



**REQUEST FOR APPLICATIONS**

# **Childhood Asthma Linkages in Missouri (CALM)**

2008



# 2008 Childhood Asthma Linkages in Missouri

## Request for Applications

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## **OVERVIEW**

The Missouri Foundation for Health (MFH) has designed the Chronic Care Priority Area Grant (PAG) to support the prevention and management of chronic diseases. In 2006 and 2007, MFH awarded funding to organizations to implement the self-management component of the nationally recognized Chronic Care Model in the area of diabetes.

For 2008, MFH is focusing its attention on childhood asthma, a significant public health problem both nationwide and in Missouri, particularly among children. From 1980 to 1996, asthma prevalence among children increased by an average of 4.3%.<sup>1</sup> Low-income populations, minorities, and children living in remote rural communities and inner cities experience disproportionately higher morbidity and mortality due to asthma. Although there is no cure, asthma can be controlled by learning how to recognize and manage contributing factors including airborne allergens and irritants and related illnesses, such as respiratory infections, sinus infections and gastrointestinal reflux disease.

As a result, MFH has designed the Childhood Asthma Linkages in Missouri (CALM) PAG to support the implementation and expansion of comprehensive, innovative, and evidence-based programs to improve health outcomes for school-age children with asthma. Specifically, the CALM PAG will support program models led by hospitals, school districts or university-based health centers that utilize community-based approaches to build successful linkages among those responsible for asthma care in children.

MFH's goals for CALM are to support organizations that:

- » *Raise childhood asthma awareness and promote asthma education in community settings,*
- » *Identify, diagnose and address untreated asthma cases,*
- » *Reduce barriers in asthma self-care for children and dependent care, and*
- » *Reduce the occurrence of disabling asthma in children.*

## **BACKGROUND**

Nationally, asthma is the number one chronic illness in children. This chronic disease ranks as the third leading cause of hospitalization in children across the U.S. with an annual treatment

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<sup>1</sup> Asthma's Impact on Children and Adolescents, Centers for Disease Control and Prevention, June 2007. (<http://www.cdc.gov/asthma/children.htm>)

cost of nearly \$3.2 billion. Asthma is one of the leading causes of school absenteeism. In 2003, more than 4 million children reporting at least one asthma attack missed an estimated 12.8 million school days.<sup>2</sup>

In Missouri, approximately 1 in 12 children under age 18, or 115,000 youngsters, suffer from asthma<sup>3</sup>. Children with asthma miss an average of eight school days per year due to their chronic condition.<sup>4</sup> Asthma is the leading chronic condition for both emergency department visits and inpatient hospitalizations for children under age 15<sup>5</sup>. The rate of emergency department visits due to childhood asthma is disproportionately higher among African Americans, children under age 15 and Medicaid recipients.

## **PROGRAM DESIGN**

The purpose of the CALM PAG is to demonstrate that collaborations between a child's school, medical care provider and other community organizations lead to better overall asthma care for the child, and an overall reduction in asthma symptoms. The CALM PAG is a multi-faceted program initially focusing on establishing linkages among schools, medical care providers and community organizations. Lead organizations eligible to apply are school districts, hospitals and university-based health centers.

This Request For Applications (RFA) is for organizations that seek to develop and implement a comprehensive childhood asthma treatment and prevention program that is fully integrated into the organization's operations. The most successful programs are those incorporating long-term behavior change and developing the necessary systems to advance comprehensive asthma care for children.

Programs funded through this PAG will provide detailed plans and activities that clearly articulate:

- » Educational & Skills Training Programs for Children and Care Givers. Provide educational and skills training programs for children and caregivers that teach and empower children to recognize symptoms of asthma, adhere to asthma care plans, and develop & maintain healthy behaviors and habits.

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<sup>2</sup> Healthy Youth (<http://www.cdc.gov/healthyyouth/asthma>)

<sup>3</sup> 2006 Missouri Asthma Surveillance Report

<sup>4</sup> Asthma and Allergy Foundation of America. Asthma Facts and Figures, March 2006

<sup>5</sup> MDHSS—2004 MICA (Hospital Discharges and Emergency Department Visits)

- » *Educational & Training Programs for School Nurses, Teachers and School Staff.* Train school personnel (i.e., nurses, teachers, bus drivers and coaches) to recognize signs and symptoms of asthma. Coordinate with primary care providers and school personnel to develop asthma action plans for children.
- » *Training Primary Care Physicians on Asthma Care Standards.* Administer appropriate level of care according to national asthma care standards (*Expert Panel Report – Asthma Guidelines-NHLBI*). Train primary care providers in developing a holistic asthma care plan addressing care at home and at school. Equip health care providers to deliver effective education for asthma self-care (children) and for care of dependent children with asthma (parents and other caregivers.)
- » *Collaboration with Community Partners.* Demonstrate strong collaborations and partnerships among schools, health care providers, and other community organizations that increase children’s access to primary/specialty medical care, medications, supplies, and environmental assessments which may include measurement of dust, mold, and other environmental hazards. Evidence of such relationships should include memorandums of understanding, letters of agreement, and letters of support.
- » *Follow-Up Care and Communication.* Demonstrate capacity and describe methods to provide patient follow-up care, evaluate asthma control, assess implementation of and adherence to asthma action plans, monitor clinical outcomes and increase opportunities for key stakeholders to enact best practices for the care of children with asthma.
- » *Sustainability.* Demonstrate integration of the asthma care program into the organization’s ongoing delivery of care and strategies that promote continuity of program beyond MFH funding.

A total of \$4 million has been allocated by MFH for the CALM PAG in 2008. Applicants may apply for a maximum of \$750,000 over a 60-month (5 years) period to cover direct programmatic costs related to activities under this program.

### **Examples of Successful Interventions and Care Models**

Childhood asthma experts identify several core elements of successful asthma interventions. Examples of successful programs address the following areas:

- » Comprehensive asthma interventions directed toward targeted/disparate populations using community partnerships (schools, community organizations, housing organizations, health coalitions, advocacy groups, etc.)

- » Comprehensive education of health care providers for asthma care and control, patient education and general asthma awareness
- » Comprehensive asthma case management that coordinates linkages among clinical and community resources.
- » Asthma self-management programs that promote children's and caregivers' ability to maintain daily functions of life through correct usage of medications/equipment, recognition of environmental triggers, asthma symptoms and access to community resources for asthma care.

A list of resources related to asthma programs and standards of care can be found on page 20 of this RFA.

## **PROGRAM EVALUATION**

### ***Applicant Program Evaluation***

Applicants must demonstrate the relationship between the project objectives and the proposed interventions through the use of evidence-based sources. Applicants are responsible for collecting program specific data for immediate and intermediate outcomes reflecting the objectives of the program. Examples of data measures are clinical condition change, knowledge level, behavior change, and self-management success. Additionally, process measures must be identified that relate to the specific activities of the program, including such measures as the level of participation in professional training, the extent that asthma best practice standards are integrated into clinical routines, degree of success in increasing access to social support services, and child/family satisfaction with educational and clinical services. Data collected from proposed interventions and outcomes should correspond with recommended measures from evidence-based sources such as CDC's *Healthy People 2010* or Health Disparities Collaboratives ([cdc.gov](http://cdc.gov) or [healthdisparities.net](http://healthdisparities.net).)

Funded grantees must demonstrate the capacity to collect baseline and interval data for process and outcomes measures specific to the proposed interventions related to their program design and objectives. MFH will consider up to 10% of the subtotal of direct expense requested by applicants to support evaluation activities required of funded grantees.

### ***External Evaluation***

Throughout the duration of this PAG, a MFH-contracted external evaluator will evaluate the overall impact of the funded programs by linking intervention types and proposed objectives to

MFH's intended goals (see *Overview section*). Funded organizations and the contracted external evaluator will work together to evaluate measures related to childhood asthma that will assess a continuum of outcomes.

Funded organizations are expected to:

- » Work collaboratively with all partners and the external evaluator to collect data and evaluate the combined impact of all programs funded under this PAG.
- » Participate in meetings with MFH staff, contracted external evaluators, and all partners funded under this PAG.

## **FUNDING GUIDELINES**

### **Allowable Costs and Activities**

The following line items can be requested under this PAG:

- » Salaries/benefits
- » Related equipment and supplies
- » Evaluation (up to 10% of total direct expense)
- » Other direct expenses (staff training, etc.)
- » Grant-related travel (NOTE: for applicants outside the St. Louis metropolitan area, include the cost of mileage, lodging and per diem to participate in twice-yearly convenings hosted by MFH in St. Louis.)
- » Indirect expenses (up to 15% based on salaries only, exclusive of benefits/payroll taxes)

See the budget and budget narrative instructions and the MFH Funding Guidelines ([http://www.mffh.org/funding\\_guidelines.html](http://www.mffh.org/funding_guidelines.html)) for further details on allowable costs and activities.

## **ELIGIBILITY**

Applicants and the majority of the targeted population served must be located within the MFH service area, which includes 84 counties and the City of St. Louis. Applicants must also meet the general MFH funding guidelines (see eligibility criteria, or refer to the *MFH Funding Guidelines* at [http://www.mffh.org/funding\\_guidelines.html](http://www.mffh.org/funding_guidelines.html)).

Eligible organizations include school districts, hospitals and university-based health centers that demonstrate:

- » capability to carry out required elements as defined in the RFA,
- » ability to identify, recruit and track patients, monitor clinical and behavioral outcomes, and
- » partnerships with community-based organizations that leverage other resources that improve patient care.

The following requirements also apply:

- » Applicants must either be a government agency or a nonprofit organization exempt from federal tax under Section 501(c)(3) of the IRS code.
- » 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 in good standing are ineligible to apply until their status has been resolved and reclassified to good standing.
- » MFH funding cannot exceed 25% of an organization's annual expense budget. All current MFH grants and contracts are considered in calculating an organization's 25% limit. In-kind expenses are not considered in determining the size of an annual expense budget.

Only one application to this RFA will be accepted per applicant organization, as determined by the federal tax ID number.

## **SELECTION CRITERIA**

Applications that meet the minimum qualifications will be internally reviewed by a MFH staff team and advisory review panel. Applications will be assessed based on how well applicants demonstrate capacity to implement integrated childhood asthma interventions, improve patient involvement, and sustain community collaborations and partnerships. Applicants will be assessed by their ability to thoroughly articulate the organization's Program Overview, Program Plan, Program Evaluation, Organizational Profile, and Financial Profile. Further details can be found in the *Preparing Your Application* section (pages 12-13).

## **TIMETABLE**

<b>Application Available:</b>	November 19, 2007
<b>Pre-Application Conference Call:</b>	December 12, 2007
<b>Application Deadline:</b>	January 17, 2008 (must be received by 4 pm in MFH offices)
<b>Committee Review:</b>	May 2008
<b>Anticipated Award:</b>	May 2008

## **HOW TO APPLY**

Applicants must submit one (1) original and three (3) copies of the following materials (see the *Application Checklist*, page 9, for more information):

- » Application cover sheet
- » Application narrative
- » Line-item budget sheet and budget narrative (in MFH format)
- » All required attachments detailed on pages 9-10 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*. Mailed applications can be sent to the address below.

## **RIGHT TO REJECT**

MFH serves 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 respondent's 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

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**INQUIRIES**

Please direct all inquiries about this RFA process to Terry Plain, Program Officer, at 314.345.5542 (1.800.655.5560) or [vplain@mffh.org](mailto:vplain@mffh.org), or Web Brown, Program Officer, at 314.345.5579 (toll-free at 1.800.655.5560), or [wbrown@mffh.org](mailto:wbrown@mffh.org).

**Missouri Foundation for Health  
Attn: Childhood Asthma  
1000 St. Louis Union Station, Suite 400  
St. Louis, MO 63103**

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## **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 the application or use any special folders or bindings.

### **Submitted applications *must* contain all of the items listed below (provide one (1) original and three (3) copies of the following):**

- Application cover sheet.** Submit the one-page form located on page 11 of this packet with all spaces completely filled in.
- Application narrative.** Submit a narrative up to seven (7) pages long detailing the proposed program. Instructions for required content are included in this packet (pages 12-13).
- Project budget.** Submit a one-page table showing the requested amount for each line item. A spreadsheet for input of this information is included in this packet on page 14 and is also available on the MFH website (<http://www.mffh.org>).
- Budget narrative.** Submit a narrative that details each line item request. Instructions for required content are included in this packet (pages 15-19). Be sure to include vendor quotes for each major equipment item (equipment with single item value equal to or over \$5,000).
- 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.
- Memorandum(s) of understanding (MOUs).** Include signed MOU(s) that outline roles and responsibilities between the applicant and its partner organization(s). *An MOU as outlined in the eligibility requirements must be submitted if working with partner organizations.* A sample MOU is included in this packet (page 21).

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- Letters of support.** Include no more than three (3) 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 60 days prior to the date your application is submitted) unaudited financial statements (income statement and balance sheet).

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**Missouri Foundation for Health  
Childhood Asthma Linkages in  
Missouri (CALM)  
2008 Application Cover Sheet**



**For Internal Use Only:**

Date Received: \_\_\_\_\_

Reference Number: \_\_\_\_\_

Name of Applicant Organization:	Legal Name (if different from Applicant Organization Name):
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Address:	County:	City:	State:	ZIP:
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Primary Contact and Title:	Telephone (area code):	Fax (area code):	Email Address:
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Secondary Contact and Title:	Telephone (area code):	Fax (area code):	Email Address:
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Federal Tax ID (EIN) Number: □□-□□□□□□□□	Organization's Website:	Project Title:
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County(ies) project will serve (List All):	County(ies) where project will be implemented (List All):
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Zip Codes project will serve (List All):	Zip Codes where project will be implemented (List All):
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**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.

<b>Organizational Profile</b>	<b>Organizational Financial Profile</b>
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Age of organization (years): _____ Number of FTE staff: _____ Number of volunteers: _____	Total Amount of Project: _____ Total Amount Requested from MFH: _____ Duration of Project (months): _____
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**Target Population(s) – Please indicate the population you will be serving (Check all that apply to this project within each category)**

Age Group: <a href="http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html">http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html</a> <input type="checkbox"/> Under 5 years _____% <input type="checkbox"/> 55 to 59 years _____% <input type="checkbox"/> 5 to 9 years _____% <input type="checkbox"/> 60 to 64 years _____% <input type="checkbox"/> 10 to 14 years _____% <input type="checkbox"/> 65 to 74 years _____% <input type="checkbox"/> 15 to 19 years _____% <input type="checkbox"/> 75 to 84 years _____% <input type="checkbox"/> 20 to 24 years _____% <input type="checkbox"/> 85 years and over _____% <input type="checkbox"/> 25 to 34 years _____% <input type="checkbox"/> All Ages _____% <input type="checkbox"/> 35 to 44 years _____% <input type="checkbox"/> 45 to 54 years _____%	Race/Ethnicity(ies): <a href="http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html">http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html</a> <input type="checkbox"/> White _____% <input type="checkbox"/> Black or African American _____% <input type="checkbox"/> American Indian and Alaskan Native _____% <input type="checkbox"/> Asian _____% <input type="checkbox"/> Native Hawaiian and Other Pacific Islander _____% <input type="checkbox"/> Hispanic or Latino (of any race) _____% <input type="checkbox"/> Other _____% <input type="checkbox"/> Two or More Races _____%
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Economic Status: <a href="http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html">http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html</a> <input type="checkbox"/> Persons below 50% of poverty level _____% <input type="checkbox"/> Persons below 185% of poverty level _____% <input type="checkbox"/> Persons Between 100 & 200% of poverty level _____% <input type="checkbox"/> Above 200% of poverty level _____% <input type="checkbox"/> Unknown/Not captured _____%	Insurance Status: <a href="http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html">http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html</a> <input type="checkbox"/> Medicare _____% <input type="checkbox"/> Medicaid _____% <input type="checkbox"/> Private Insurance/Commercial _____% <input type="checkbox"/> Uninsured/Self Pay _____% <input type="checkbox"/> Unknown/Not Captured _____%
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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:

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## **PREPARING YOUR APPLICATION NARRATIVE**

The Application Narrative cannot exceed seven (7) 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. Please attach (with a paper clip) a copy of the Application Cover Sheet, Application Narrative, Line-Item Budget, Budget Narrative and required attachments listed in the Application Checklist (pages 9-10). Submit one (1) original and three (3) copies of all materials.

Do not staple or use any special folders or bindings to enhance the presentation of your proposal.

## **DESCRIPTION OF YOUR PROGRAM**

### **Application Narrative**

Follow the Application Narrative requirements by typing the corresponding headings that reflect each lettered section.

#### **A. PROGRAM OVERVIEW**

- » Provide a one-paragraph synopsis of the proposed program. In this paragraph, include a rationale for the program, interventions and activities planned.
- » Specify the total program budget and the amount of funding requested from MFH.
- » Specify the per-person-served annual cost of the program.

#### **B. PROGRAM PLAN**

- » Provide specific data that describes the population targeted for the proposed childhood asthma program.
- » Describe the current availability of services similar to those proposed for the target population.
- » Describe the unique barriers in the targeted community that limit implementation of a childhood asthma program.
- » Describe how the proposed program will successfully address the aforementioned barriers in program implementation.

Outline the program's key objectives and activities with specific timelines.

- » Will consumers/patients have an opportunity for input in designing the program? If so, describe their role and ongoing involvement.
- » For each objective, specify the anticipated results, methods of measurement, and key staff responsible for program implementation.
- » Estimate the number of individuals to be served or directly affected by the program.
- » Describe how the proposed childhood asthma program will be integrated and maintained in the organization's daily operations.

**C. PROGRAM EVALUATION**

- » Describe current or identified staff responsible for data collection.
- » Describe quantitative and qualitative measures that will determine achievement of childhood asthma reduction objectives.

**OVERVIEW OF YOUR ORGANIZATION**

**A. ORGANIZATIONAL PROFILE**

- » State the mission(s) of the organization(s) involved.
- » Describe applicant's experience and qualifications for conducting programmatic activities in the targeted community.
- » Describe any collaborations and/or partnerships and their role, such as linkages with public health departments, voluntary organizations, institutional and/or individual providers, or related services.
- » Describe applicant's previous experience in chronic disease management and that of partnering organizations, if applicable.
- » Discuss the role and qualifications of key staff that have the skills and experience to conduct and evaluate the proposed activities. Include expectations of time commitment by these staff members.

**B. FINANCIAL PROFILE**

- » Describe applicant's state and/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

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**Project Budget Worksheet**

(Double click on worksheet to begin entering numbers.)

**Childhood Asthma Linkages in Missouri (CALM)**

**PROJECT TITLE:** Enter Name of Project

	TOTAL PROJECT BUDGET						FUNDING REQUESTED FROM FOUNDATION					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<u>Net Revenue</u>												
Enter Type of Revenue	0	0	0	0	0	0	0	0	0	0	0	0
Total Net Revenue	0	0	0	0	0	0	0	0	0	0	0	0
<u>Expense</u>												
Salary	0	0	0	0	0	0	0	0	0	0	0	0
Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0
Total Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Conferences	0	0	0	0	0	0	0	0	0	0	0	0
Equipment, Major	0	0	0	0	0	0	0	0	0	0	0	0
Equipment, Minor	0	0	0	0	0	0	0	0	0	0	0	0
Printing	0	0	0	0	0	0	0	0	0	0	0	0
Supplies	0	0	0	0	0	0	0	0	0	0	0	0
Travel	0	0	0	0	0	0	0	0	0	0	0	0
Other Direct Expense	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0	0	0	0	0
Evaluation Expense	0	0	0	0	0	0	0	0	0	0	0	0
Indirect Expense	0	0	0	0	0	0	0	0	0	0	0	0
Total Expense	0	0	0	0	0	0	0	0	0	0	0	0
Net Project Cost	0	0	0	0	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:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
Medicaid	\$30,000	\$31,500	\$33,075	\$34,729	\$36,465

**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:*

<u>Position</u>	<u>Annual Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
Physician	\$150,000	.1	\$15,000	\$15,300	\$15,606	\$15,918	\$16,236
LPN	30,000	.6	<u>18,000</u>	<u>18,360</u>	<u>18,727</u>	<u>19,102</u>	<u>19,484</u>
Total Salary			\$33,000	\$33,660	\$34,333	\$35,020	\$35,720

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 and payroll tax funding request as follows:

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

<u>Position</u>	<u>Annual Salary</u>	<u>Benefit/Tax Rate</u>	<u>Subtotal</u>	<u>FTE</u>	<u>Year 1 Total</u>
Physician	\$150,000	.15	\$22,500	.1	\$2,250
LPN	30,000	.20	6,000	.6	<u>3,600</u>
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:

<u>Item</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
Personal computer	2	\$1,000	\$2,000
Hewlett Packard laserjet printer	1	400	<u>400</u>
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 = \$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%)

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
Salary expense	\$33,000	\$33,660	\$34,333	\$35,020	\$35,720
Indirect Rate	<u>.07</u>	<u>.07</u>	<u>.07</u>	<u>.07</u>	<u>.07</u>
Indirect Expense	\$ 2,310	\$ 2,356	\$ 2,403	\$2,451	\$2,500

## **ASTHMA CARE RESOURCES**

Addressing Asthma in Missouri – <http://www.dhss.mo.gov/asthma/asthmastateplan.pdf>

Asthma and Allergy Foundation of America – <http://www.aafa.org>

Better Breathing for Missouri Communities – <http://www.astmahere.org>

Centers for Disease Control – <http://www.cdc.gov>

Health Disparities Collaborative – <http://www.healthdisparities.net>

Merck Childhood Asthma Network – <http://mcanonline.org>

Models of Advancing Asthma Care – <http://www.pediatricasthma.org>

National Asthma Education and Prevention Program – <http://naepp.com>

St. Louis Regional Asthma Consortium – <http://www.asthma-stlouis.org>

## **MEMORANDUM OF UNDERSTANDING**

### **MEMORANDUM OF UNDERSTANDING**

between

**(Insert name of Applicant Organization)**  
("hereinafter referred to as Applicant Organization")

and

**(Insert name of Partner Organization)**  
("hereinafter referred to as Partner Organization")

#### **Applicant Organization agrees to:**

- A.
- B.

#### **Partner Organization agrees to:**

- A.
- B.

\_\_\_\_\_  
(Insert Authorized Signature Name)  
(Applicant Organization)

\_\_\_\_\_  
(Insert Authorized Signature Name)  
(Partner Organization)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date