

REQUEST FOR APPLICATIONS

Childhood Asthma Linkages in Missouri (CALM)

2009



2009 Childhood Asthma Linkages in Missouri

Request for Applications

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OVERVIEW

The Missouri Foundation for Health (MFH) designed the Chronic Care funding program to support the prevention and management of chronic diseases. In 2006 and 2007, MFH awarded funding to organizations to implement diabetes self-management programs to improve the health outcomes of people living with Type II Diabetes.

In 2008, MFH expanded its attention to childhood asthma, a significant public health problem both nationwide and in Missouri, particularly among children. From 1980 to 1996, asthma prevalence among children increased in the United States by an average of 4.3% per year.ⁱ 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.

MFH designed the Childhood Asthma Linkages in Missouri (CALM) program to support the implementation of comprehensive, innovative, and evidence-based programs to improve health outcomes for school-age children with asthma. Specifically, CALM will support program models led by school districts, hospitals, community-based health centers or university-based health centers using 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 their caregivers, 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 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.ⁱⁱ

In Missouri, approximately 1 in 12 children under age 18, or 115,000 youngsters, suffer from asthma.ⁱⁱⁱ Children with asthma miss an average of eight school days per year due to their chronic condition.^{iv} Asthma is the leading chronic condition for both emergency department visits and inpatient hospitalizations for children under age 15.^v 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 CALM is to demonstrate that collaborations among 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. CALM focuses on establishing linkages among schools, medical care providers and community organizations. Lead organizations eligible to apply are school districts, hospitals, community-based and university-based health centers.

This Request For Applications (RFA) is for organizations seeking to develop and implement a comprehensive childhood asthma treatment and prevention program capable of being 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.

Organizations funded through CALM will provide detailed plans and activities that balance the following elements based on their target population and communities' needs:

- » *Educate and Train 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 health-literate^{vi} asthma action plans for children.
- » *Educate & Enhance Skills for Children and Care Givers.* Provide health-literate 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 and maintain healthy behaviors and habits.
- » *Train Primary Care Physicians on Asthma Care Standards.* Administer appropriate levels of care according to national asthma care standards (*Expert Panel Report –*

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Asthma Guidelines-NHLBI). Train primary care providers in developing holistic, health-literate asthma care plans addressing care at home and at school. Equip health care providers to deliver effective education for asthma self-care (targeted to children) and for care of dependent children with asthma (targeted to parents and other caregivers).

- » *Collaborate 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 must include memorandums of understanding (included in the application) and letters of support.
- » *Provide 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.
- » *Maintain a Level of Sustainability.* Demonstrate integration of the asthma care program into the organization's ongoing delivery of care and strategies promoting continuity of program beyond MFH funding.

A total of \$4 million has been allocated for CALM grant funding program in 2009.

Applicants may apply for a maximum of \$625,000 over a 60-month (5-year) period to cover direct programmatic costs related to activities under this program. Applicants must submit a proposal for a **minimum** 36-month (3-year) project to be considered.

MFH recognizes funding requests from school-based, community-led, university-led and hospital-led organizations may vary. MFH seeks to fund a variety of projects and encourages organizations to develop comprehensive interventions and partnerships that best suit their communities' needs.

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, to recognize environmental triggers and asthma symptoms and to access community resources for asthma care

A list of resources related to asthma programs and standards of care is on page 22 of this RFA.

PROGRAM EVALUATION

In order to assess the progress of the programs toward their goals as well as changes in participants and environments, all funded programs are required to participate in both process and outcome evaluation. Program plans must include activities designed to help meet specific objectives. The objectives must be measurable (amount of the expected change) and a direct result of the planned activities. Program plans should also specify the tools or instruments, such as pre- and post-tests, satisfaction surveys or participant interviews that will be used to determine program success, including the amount of knowledge or behavior change and needed improvements or enhancements to the programs.

- » **Process Evaluation:** Detailed information about the program as it was actually implemented is invaluable for determining what worked and what did not. The program should include plans for:
 - › documenting the design and implementation of the program,
 - › describing program operations, including changes in the program, and
 - › identifying events that affect or change implementation and outcomes.

The program plan must also include a statement of the expected products and services (outputs) to be delivered by the program and information on how these outputs will be measured.

- » **Outcome Evaluation:** Assessment of the impact of a program helps determine if a program worked. The program plan should include specific activities that will create a change in knowledge, behavior or attitudes of participants and a description of the method/methods used to determine if and how much change has occurred.

Applicants and/or their designated subcontractors must demonstrate the capacity to collect baseline and interval data for process and outcome evaluation, analyze the results and recommend program improvements based on evaluation results.

Identify who will be responsible for evaluation and what percentage of the total proposal cost will be allocated towards evaluation activities. Evaluation costs can be reflected under salaries or contracted services.

External Evaluation

An MFH-contracted external evaluator will evaluate the overall impact of the funded programs by linking intervention types and proposed objectives to CALM's intended goals (*see Overview*). Funded organizations and the contracted external evaluator will work together to evaluate measures related to childhood asthma and their overall impact towards improving childhood asthma in Missouri.

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 program.
- » Participate in meetings with MFH staff, contracted external evaluators, and all partners funded under this program.

FUNDING GUIDELINES

Allowable Costs and Activities

The following line items can be requested under CALM:

- » Salaries/benefits
- » Related equipment and supplies
- » Other direct expenses (staff training, etc.)
- » Grant-related travel. 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. For those organizations with 3 or more hours travel time to St. Louis, include costs for 2 staff members to attend a grantee orientation in the first year

- » 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) 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).

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

- » capability to carry out the required elements as defined in the RFA,
- » ability to identify, recruit and track patients, monitor clinical and behavioral outcomes, and
- » development of partnerships with community-based organizations that leverage other resources to 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. No fiscal agents will be allowed for another applicant organization.
- » Applicants cannot re-grant MFH funds to any other organization (i.e., an organization with a primary purpose of raising funds for a related organization and not to provide health care services)
- » 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%

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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 on their ability to thoroughly articulate the organization's Program Overview, Program Plan, Evaluation, Organizational Profile and Financial Profile. Further details are in the *Preparing Your Application* section (pages 12-14).

TIMETABLE

Application Available:	November 10, 2008
Pre-Application Conference:	December 2, 2008
Application Deadline:	January 8, 2009 (<i>must be received by 4 pm in MFH offices</i>)
Committee Review:	March 2009
Anticipated Award:	May 2009

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

NOTE: *In addition to the mailed/hand delivered application, e-mail a copy of the application narrative, line item budget sheet, and budget narrative to: Temekka Cannon at tcannon@mffh.org. Both the mailed application and e-mailed copy of the application, as well as the budget information, are due by the deadline above.*

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

Applications may be mailed/hand-delivered and emailed to MFH offices – *no faxed 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

INQUIRIES

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

Missouri Foundation for Health

Attn: Childhood Asthma

APPLICATION ENCLOSED

1000 St. Louis Union Station, Suite 400

St. Louis, MO 63103

APPLICATION CHECKLIST

General requirements:

- » Applications that do not contain all of the required documentation *will not be reviewed* unless an applicant has contacted and obtained approval from MFH *prior to submission* to explain why certain documentation is unavailable. Incomplete applications will not be advanced to consideration for funding.
- » Do not provide any other documentation such as leaflets, promotional materials, flyers, etc.
- » Do not staple 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 eight (8) pages long detailing the proposed program. Instructions for required content are included in this packet (pages 12-14).
- Evaluation outline.** Submit an outline reporting the objectives, activities and outputs expected of the program, and their associated measures or targets. See Attachment B, page 23.
- Project budget.** Submit a one-page spreadsheet showing the requested amount for each line item. A spreadsheet for input of this information is included in this packet on page 16 and is also available on the MFH website (<http://www.mffh.org>).
- Budget narrative.** Submit a narrative that explains each line item request. Instructions for required content are included in this packet (pages 17-21). Be sure to include vendor quotes for each major equipment item (equipment with single item value equal to or over \$5,000).
- 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 24).
- Letters of support.** Include no more than three (3) letters from other organizations that express support for the proposal submitted in this application.

- 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.
- 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 income statement** (issued less than 75 days prior to the date your application is submitted)
- Current balance sheet** (issued less than 75 days prior to the date your application is submitted)

Missouri Foundation for Health Childhood Asthma Linkages in Missouri (CALM) 2009 Application Cover Sheet				For Internal Use Only: Date Received: _____ Reference Number: _____	
Name of Applicant Organization:			Legal Name (if different from Applicant Organization):		
Address:			County:	City:	State: ZIP:
Primary Contact and Title:		Telephone (area code):	Fax (area code):		Email Address:
Secondary Contact and Title:		Telephone (area code):	Fax (area code):		Email Address:
Federal Tax ID (EIN) Number:	Organization Website:		Project Title:		
County(ies) project will serve (List all):			County(ies) in which the project will be located (List all):		
ZIP codes the project will serve (List all):			ZIP codes in which the project will be located (List all):		
Tax Status					
<input type="checkbox"/> Exempt under 501(c)(3) of the IRS code <input type="checkbox"/> Exempt governmental unit <input type="checkbox"/> Other (specify) _____ All applicants must attach a Federal IRS letter. Call 1-800-829-4933 to obtain a copy. Do not send a Missouri sales tax exemption letter.					
Organizational Profile			Financial Profile of Organization		
Age of organization (years): _____			Annual Operating Expense Budget: _____		
Number of FTE staff: _____			Total amount of project: _____		
Number of volunteers: _____			Total amount requested from MFH: _____		
			Duration of project (months): _____		
Printed name and title of person authorized by organization's governing board to sign grant award agreement if application is approved by MFH Board of Directors.					
Name:			Title:		
Printed name and title of organization's Chief Executive Officer (CEO).					
Name:			Title:		
Signature of CEO:			Date:		

PREPARING YOUR APPLICATION NARRATIVE

The Application Narrative cannot exceed eight (8) 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 (page 9). Submit one (1) original and three (3) copies of all materials.

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.
 - › The number of individuals to be served or directly affected by the program.
 - › The total program budget and the amount of funding requested from MFH.
 - › The per-person-served annual cost of the program.

B. PROGRAM RATIONALE

- » Provide specific data that describes the population targeted for the proposed childhood asthma program.
- » Describe the current availability of services (if any) for the target population.
- » Describe the unique barriers in the targeted community that currently limit implementation of a childhood asthma program.
- » Describe how the proposed program will directly address the aforementioned barriers in program implementation.

C. PROGRAM PLAN

- » State the project specific objectives. Objectives must be measurable and time-specific.
- » Describe the specific activities, strategies or methods that will be used to achieve each stated objective.
- » Describe how the program activities will be evaluated including the expected outputs – process evaluation. (See *Evaluation Outline Example* below). An evaluation outline attachment is included in this RFA.
- » Describe how the success of each objective will be determined – outcome evaluation. (See *Evaluation Outline Example* below)
- » Attach a detailed timeline outlining the implementation of the proposed program plan and evaluation activities with corresponding dates.
- » Will consumers/patients have an opportunity for input in designing the program? If so, describe their role and ongoing involvement.
- » Specify key staff responsible for program implementation.
- » Describe how the proposed program will be integrated and maintained in the organization's daily operations.

Evaluation Outline Example:

Use the format in the example below to state the project objectives, activities and measurements. **NOTE:** The example below is for demonstration purposes only. Applicants must develop their individualized objectives, activities and measures. The Evaluation Outline to be completed is Attachment B of this RFA.

Objective: Increase the identification of undiagnosed and uncontrolled cases of childhood asthma.

Process Evaluation:

<u>Activities:</u>	<u>Measurement:</u>
<ul style="list-style-type: none"> • Train school personnel about signs and symptoms of asthma, environmental triggers, asthma action plans and proper medication and equipment use. 	<ul style="list-style-type: none"> • Participant feedback on presentations

<u>Outputs:</u>	<u>Measurement:</u>
<ul style="list-style-type: none"> • Training workshops 	<ul style="list-style-type: none"> • Workshop materials • Number of presentations provided annually • Number of schools included • Number of teachers, coaches, school nurses, etc who participated

Outcome Evaluation:

<u>Outcomes:</u>	<u>Measurement:</u>
<ul style="list-style-type: none"> • 70% of school staff attain a minimum knowledge of signs and symptoms of asthma, environmental triggers, asthma actions plans and proper medication and equipment use 	<ul style="list-style-type: none"> • Post training assessment of staff knowledge at 6 months of: <ul style="list-style-type: none"> ○ Signs and symptoms of asthma ○ Action plans ○ Proper medication and equipment use
<ul style="list-style-type: none"> • 70% of school staff demonstrate proper equipment use 	<ul style="list-style-type: none"> • Post training assessment of staff utilization of asthma medication equipment use at 6 months post training
<ul style="list-style-type: none"> • Increased rate of asthma cases identified 	<ul style="list-style-type: none"> • Number of identified children with asthma at each school • Number of cases previously undiagnosed • Percentage of controlled cases within total asthma cases

D. EVALUATION SUPPORT AND DATA ANALYSIS

- » Specify key staff (*either within the organization or consultant*) responsible for data collection and analysis.
- » Describe how the organization will collect data. Include details such as what surveys might be used, samples of questions, and/or what pre-existing databases the organization will use. Please state what tools will be used to collect data.
- » Describe how you will analyze the data collected.

OVERVIEW OF YOUR ORGANIZATION

A. ORGANIZATIONAL PROFILE

- » State the mission(s) of the organization(s) involved.
- » Describe the 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 the applicant's previous experience in asthma control programming or chronic disease management and that of partnering organizations, if applicable.

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 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
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 & 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	400

Total Minor Equipment for Year 1: \$2,400

Printing: Explain how printing costs are calculated.

Example:

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

Total Printing for Year 1: \$7,500

Supplies: Explain how supplies costs are calculated.

Example:

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

Total Supplies for Year 1: \$12,420

Travel: Explain how travel costs are calculated.

Example:

Year 1: Four trips weekly by nurse, average 40 miles per trip, at Missouri standard reimbursement per mile. 50 weeks X 3 trips per week X 25 miles per trip X \$.475 per mile totals \$1,781.

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: \$2,741

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.

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

CLOSED

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.asthmahere.org>

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

Communities in Action for Asthma Friendly Environments -
<http://www.asthmacommunitynetwork.org>

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>

EVALUATION OUTLINE

For each objective that supports the organization's program, list the objective and include the process and outcome evaluations using the table below. If there are additional objectives, cut and paste the table below and add the objectives with supporting measures. If there are additional activities, outputs or outcomes, add additional cells to the tables.

Objective 1: <<Objective text goes here>>

Process Evaluation:

<u>Activities:</u>	<u>Measurement:</u>
<ul style="list-style-type: none"> • <<List one activity that affects the objective here>> 	<ul style="list-style-type: none"> • <<State the measures that will assess the progress or success of the activity>>
<ul style="list-style-type: none"> • <<List one activity that affects the objective here>> 	<ul style="list-style-type: none"> • <<State the measures that will assess the progress or success of the activity>>
<u>Outputs:</u>	<u>Measurement:</u>
<ul style="list-style-type: none"> • <<List one output or product of the activities above here>> 	<ul style="list-style-type: none"> • <<State the measures that will assess the completion of the output or product>>
<ul style="list-style-type: none"> • <<List one output or product of the activities above here>> 	<ul style="list-style-type: none"> • <<State the measures that will assess the completion of the output or product>>

Outcome Evaluation:

<u>Outcomes:</u>	<u>Measurement:</u>
<ul style="list-style-type: none"> • <<List one outcome of the objective here that is supported by the above activities and outputs>> 	<ul style="list-style-type: none"> • <<State the measures that will assess the outcome>>
<ul style="list-style-type: none"> • <<List one outcome of the objective here that is supported by the above activities and outputs>> 	<ul style="list-style-type: none"> • <<State the measures that will assess the outcome>>

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

ENDNOTES

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

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

ⁱⁱⁱ 2006 Missouri Asthma Surveillance Report

^{iv} Asthma and Allergy Foundation of America. Asthma Facts and Figures, March 2006

^v MDHSS—2004 MICA (Hospital Discharges and Emergency Department Visits)

^{vi} Health Literacy is defined as “The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. Health literacy encompasses the skills of reading, writing, mathematics, listening and speaking and relies on cultural and conceptual knowledge. (Healthy People 2010)