Applications Due
September 2, 2019	Funding Decisions Made
September 2 – 30, 2019	Contract Execution Phase
October 1, 2019 – March 31, 2020	Phase I (first 6 months of project)
October 2019	2-day Orientation Workshop in Birmingham, AL
November + December, 2019	2-day On-site Workshop in Each Community
March 31, 2020	Progress Report Due
April 1, 2020 – September 30, 2020	Phase II (second 6 months of project)
November 30, 2020	Final Project report due (60 days from project end date)

G. Award information

Funding instrument type: Cooperative Agreement
 Estimated total funding: \$200,000
 Expected number of awards: 4
 Award ceiling: \$50,000 (Includes Direct & Indirect; Indirect costs should not exceed 10%)
 Length of project period: 12 months
 Estimated start date: October 1, 2019

Funding decisions will be made by September 2, 2019 (anticipated) for a project period of 12 months, beginning on October 1, 2019 and ending on September 30, 2020. Award is contingent upon the availability of funds and receipt of satisfactory progress reports. Payment of funds will occur through a series of monthly invoices made on a cost-reimbursement basis.

H. Application Submission:

Applicants must submit a **Letter of Intent (LOI)** that describes the project and includes a preliminary budget. The LOI should be single-spaced, no longer than 2 pages and uses 12-point font. References do not have a page limit. **Completed letters must be submitted via email to nchpadgrants@lakeshore.org by July 29, 2019 at 11:59 pm CT.** Failure to submit the LOI by the due date will disqualify the state from submitting an application.

Applications for this cooperative agreement include completion of the required **Face Page, Project Narrative**, at least **2 letters of commitment** from key project partners, and a **budget and budget justification**.

The Project Narrative portion of your application is where you should describe your proposed project and address each of the application criteria (See Table 3). The Project Narrative section of the application must be single-spaced on 8.5 X 11" paper with 1" margins on all sides, and a standard font size of not less than 12. The project narrative must not exceed 8 single-spaced pages. For project narratives that exceed 8 single-spaced pages, NCHPAD will instruct reviewers to disregard all of the content on the pages beyond the 8th page. Ensure that your application package includes all required documents in a single PDF or zip file. The page limit does not apply to the face page, the budget and budget justification, letters of commitment or the letters of support. However, the page limit does apply to all of the project narrative section. An evaluation section should be included in the project narrative section. Evaluation support will be provided by NCHPAD to successful applicants.

Completed applications must be submitted via email to nchpadgrants@lakeshore.org by August 19, 2019 at 11:59 pm CT.

Budget Narrative/Justification

Provide an itemized budget breakdown for the project (capped at \$50,000) and the basis for estimating the costs of personnel salaries, benefits, project staff travel, materials and supplies, consultants and subcontracts, indirect costs, and any other projected expenditures. Personnel time must be reflected in all budgets or a source of in-kind dollars must be identified with any additional staff. Applicants should use the budget justification section to provide a detailed budget for each proposed activity. The Budget Narrative/Justification can be provided using the format "Budget Narrative/Justification – Sample Format" included in the Appendix section of this Funding Opportunity Announcement. The total amount of the award includes both direct and indirect costs. Indirect costs may not exceed 10%. Budgets exceeding \$50,000 will not be reviewed. Payment of funds will occur through a series of monthly invoices made on a cost-reimbursement basis. This award is based on available funds.

Letters of Commitment from Key Participating Organizations

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations (a minimum of 2 are required). Signed letters of commitment should be scanned and included as attachments, and must include at least 1 from each category below.

- Letter of commitment from a local and/or community organization outlining their contributions to the process and project.
- Letter of commitment from a disability service organization outlining their contributions to the process and project.

I. Review Process:

Each application submitted will be reviewed using a two-tiered process. Upon receipt of the application, NCHPAD staff will check applications for required components. Incomplete applications will not advance through the review process. Applications that meet requirements will go through the second tier of the review process. NCHPAD’s national advisory panel will review and score applications. The advisory panel is composed of highly qualified professionals, researchers, and/or individuals with disabilities with expertise in health promotion, nutrition, and physical activity for people with disabilities. Proposals will be scored using the criteria and scale found in **Section C. PROJECT CRITERIA (Table 3)**.

J. For More Information:

Please contact: Angela Grant, MBA | Program Manager II
 UAB | The University of Alabama at Birmingham
 UAB/Lakeshore Research Collaborative
 1720 2nd Ave. S | Birmingham, AL 35294-1212
 P: 205.934.8773 andrela@uab.edu

Find the following information at www.nchpad.org/grants:

- [NCHPAD’s inclusive Community Implementation Process \(NiCIP\) Overview](#)
- [NCHPAD’s inclusive Community Implementation Process \(NiCIP\) Model](#)
- [NCHPAD’s Guidelines, Recommendations, Adaptations, Including Disability \(GRAIDs\) framework](#)
- [NCHPAD’s Evidence-Based Adapted Programs](#)

An Introductory Webinar will be held on July 17, 2019 at 12:00 PM CT. [REGISTER HERE.](#)

This NOFO is supported by the Cooperative Agreement Number, 5NU27DD001157, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



An Innovative Approach to Inclusive Health

**State Disability and Health Cooperative Agreement
Grant Application**

Application Due: August 19, 2019

Application Summary:

Application Number (for reviewer to complete)	
Project Name	
State and Identified Community for Project Implementation	
Project Partners (Must include community level and disability representation)	
At Least 2 Letters of Commitment Attached (Yes/No)	Yes _____ No _____
Short Project Opportunity Description (100 words or less)	
Potential Impact Statement: How will this grant impact community health inclusion (short-term and long-term) in the selected community(s)?	

(100 words or less)	
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Overview:

An Innovative Approach to Inclusive Health is a competitive funding opportunity to assist communities in advancing community health inclusion efforts. The National Center on Health, Physical Activity and Disability (NCHPAD) seeks applications for a planning and implementation project developed to facilitate inclusion of people with mobility, intellectual and/or sensory disability and to increase access to physical activity, healthful food, and/or healthy weight management initiatives. **The purpose of this cooperative agreement is to (1) train program stakeholders on an inclusive implementation process, (2) build capacity for effective partner collaboration, and (3) select sustainable, inclusive programmatic, policy, systems and environmental (PPSE) strategies that support inclusion of people with disabilities in a health promotion program.**

NCHPAD Objectives of the Cooperative Agreement:

1. To pilot test NCHPAD’s inclusive community implementation process (NiCIP) using evidence-based adapted programs in multiple states/communities.
2. To better understand the barriers and facilitators to implementation of the NiCIP model by teams in diverse settings.
3. To facilitate the uptake of programmatic, policy, systems and environmental changes (PPSEs) that support sustainable inclusion in health promotion programs.
4. To improve the evidence base for successful strategies for implementing evidence-based adapted programs and PPSEs.

The intended outcomes of this cooperative agreement are:

- Improved evidence base for implementation of inclusive health promotion programs.
- Increased uptake of sustainable programmatic, policy, systems, and environmental changes.
- Increased participation of people with disabilities in evidence-based health promotion programs.

Application Sections:

Proposals will be scored using the criteria and scale found in the Table 3.

Table 3. Application Criteria		
Proposal Requirement	Description	Points
Significance		
1. Description of Inclusion Gap	Demonstrates an unmet need in one or more local communities related to physical activity, nutrition, and/or healthy weight management initiatives.	20
Approach		
2. Implementation Strategies and Activities	The overall plan for implementing the NiCIP model with an adapted evidence-based program is clearly described and shows a firm understanding of the process.	20
Team/Capacity		
3. Team Experience and Readiness for Inclusion	Project team has experience with the topic/program, setting, current or previous connections with stakeholders/partners, capacity and feasibility to complete the NiCIP model. Persons involved demonstrate strong leadership skills.	15
4. Stakeholder Participation	Stakeholders representing disability should include a broad range of types of disabilities, organizations, and individuals and their families and/or caregivers. Strong stakeholder involvement including letters of commitment attesting to the lack of inclusive programs and services in the community. Experience with involving disability community as partners.	20
5. Evaluation	The applicant should describe how they will evaluate whether their implementation achieved the referenced NCHPAD objectives and outcomes as well as the applicant's capacity for conducting assessments and evaluation.	10

Impact		
6. Policy/Funding Sustainability	Strong potential for sustainability of the Inclusive Health Coalition and the inclusion solutions it will choose. High potential reach based on partners involved and history in partnership activities.	15

GUIDELINES FOR BUDGET PREPARATION

INTRODUCTION

Guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by insuring that the required or needed information is provided.

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample budget

<i>Personnel</i>	<i>Total \$_____</i>			
<i>Position Title and Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<i>Project Coordinator Susan Taylor</i>	<i>\$45,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$45,000</i>
<i>Finance Administrator John Johnson</i>	<i>\$28,500</i>	<i>50%</i>	<i>12 months</i>	<i>\$14,250</i>
<i>Outreach Supervisor (Vacant*)</i>	<i>\$27,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$27,000</i>

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted. This position relates to all program objectives.

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B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. 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.

Sample Budget

Fringe Benefits *Total \$* _____

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example: Project Coordinator - Salary \$45,000

<i>Retirement 5% of \$45,000</i>	<i>=</i>	<i>\$2,250</i>
<i>FICA 7.65% of \$45,000</i>	<i>=</i>	<i>3,443</i>
<i>Insurance</i>	<i>=</i>	<i>2,000</i>
<i>Workers= Compensation</i>	<i>=</i>	<i>_____</i>

Total:

C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization. Written approval must be obtained prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information:

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services To Be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses) - list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the

GUIDELINES FOR BUDGET PREPARATION

budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Equipment

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the **Other** category.

Sample Budget

<i>Equipment</i>			<i>Total \$</i> _____
<u><i>Item Requested</i></u>	<u><i>How Many</i></u>	<u><i>Unit Cost</i></u>	<u><i>Amount</i></u>
<i>Computer Workstation</i>	<i>2 ea.</i>	<i>\$5,500</i>	<i>\$11,000</i>
<i>Computer</i>	<i>1 ea.</i>	<i>6,000</i>	<i>6000</i>
			<i>Total \$17,000</i>

Sample Justification

Provide complete justification for all requested equipment, including a description of how it will be used in the program.

Note: Equipment—Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization’s policy.

E. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

<i>Supplies</i>	<i>Total \$</i> _____
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Computer work station (specify type)

$$3 \text{ ea. } \times \$2500 = \$7,500 \qquad = \qquad \$7,500$$

Computer (specify type)

$$2 \text{ ea. } \times \$3,300 = \$6,600 \qquad = \qquad \$6,600$$

General office supplies (pens, pencils, paper, etc.)

$$12 \text{ months } \times \$240/\text{year} \times 10 \text{ staff} \qquad = \qquad \$2,400$$

$$\text{Educational Pamphlets (3,000 copies @) } \$1 \text{ each} \qquad = \qquad \$3,000$$

$$\text{Educational Videos (10 copies @ } \$150 \text{ each)} \qquad = \qquad \$1,500$$

$$\text{Word Processing Software (@ } \$400\text{-specify type)} \qquad = \qquad \$ 400$$

Sample Justification

Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the **Other** category.

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In-State Travel - Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Out-of-State Travel - Provide a narrative justification describing the same information requested above. Include project meetings, conferences, and workshops, if required. Itemize out-of-state travel in the format described above.

Sample Budget

Travel (in-State and out-of-State)

Total \$_____

In-State Travel:

<i>1 trip x 2 people x 500 miles r/t x .27/mile</i>	=	<i>\$ 270</i>
<i>2 days per diem x \$37/day x 2 people</i>	=	<i>148</i>
<i>1 nights lodging x \$67/night x 2 people</i>	=	<i>134</i>
<i>25 trips x 1 person x 300 miles avg. x .27/mile</i>	=	<i>2,025</i>
		<i>_____</i>
<i>Total</i>		<i>\$ 2,577</i>

Sample Justification

GUIDELINES FOR BUDGET PREPARATION

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend XXX conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

Sample Budget

Out-of-State Travel:

<i>1 trip x 1 person x \$500 r/t airfare</i>	<i>=</i>	<i>\$500</i>
<i>3 days per diem x \$45/day x 1 person</i>	<i>=</i>	<i>135</i>
<i>1 night=s lodging x \$88/night x 1 person</i>	<i>=</i>	<i>88</i>
<i>Ground transportation 1 person</i>	<i>=</i>	<i>50</i>
		<hr/>
<i>Total</i>		<i>\$773</i>

Sample Justification

The Project Coordinator will travel to XXXX, in City, State, to attend the XXX Conference.

G. 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.

GUIDELINES FOR BUDGET PREPARATION

Sample Budget

Other

Total \$ _____

Telephone

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Postage

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Printing

(\$ ___ per x ___ documents) = \$ Subtotal

Equipment Rental (describe)

(\$ ___ per month x ___ months) = \$ Subtotal

Internet Provider Service

(\$ ___ per month x ___ months) = \$ Subtotal

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

GUIDELINES FOR BUDGET PREPARATION

8. Contractual Costs

Cooperative Agreement recipients must obtain written approval prior to establishing a third-party contract to perform program activities. Approval to initiate program activities through the services of a contractor requires submission of the following information:

1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to NCHPAD, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

1. Total Direct Costs \$_____

Show total direct costs by listing totals of each category.

J. Indirect Costs \$_____

GUIDELINES FOR BUDGET PREPARATION

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Indirect costs should not exceed 10%.

Sample Budget

The rate is ___% and is computed on the following direct cost base of \$_____.

<i>Personnel</i>	\$	
<i>Fringe</i>	\$	
<i>Travel</i>	\$	
<i>Supplies</i>	\$	
<i>Other</i>	\$	_____
<i>Total</i>	\$	

$x \text{ _____\%} = \textit{Total Indirect Costs}$

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

Appendix A:

Required Information for Consultant Approval

This category is appropriate when hiring an individual who gives professional advice or provides services for a fee and who is not an employee of the grantee organization. All consultants require prior approval from NCHPAD annually. Submit the following required information for consultants:

1. **Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
2. **Organizational Affiliation:** Identify the organization affiliation of the consultant, if applicable.
3. **Nature of Services To Be Rendered:** Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to NCHPAD.
4. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
5. **Number of Days of Consultation:** Specify the total number of days of consultation.
6. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem,

and supplies.

7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

Appendix B:

Required Information for Contract Approval

All contracts require prior approval from NCHPAD. Funds may not be used until the following required information for each contract is submitted to and approved by NCHPAD:

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.