



# **COMMUNITY PROGRAMS TO IMPROVE MINORITY HEALTH**

## **PROGRAM GUIDELINES**

**FY 2004**

Department of Health and Human Services  
Office of Public Health and Science

### **Office of Minority Health**

**June 2004**

**LETTER OF INTENT DEADLINE DATE: July 6, 2004**  
**APPLICATION DEADLINE DATE: August 5, 2004**

*Authorized under Section 1707 of the Public Service Act, as amended.*

**OMB Catalog of Federal Domestic Assistance Number: 93.137**

## TABLE OF CONTENTS

INTRODUCTION .....	1
Program Authority .....	1
Program Purpose .....	1
Available Funding .....	1
PROGRAM OVERVIEW .....	1
Background .....	1
Project Outcomes .....	2
Project Requirements .....	2
Health Areas to be Addressed .....	3
Ideas for Developing the Proposal .....	3
NOTIFICATION OF INTENT TO APPLY .....	4
TERMS AND CONDITIONS OF SUPPORT .....	5
Eligible Applicants .....	5
Funding Priority .....	6
Period of Support .....	7
Use of Grant Funds .....	7
APPLICATION REQUIREMENTS .....	8
Application Forms .....	8
Filling Out the Budget Forms and Budget Justification Narrative .....	9
REQUIRED CONTENT OF THE NARRATIVE SECTION .....	10
Project Summary .....	11
Statement of Need .....	11
Objectives .....	12
Program Plan .....	12
Evaluation .....	13
Management Plan .....	14
Appendices .....	15
Helpful Reminders .....	15
SUBMISSION OF APPLICATION .....	16
Application Deadline .....	16
DUNS Number .....	16
Where to Send Your Application .....	16
How to Get Help .....	16

EVALUATION OF APPLICATIONS .....	17
Receipt of Applications .....	17
Review Criteria .....	18
Award Criteria .....	20
REPORTING AND OTHER REQUIREMENTS .....	20
Public Health Systems Reporting Requirement .....	20
State Reviews (E.O. 12372) .....	21
Post Award Requirements .....	21
Uniform Data Set .....	22
ADDITIONAL INFORMATION .....	22
Definitions .....	22
Healthy People 2010 .....	24
Frequently Asked Questions .....	24
APPENDICES .....	27
APPENDIX A - Memorandum of Agreement/Understanding Outline .....	27
APPENDIX B - Project Summary Outline .....	29
APPENDIX C - Progress Report Outline .....	30

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## INTRODUCTION

These program guidelines provide clarification of the information on the Community Programs to Improve Minority Health contained in the Combined Notice of Funding Availability for Programs to Improve Minority Health and Racial and Ethnic Disparities in Health published in the Federal Register on June 21, 2004. These guidelines are to be used in combination with the Federal Register notice and the general instructions provided in the application kit. Potential applicants should thoroughly read these Program Guidelines, the entire Federal Register notice and the complete application kit prior to preparing an application.

### Program Authority

This program is authorized under section 1707 of the Public Health Service Act, as amended.

### Program Purpose

The Community Programs to Improve Minority Health program seeks to improve the health status of targeted minority populations through health promotion and disease risk reduction intervention programs. It is expected that this program will:

- demonstrate the effectiveness of community-based programs in developing, implementing, and conducting demonstration projects which integrate community-based educational screening and outreach services;
- include linkages and/or referrals for access and treatment to minorities in high-risk, low-income communities; and
- address sociocultural, linguistic, and other barriers to health care.

In FY 2004, the Community Programs to Improve Minority Health program will target eight of the Secretary's priority areas (see page 3 of these guidelines).

### Available Funding

About \$3.4 million is expected to be available for award in FY 2004. It is anticipated that 17 to 30 awards will be made.

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## PROGRAM OVERVIEW

### Background

The mission of the OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help to address disparities in health.

Racial and ethnic minorities, as well as low income families and individuals in geographically isolated communities, suffer disproportionately from preventable chronic conditions and may experience poorer health outcomes than other Americans due to differences in access to health care and disparities in health care delivery.

In an effort to make a difference for those populations experiencing health disparities, The Department launched the *Closing the Health Gap Initiative*, targeting the following six health issue areas: infant mortality, cancer screening and management, cardiovascular disease and stroke, diabetes, HIV/AIDS, and child and adult immunizations. The Secretary of HHS, through the Healthy Lifestyles and Disease Prevention Initiative, is focusing efforts on obesity and overweight. In addition, asthma continues to be a Departmental priority. In support of these initiatives/priorities, the OMH is focusing its FY 2004 Community Programs to Improve Minority Health grants on the eight health issues identified above.

### **Project Outcomes**

All applicants requesting support for projects must address Project Outcomes that can decrease the targeted health disparity(ies) as demonstrated through any or all of the following:

- reduction in high-risk behaviors;
- adoption of health promoting behaviors;
- connection to a continuum of care;
- improved access to health care; and/or
- increased utilization of health services.

**Note:** Funded projects will be expected to demonstrate progress in achieving any or all of the project outcomes by the end of the project period. Such progress will be a factor in decisions regarding future funding.

### **Project Requirements**

Each project funded under this demonstration must:

1. Address at least 1, but no more than 3, of the health areas identified in the next section (Health Areas to be Addressed).
2. Identify problems, such as gaps in services; or issues, such as access to health care, affecting the targeted health area to be addressed by the proposed project.
3. Identify existing resources in the targeted health area which will be linked to the proposed project.
4. Implement an approach to address the problem(s).
5. For those applicants applying as a coalition, the coalition must be established prior to submission of the

application. The coalition must consist of three discrete organizations (i.e., community-based minority-serving organization, health care facility, and other community entity) and have the capacity to:

- plan and coordinate services which reduce existing sociocultural and/or linguistic, and other barriers to health care; and
- provide screening, outreach, health care, and enabling services to ensure that clients follow up with treatment and treatment referrals.

A single signed agreement between the applicant organization and coalition member organizations must be submitted with the application. The agreement must clearly detail the roles and resources that each entity will bring to the project, and the financial responsibility of the applicant organization to the coalition member organizations. The document must also state the duration and terms of the agreement. The agreement must cover the entire project period and be signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director).

### **Health Areas to be Addressed**

The HHS supports the effort to eliminate disparities in health status experienced by racial and ethnic minority populations by year 2010. In FY 2004, the Community Programs to Improve Minority Health will target the following eight (8) areas which are among the Secretary's priorities.

- Adult Immunization
- Asthma
- Cancer
- Diabetes
- Heart Disease and Stroke
- HIV
- Infant Mortality
- Obesity and Overweight

Applicants are required to address at least 1, but no more than 3 of these health areas.

### **Ideas for Developing the Proposal**

The following section lists some examples of activities that can be supported under the Community Programs to Improve Minority Health.

- Use of community workers to conduct street and other outreach efforts related to health problems affecting targeted populations.
- Screening, testing, referral and counseling services.

- Development of culturally sensitive and age appropriate curricula that includes basic information on various health conditions.
- Health education (disease prevention and health promotion) activities that address health problems, gaps in service or health issues using approaches such as the following.
  - Interdisciplinary teams to follow-up on participants in education programs on specific diseases or health issues.
  - Navigators who assist in improving access to health facilities and/or assist in obtaining access to health facilities and resources.
  - Health fairs, health screening and outreach activities to increase awareness of disease symptoms.
  - Hot lines, health advice lines and seminars that promote healthy lifestyles.
- Skill building activities that are not directly related to job training. This may include the following.
  - Instruction in accessing and using the Internet to improve health education knowledge, competency and practice.

- Developing health education curriculum involving train-the-trainer techniques.
- Improving the health (fitness) of the target minority group with respect to a specific health problem, gap in service or health issue.
- Health education signs, broadcasts, videos or publications targeted to the educational level and/or primary language of the selected minority population. This includes health education publications printed using simple graphics and pictures in user-friendly language.
- Projects designed to assist targeted populations in changing high risk behaviors (e.g., lack of exercise; poor diet/nutrition; tobacco/alcohol/ drug use), and subsequently adopting healthier lifestyles and practices to improve overall health.
- Development of other health education materials.

**Note:** The above does not represent an exhaustive list of activities.

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## **NOTIFICATION OF INTENT TO APPLY**

A Letter of Intent (LOI) is **required** from all potential applicants for the purpose of planning the competitive review process.

The narrative should be no more than one page, double-spaced, printed on one side, with one-inch margins, and unreduced 12-point font. LOIs should include the following information:

1. The program announcement title:  
Combined Notice of Funding Availability for Programs to Improve Minority Health and Racial and Ethnic Disparities in Health;
2. Funding Opportunity Title:  
Community Programs to Improve Minority Health;
3. Catalog of Federal Domestic Assistance Number: 93.137;
4. The health areas to be addressed; and
5. The name of the applicant agency or organization, the official contact person and that person's telephone number, fax number, and mailing and email addresses.

Do not include a description of your proposed project.

On or before **July 6, 2004** submit the LOI to:

Karen Campbell  
Director, OPHS Office of Grants Management  
Tower Building, Suite 550  
1101 Wootton Parkway  
Rockville, MD 20852

If an applicant does not submit a LOI by the established due date, the application will not be eligible for the review

process.

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## TERMS AND CONDITIONS OF SUPPORT

### Eligible Applicants

**To qualify for funding you must be a:**

1. private nonprofit, community-based, minority-serving organization which addresses health and human services;
2. community coalition, consisting of at least three discrete organizations with a community-based, minority-serving organization as the lead agency;
3. public (local or tribal government) community-based organization which addresses health and human services; **or**
4. Historically Black College or University (HBCU); Hispanic Serving Institution (HSI); or Tribal College or University (TCU).

<p><b>Note:</b> Applicants that are non-profit organizations must provide proof of nonprofit status. See page 23 for acceptable evidence of non-profit status.</p>
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The OMH is continuing, through this FY 2004 notice of funding availability, to promote the utilization of community coalitions and grassroots organizations to develop and implement health education, health promotion, and disease risk reduction programs. To that end, those organizations previously funded, or eligible to be funded, under the OMH's Health Disparities to Improve Minority Health Grant Program are eligible to apply for funding under the FY 2004 Community Programs to Improve Minority Health program.

**Note:** Faith-based organizations that meet the above criteria are also eligible to apply. Tribal organizations and local affiliates of national, state-wide or regional organizations that meet the definition of a community-based minority-serving organization are also eligible to apply.

National, state-wide, and regional organizations may not apply for these grants.

Organizations may submit only one application under this announcement. Organizations submitting more than one proposal for this grant program will be deemed ineligible, and all proposals submitted for this program will be returned without comment.

Organizations are not eligible to receive

funding from more than one OMH grant program to carry out the same project and/or activities.

### **Funding Priority**

A priority in funding will be given to applicants that have an established community coalition of **at least three** discrete organizations that include a **community-based minority-serving organization**; a **health care facility** such as a community health center, migrant health center, health department, or medical center to provide follow-up treatment services; and a **community organization** such as a social service agency, business entity, or civic association.

The coalition membership must be documented in writing. See Appendix A for a Memorandum of Agreement/ Understanding Outline.

The organization submitting the application will:

- Serve as the lead agency for the grant.
- Be responsible for the implementation and management of the grant.
- Serve as the fiscal agent for the Federal grant awarded.

### **Period of Support**

Those applicants chosen through the competitive process:

- Are to begin their demonstration project on **September 1, 2004**.
- Will receive an award, ranging from \$100,000 to \$200,000 total costs (direct and indirect) for a 12 month period.
- Will be able to apply for a non-competing continuation award up to \$200,000 for each of two additional years. After year one, funding is based on:
  - The availability of funds; and
  - Success or progress in meeting project objectives during year one of the project.

**Note:** For non-competing continuation awards, grantees must submit continuation applications, written reports, and continue to meet the established program guidelines.

### Use of Grant Funds

Budgets ranging from between \$100,000 to \$200,000 total costs (direct and indirect) may be requested per year to cover costs of:

- Personnel
- Consultants

- Equipment
- Supplies (including screening and outreach supplies)
- Grant related travel (domestic only)
- Other grant related costs

### Funds may not be used for:

- Building alterations or renovations
- Construction
- Fund raising activities
- Job training
- Medical care, treatment or therapy
- Political education and lobbying
- Research studies involving human subjects
- Vocational rehabilitation

**Note:** All budget requests must be fully justified and include a computational explanation of how costs are determined. See - **Filling out the Budget Forms and Budget Justification Narrative** on page 9.

**Note:** Funds to attend an annual OMH grantee meeting **must** be included in the budget.

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission

requirements.

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## APPLICATION REQUIREMENTS

### Application Forms

Applicants must use Grant Application Form PHS 5161-1 (Revised July 2000 and approved by OMB under Control Number 0348-0043).

**Hint:** You will need to disassemble Grant Application Form PHS 5161-1 in order to put the Application Package in the proper order.

**Order of Application Package** - All items in **bold** can be found in your application kit.

- **Face Page/cover page (SF 424) included in Form PHS 5161-1**

**Note:** Applicants seeking consideration under the funding priority for an established coalition must so indicate in the upper right corner of the Face Page.

- **Checklist (pages 25-26 of Form PHS 5161-1)**
- For private, nonprofit organizations, evidence of

nonprofit status (if not already on file with a PHS agency). (See page 23 of these guidelines for examples of acceptable proof of nonprofit status.)

- **Budget Information Forms for Non-Construction Programs (SF 424A) included in Form PHS 5161-1.**
- Detailed Budget Justification (narrative). See page 9 of these guidelines.
- Negotiated Indirect Cost Rate Agreement (if applicable)
- **Key Personnel Form**
- **Assurances-Non-Construction Programs (SF 424B in Form PHS 5161-1)**
- **Certifications (pages 17-19 in Form PHS 5161-1)**
- E.O 12372 (State Point of Contact (SPOC)) - See page 21 of these Program Guidelines. Provide a copy of the cover letter, if applicable.
- For community-based, non-governmental applicants, a Public Health System Impact Statement (see page 20 of these Program Guidelines). Include only a copy of the cover letter.

- **Project Profile**
- Table of Contents
- Project Summary (See *Appendix B* of these Program Guidelines for Project Summary Outline and Instructions.)
- Project Narrative (proposal). (See page 10 of these Program Guidelines.)
- Appendices

If you are a current grantee, you **must** also submit a Progress Report in your appendix (See *Appendix C* for Progress Report Outline).

For consideration under the funding priority, a Memorandum of Agreement/Understanding must be included in the appendix (See *Appendix A* of these Program Guidelines for suggested format).

### **Filling Out the Budget Forms and Budget Justification Narrative**

In addition to filling out the budget forms located in the application kit, you must also provide a separate budget justification narrative and computation of expenditures, as outlined below.

#### **Budget Forms**

Fill out the budget forms (SF 424A) located in the application kit. Also,

- Use SF 424A -Section B (1) to list the itemized budget for year 1 costs.
- Use SF 424A - Section B(2) to list the itemized budget for year 2 and year 3 costs.

#### **Budget Justification Narrative**

Use separate paper to write the budget justification narrative and computation of expenditures for **each year** in which grant support is requested.

- Identify your projected expenditures using only the standard budget headings listed on budget form (SF 424 A), i.e., personnel and fringe benefits, contractual, travel, equipment, supplies, and other grant-related expenses.
- Then, write your budget justification narrative and computation of expenditures under the appropriate heading.
  - The “personnel” justification should indicate, for each position to be supported by the grant:
    - name, if known
    - title
    - level of effort (percentage of time on the project)
    - salary
    - responsibilities

**Note:** Remember that all applicants must fill out the Key Personnel Form. This form must follow the budget information included in the Application Package.

- The “equipment” narrative should indicate:
  - type of equipment
  - number of items
  - cost per unit
  - who it will be used by
  - where and when it will be used
  - which objective and activity the equipment will support
  
- The justification for out-of-town “staff travel” should indicate:
  - number of out-of-town trips
  - purpose/destination of each trip
  - estimated cost of travel (e.g., airfare, train fare, mileage) for each trip
  - per diem costs (meals, lodging and local travel)
  - title/position of traveler
  - when travel will take place
  - which objective and activity are addressed.

Provide similar information on other budget items under the appropriate headings.

**Reminder:** Participation in an annual OMH grantee meeting is mandatory. Applicants must budget for up to two grant staff to attend this meeting. For planning purposes, use Chicago as the travel destination.

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## **REQUIRED CONTENT OF THE NARRATIVE SECTION**

### **How to Write the Project Narrative (Proposal)**

In place of the Program Narrative Instructions on page 21 of Form PHS 5161-1, describe your proposal using the following 7 sections, in the order provided, to present your narrative:

- PROJECT SUMMARY
- STATEMENT OF NEED
- OBJECTIVES
- PROGRAM PLAN
- EVALUATION
- MANAGEMENT PLAN
- APPENDICES

The Project Summary, Project Narrative and Appendices are limited to 45 pages (55 for currently funded grantees).

The narrative must address the project requirements specified on page 2 of these Program Guidelines.

Provide sufficient details for reviewers to be able to assess the proposal’s

appropriateness and merit.

## Project Summary

The project summary should:

- Be no more than 3 pages in length double spaced.
- Cover key aspects of the Statement of Need, Objectives, Program Plan, Evaluation Plan and Management Plan.

(See *Appendix B* for Suggested Project Summary Outline)

**Hint:** It may be easier to prepare the Project Summary after the entire narrative (proposal) is completed.

## Statement of Need

- Identify which of the health areas (up to 3) are being addressed.
- Describe and document (with data)
  - demographic information on the targeted, local geographic area.

**Hint:** Where local data are unavailable the inclusion of county/parish/district information should be considered to assist the reviewers in putting the problem in context.

- the significance or prevalence of the health problem(s) or issue(s) affecting the local target minority group(s).

**Hint:** Some sources of data are the U.S. Census, local school systems, area-wide health systems agencies, local or state health departments, and the OMHRC (1-800-444-6472).

- Describe the local minority group(s) targeted by **this project** (e.g., race/ethnicity, age, gender, educational level, income).
- Describe the applicant organization's background, including:
  - mission/purpose/service area/population served;
  - length of time in existence;
  - previous and current collaborations with health entities, local governmental agencies, civic associations, and others that show experience with the identified problem;
  - outcomes of previous and current activities with, or on behalf of, the targeted minority group(s) that show experience with the identified problem.
- If requesting consideration under the

funding priority, describe the background/experience of proposed coalition members and rationale for their inclusion in the project.

## Objectives

Objectives must relate to the purpose of the Community Programs to Improve Minority Health program (see page 1 of these guidelines), the identified problem(s), project outcome(s) and the Program Plan.

- State the objectives in **measurable** terms and include the time frame for achievement.
  - 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.
  - The time frame for achievement should indicate when the objective will be achieved.

**Hint:** Objectives should not be confused with specific tasks or activities that will be implemented to achieve the objectives.

## Program Plan

The Program Plan must clearly describe how the proposed project will be carried out.

- Describe in detail specific activities and strategies planned to achieve each objective.
- For each activity describe
  - how it is to be done
  - when it is to be done
  - where it will be done
  - who will do it
  - for whom it is to be done
- Describe any products to be developed by the project (e.g., brochures, public service announcements, videos).
- Provide a time line chart which lists:
  - each objective;
  - the activities under each objective;
  - the specific month(s) each activity will be implemented; and
  - the individual responsible for the activities by project title/position

**NOTE:** A time line should be included for **each year** that support is requested.

## Evaluation

The Evaluation Plan must identify the expected result (i.e., a particular impact, outcome or product) for each major objective and activity, and discuss the potential for replication.

- **Data Collection and Analysis**

- **Method:**

- Indicate which method will be used (e.g., comparative analysis of indicators).
    - State how data will be collected and analyzed on each indicator.
    - Identify who will collect and analyze data on each indicator.

- **Demographic Information** on the target group(s).

- Describe demographic data to be collected on persons served by the project (e.g., number served, race/ethnicity, gender, age, educational level).

- **Process Measures** describe indicators to be used to monitor and measure progress toward achieving projected results by objective. For example:

- Number of forums, seminars training sessions or focus groups to be held and number of participants.

- Number of outreach visits to be made or health fairs to be attended.
  - Number of health screenings to be conducted.
  - Number of signs or brochures to be distributed, number of broadcasts or TV spots to be aired.

- **Outcome Measures** will show that the project has accomplished the activities it planned to achieve. For example:

- Achievement of targeted number of outreach visits, seminars, and followup activities.
  - Number of times services provided.
  - Pre- and post-tests to measure participants' knowledge gain from workshops, forums, seminars, and focus groups.
  - Number of clients referred and numbers following through with referrals.

- **Impact Measures** demonstrate the achievement of the goal to positively affect health disparities. For example:

- Changes in behavior/patterns.

- Changes in baseline health data over time.
- Changes in utilization of health care or medical services over time.
- Describe the project’s potential for long-term impact on the identified health area(s).
- Discuss how the project might have applicability for similar communities.

### Management Plan

- Discuss relevant qualifications of proposed key staff for the project. Provide a resume or curriculum vitae for each proposed key staff.

**Note:** The Project Director must be an employee of the applicant organization.

- Indicate the level of effort for each proposed key staff position (e.g. 10%, 50%).
- Provide position or job descriptions for staff positions, including those to be filled.
- Provide descriptions of duties for proposed consultants and identify

which objectives they will address.

- Discuss organizational experience in managing projects/activities (especially those targeting the population to be served).
- Include a chart of the **organization’s** structure showing who reports to whom.
- Include a chart of the proposed **project’s** structure showing the relationship between the coalition partners, if applicable, and who reports to whom by position/title. The chart should identify where the organizational unit (who will administer the project) is located.

**Note:** Collaborators, consultants, subgrantees, and subcontractors are accountable to the grantee for the management of any OMH funds received.

### Appendices

All appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section. Examples include:

- The applicant organization's mission statement.
- Memorandum of Agreement or Memorandum of Understanding with coalition members.
- Progress report for currently funded Community Programs to Improve Minority Health and Health Disparities in Minority Health grantees.
- Data collection instruments.
- Relevant brochures or newspaper articles.

**Note:** Items included in this section count against the proposal's page limitation (45 for new applications, 55 for currently funded grantees).

### Helpful Reminders

In preparing your application, you must:

1. Number all pages sequentially including any appendices. (Do not use decimals or letters, such as: 1.3 or 2A).
2. Type all materials in size 12 font, with 1" margins.

3. Use 8½ by 11 inch white paper.
4. Type on one side of the paper only.
5. Not exceed a total of 45 pages for the project summary, project narrative and appendices (55 pages for currently funded grantees). **If you are a currently funded grantee, you must include a Progress Report (maximum of 10 pages) in your appendix. (Refer to Appendix C for Progress Report Outline.)**
6. Not staple or bind the application package. Use rubber bands or binder clips.
7. Send an original, signed in blue ink, and 2 copies of the application package.

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### SUBMISSION OF APPLICATION

#### Application Deadline

**Note:** The pages of the project summary must be double spaced. However, the project narrative (proposal) may be single or double spaced.

Send your application in by **August 5, 2004**.

Applications will be considered as meeting the deadline if they are received by the Office of Public Health and Science, Grants Management Office by **5 p.m. EDT on August 5, 2004**. OPHS will not acknowledge receipt of applications.

Applications submitted by e-mail, FAX (facsimile transmission) or any other electronic format **will not** be accepted.

Applications which do not meet the deadline will be considered late and will be returned unread.

### **DUNS Number - New Requirement**

All applicants are required to obtain a Data Universal Numbering System (DUNS) number as preparation for doing business electronically with the Federal Government. **The DUNS number must be obtained prior to applying for OMH funds.**

The DUNS number is a nine-character identification code provided by the commercial company Dun & Bradstreet, and serves as a unique identifier of business entities. There is no charge for requesting a DUNS number, and you may register and obtain a DUNS number by either of the following methods:

Telephone: 1-866-705-5711

### **Website:**

<https://eupdate.dnb.com/requestoptions.html>

Be sure to click on the link that reads, "DUNS Number Only" at the left hand, bottom corner of the screen to access the free registration page. Please note that registration via the web site may take up to 30 business days to complete.

### **Where to Send Your Application**

Send an original, signed in blue ink, and 2 copies of your grant application to:

Karen Campbell  
Director  
OPHS, Office of Grants  
Management  
Tower Building, Suite 550  
1101 Wootton Parkway  
Rockville, Maryland 20852

### **How to Get Help**

For technical assistance on budget and business aspects of the application contact:

Eric West  
Associate Grants Management  
Officer  
OPHS, Office of Grants  
Management

Phone: (301) 594-0758  
 E-mail:  
[ewest@osophs.dhhs.gov](mailto:ewest@osophs.dhhs.gov)

For questions about programmatic information and/or technical assistance in preparing your grant application, contact:

Stacey Williams-Diggs  
 Project Officer  
 Division of Program Operations  
 Office of Minority Health  
 Phone: (301) 594-0769  
 E-mail: [sdiggs@osophs.dhhs.gov](mailto:sdiggs@osophs.dhhs.gov)

**For additional technical assistance:**

- Contact the OMH Regional Minority Health Consultant for your region listed in your grant application kit.

**For health information:**

- Call the OMH Resource Center (OMHRC) at 1-800-444-6472.

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## EVALUATION OF APPLICATIONS

### Receipt of Applications

- Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the announcement will not be accepted for review and will be returned without comment.
- Accepted applications will be reviewed for technical merit in accordance with Public Health Service policies.
- Accepted applications will be evaluated by an Objective Review Committee (ORC). Committee members are chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by the racial/ethnic minority populations in the United States.

### How Applications Are Scored

Applications will be reviewed on their own merits, and will not be compared to each other. The ORC will determine how well the application meets the review criteria and if it included all the required information. The ORC will make recommendations to OMH about the funding of applications.

### **Review Criteria**

The technical merit of the applications will be assessed by the ORC considering the following 5 factors:

**Note:** The following factors are presented by order in which they are addressed in the narrative.

#### ***Factor 1: Statement of Need (15%)***

- Demonstrated knowledge of the problem at the national and/or local level as applicable.
- Significance and prevalence of the identified health problem(s) or health issue(s) in the proposed community and target population.
- Extent to which the applicant demonstrates access to the target community(ies), and whether it is well positioned and accepted within the community(ies) to be

served.

- If applicable, demonstrated support and established linkage(s) in order to conduct the proposed model.
- Extent and documented outcome of past efforts/activities with the target population.
- For current grantees, documented outcome of activities funded under the Community Programs to Improve Minority program or Health Disparities in Minority Health Grant program.

**Note:** Currently funded grantees **must** attach a Progress Report describing project accomplishments and outcomes.

#### ***Factor 2: Objectives (15%)***

- Merit of the objectives.
- Relevance to the program purpose, project outcomes and stated problem.
- Attainability of the objectives in

the stated time frames.

***Factor 3: Program Plan (35%)***

- Appropriateness of proposed approach and specific activities for each objective.
- Logic and sequencing of the planned approaches in relation to the objectives and program evaluation.
- Soundness of any established partnerships (e.g., coalition, linkages)
- Likelihood of successful implementation of the project.

***Factor 4: Evaluation (20%)***

- Appropriateness of the proposed data collection, analysis and reporting procedures.
- Clarity of the intent and plans to document the activities and their outcomes.
- Potential for the proposed project to impact the health status of, and barriers to health care experienced

by the targeted minority populations.

- Potential for replication of the project for similar target populations and communities.

***Factor 5: Management Plan (15%)***

- Applicant organization's capability to manage and evaluate the project as determined by:
  - The qualifications and appropriateness of proposed staff and requirements for “to be hired” staff and consultants.
  - Proposed staff level of effort.
  - Management experience of the applicant.
  - Applicant's organizational structure.
- Appropriateness of defined roles including staff reporting channels and that of any proposed staff

within and between participating organizations.

- Clear lines of authority among the proposed staff and between any participating organizations.
- Experience of each coalition member, if applicable, as it relates to the defined roles and the project.

### **Award Criteria**

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health, OMH, and will take into consideration:

- The recommendations and ratings of the ORC.
- Geographic and racial/ethnic distribution.
- Health areas to be addressed.
- Funding priority.

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### **REPORTING AND OTHER REQUIREMENTS**

### **Public Health Systems Reporting Requirement**

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS).

The PHSIS informs State and local health officials about proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions.

### **Submitting Needed Information**

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted:

- A copy of the face page of the application (SF 424).
- A summary of the project (PHSIS). The summary should be 1 page or less and include:

- A description of the population to be served.
- A summary of the services to be provided.
- A description of the coordination planned with the appropriate State or local health agencies.

**Note:** Include **only** a copy of the cover letter with your application.

### **State Reviews (E.O. 12372)**

This program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

This application kit includes a listing of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. The SPOC list is also available on the Internet at the following address:

<http://www.whitehouse.gov/omb/grants/>

[sloc.html](#).

Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process.

For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State.

The due date for State process recommendations is 60 days after the application deadline established by the OPHS Grants Management Officer. The OMH does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See “Intergovernmental Review of Federal Programs,” Executive Order 12372, and 45 CFR Part 100 for a description of the review process and requirements).

### **Post Award Requirements**

If you are selected for funding, you will need to let OMH know how your project is doing by sending:

- Semi-annual Progress Reports
- Annual Financial Status Reports

- A Final Project Report and Financial Status Report

Grantees will be informed of the progress report due dates. Instructions and report format will be provided prior to the required due date. The Annual Financial Status Report is due no later than 90 days after the close of each budget period. A Final Project and Financial Status Report are due 90 days after the end of the project period. Instructions and due dates will be provided prior to required submission.

### **Uniform Data Set**

The Uniform Data Set (UDS) system is designed to assist in evaluating the effectiveness and impact of grant and cooperative agreement projects. All Office of Minority Health (OMH) grantees are required to report program information, using the web-based UDS. Training will be provided to all new grantees (including cooperative agreement grantees) on the use of the UDS system, during the annual grantee meeting.

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## **ADDITIONAL INFORMATION**

### **Definitions**

For purposes of this grant program, the following definitions apply:

***Community-Based Organizations***– Private, nonprofit organizations and public organizations (local or tribal governments) that are representative of communities or significant segments of communities where the control and decision-making powers are located at the community level.

***Community-Based Minority-Serving Organization*** - A community-based organization that has a history of service to racial/ethnic minority populations (See definition of ***Minority Populations*** on page 23.)

***Community Coalition***– At least 3 discrete organizations and institutions in a given community. The organizations work together on specific community concerns, and seek resolution of those concerns. A formalized relationship documented by written memoranda of understanding/agreement signed by individuals with the authority to represent the organizations (e.g., chief executive officer, executive director, president/chancellor) is required.

**Funding Priority**– a factor that causes a grant application to receive a fixed amount of extra rating points which may place that application ahead of others without the priority on a list of applicants recommended for funding by a review committee.

**Health Care Facility**– A private nonprofit or public facility that has an established record for providing comprehensive health care services to a targeted, racial/ethnic minority community.

A health care facility may be a hospital, outpatient medical facility, community health center, migrant health center, or a mental health center. Facilities providing only screening and referral activities are not included in this definition.

**Minority Populations**–

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander

(\*Revision to the Standards for the Classification of Federal Data on Race and Ethnicity, *Federal Register*, Vol. 62, No. 210, pg. 58782, October 30, 1997)

**Nonprofit Status** - Any of following serves as acceptable proof of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.
- Any of the above proof for a State or national organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

**Sociocultural Barriers**– Policies, practices, behaviors and beliefs that

create obstacles to health care access and service delivery. Examples of sociocultural barriers include:

- Cultural differences between individuals and institutions
- Cultural differences of beliefs about health and illness
- Customs and lifestyles
- Cultural differences in languages or nonverbal communication styles

## Healthy People 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led national activity announced in January 2000 to eliminate health disparities and improve years and quality of life.

Information on the Healthy People 2010 **objectives** can be found on the Healthy People 2010 web site at:  
<http://www.healthypeople.gov>.

Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512-1800. The cost is \$70 for the printed version or \$20 for CD-ROM. Another reference is the Healthy People 2000 Final Review-2001.

For 1 free copy of Healthy People 2010, contact NCHS:

The National Center for Health Statistics  
Division of Data Services  
3311 Toledo Road  
Hyattsville, MD 20782

Or, telephone (301) 458-4636

*Ask for DHHS Publication No. (PHS) 99-1256.*

The document may also be downloaded from the Healthy People 2010 web site:  
<http://www.healthypeople.gov>.

## Frequently Asked Questions

1. **Where can I get more information about the program?**  
See the section of these Program Guidelines entitled "How to Get Help" (page 17) for federal staff contact information. You may also visit the web site  
<http://www.omhrc.gov>.
2. **Who is eligible to apply?** Private community-based, minority-serving organizations who are eligible to apply must be nonprofit organizations. Public community-

based organizations which address health and human services are also eligible to apply for these Community Programs to Improve Minority Health Grants. Tribal organizations, faith-based organizations and **local** affiliates of national, state-wide or regional organizations that meet the definition of a community-based, minority-serving organization are also eligible to apply. Historically Black College or Universities (HBCUs); or a Hispanic Serving Institutions (HSIs); or a Tribal Colleges or Universities (TCUs) are also eligible to apply.

3. **Who is not eligible to apply?** National, state-wide, and regional organizations are not eligible to apply for these grants.
4. **If the applicant organization is both a community-based, minority-serving organization and a health care facility, are two other organizations still required to form a coalition for consideration under the funding priority?** Yes. At least three, discrete organizations are required to be considered as a coalition for the purposes of this project.

5. **Can a religious organization apply?** Yes, if the organization meets the eligibility criteria and provides proof of its non-profit status (see page 23 for acceptable evidence of non-profit status).
6. **What is a “CFDA” Number?** The Catalog of Federal Domestic Assistance (CFDA) is a Government-wide compendium of Federal programs, projects, services, and activities that provide assistance. Programs listed therein are given a CFDA Number. The CFDA Number for the Community Programs to Improve Minority Health is 93.137.
7. **How much money is an applicant eligible to apply for?** Each applicant may request a budget ranging from \$100,000 to \$200,000 per year for each of three years. Matching funds are not required.
8. **Do I budget for one year or three years?** Each applicant must submit a budget for each year support is requested. The period of support for each project is up to three years.
9. **Can the proposed project address health areas that are not among the eight (8) identified health areas?** No. The health areas listed

on page 3 of these program guidelines have been identified as those with significant disparities in health status experienced by racial and ethnic minority populations and are the focus of the Community Programs to Improve Minority Health.

spaced. Type all materials in size 12 point font with 1" margins.

10. **Can you tell me exactly which forms are required for this application?** Form PHS 5161-1, the Project Profile and the Key Personnel Form are required. The application kit for this program is available on-line at [www.omhrc.gov](http://www.omhrc.gov).
  
11. **How do I submit an application?** Send an original, signed in blue ink, and 2 copies of your grant application to:  
  
Karen Campbell  
Director  
OPHS, Office of Grants  
Management  
Tower Building, Suite 550  
1101 Wootton Parkway  
Rockville, Maryland 20852
  
12. **Should my proposal be single or double-spaced?** The project summary must be double-spaced. However, the project narrative (proposal) may be single or double-

## **APPENDICES**

### **APPENDIX A**

**Department of Health and Human Services  
Office of Minority Health  
Community Programs to Improve Minority Health  
FY 2004**

**Memorandum of Agreement/Understanding Outline  
(Sample Format)**

#### **I. Coalition Member Organizations**

Identify the organizations that are members of the coalition and the individuals representing them. Provide a statement which indicates that by signing the document, the organizations commit to executing the activities and providing the resources as detailed in the agreement.

#### **II. Project Activities**

Summarize the activities to be carried out by each organization relative to the proposed project.

#### **III. Commitment of Resources**

Delineate the resources each member organization will provide to the project. Also indicate the amount of grant funds, if any, each organization will receive.

#### **IV. Term of Agreement**

Indicate the specific dates of the agreement. The term of the agreement should at least endure the life of the grant. Also indicate the terms for termination of the agreement.

**V. Signatures**

A representative from the applicant organization and each coalition member organization must sign this document. The agreement must be signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director).

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**Department of Health and Human Services**  
**Office of Minority Health**  
**Community Programs to Improve Minority Health**  
**FY 2004**  
**Project Summary Outline**

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**INSTRUCTIONS:** The Project Summary should provide a concise recapitulation of the key aspects of the application. The summary should follow the recommended format, not exceed three pages and be typed double-spaced on one side of plain, 8 ½" x 11" white paper with 1" margin using no less than 12 point font.

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<b>PROJECT TITLE:</b>	Full name of the project
<b>APPLICANT:</b>	Applicant organization's name
<b>LOCATION:</b>	City, State, Zip Code
<b>PROJECT DIRECTOR:</b>	Name of the Project Director, telephone & fax number(s), and e-mail address
<b>PROPOSED YEAR 1 BUDGET:</b>	Total Direct/Indirect
<b>PROPOSED SERVICE AREA:</b>	Specify counties, cities, neighborhoods, or communities to be served by project activities
<b>TARGET POPULATION:</b>	Minority population(s) to be served by project

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**STATEMENT OF NEED:**

**OBJECTIVES:**

**PROGRAM PLAN:**

**PRODUCTS:**

**EVALUATION PLAN:**

**MANAGEMENT PLAN:**

**APPENDIX C**

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**Department of Health and Human Services  
Office of Minority Health  
Community Programs to Improve Minority Health**

**Progress Report Outline  
(Suggested)**

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The progress report must contain a description of the activities conducted under the current Community Programs to Improve Minority Health or Health Disparities in Minority Health grant. At a minimum, each of the following items must be addressed. Additional information relevant to the program may be included.

**I. PROGRAM INFORMATION**

- A. Name of Project Director
- B. Grant Program (Community Programs to Improve Minority Health or Health Disparities in Minority Health)
- C. Grant Number as shown on the “Notice of Grant Award”
- D. Time period covered by this Progress Report

**II. SPECIFIC OUTCOMES**

- A. State the original project objectives, summarize the activities implemented to achieve and measure each objective, and summarize accomplishments of those activities with specific outcomes for each objective.
- B. Provide summary data on project participants (e.g., number served, race/ethnicity, gender) services provided.
- C. Discuss the findings of program evaluations.
- D. Describe all products directly related to project activities (e.g., brochures, displays, media addresses).

- E. Discuss staffing changes including additions/deletions of funded positions and any unfilled staff positions and their impact on the program.

### **III. CHANGES IN PROGRAM PLAN AS ORIGINALLY APPROVED**

- A. Describe any changes or modifications made to the original objectives. Specifically explain the changes/modifications and their significance in conducting the project.
- B. Discuss problems encountered and how they were resolved.