

RFA Number: 0607131042

**NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF MINORITY HEALTH**

**Mini-Grant Program: 2007 Request for
Applications (RFA)**

Focus: Asthma, Diabetes, Heart Disease and Stroke

RFA Issue Date: September 20, 2006

RFA Questions Due: October 18, 2006

Completed Applications Due: On/Before November 6, 2006 (5:00 p.m. EST)

**Ms. Kristen M. Van Amburgh
Coordinator, Mini-Grant Program
New York State Department of Health
Office of Minority Health
Empire State Plaza, Corning Tower, Room 780
Albany, New York 12237-0092**



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

September 20, 2006

Dear Colleague:

The New York State Department of Health invites applications from not-for-profit community-based organizations and others to implement small-scale, short-term, well-defined projects designed to achieve targeted reductions in risks associated with asthma, diabetes, or heart disease and stroke in racial and ethnic minority communities. It is expected that eight (8) mini-grants of \$10,000 each will be awarded.

The Minority Health Mini-Grant Program is one of the Department's multi-pronged efforts to improve the health of all New Yorkers, specifically those at high risk for particular public health concerns. The attached funding announcement provides information about this program and the application requirements. Applications are due on or before 5:00 p.m. November 6, 2006. Projects must be completed by March 31, 2008.

Inquiries about this announcement must be submitted, in writing, by October 18, 2006. Responses will be mailed on October 25, 2006 to all those who submitted inquiries and to any organization that mails a request to:

Ms. Kristen M. Van Amburgh
Coordinator, Mini-Grant Program
New York State Department of Health
Office of Minority Health
Empire State Plaza, Corning Tower Building, Room 780
Albany, New York 12237-0092

Sincerely,

Wilma E. Waithe, RD., CDN., Ph.D.,
Director, Office of Minority Health

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A. Overview

The New York State Department of Health, Office of Minority Health's (OMH) Mini-Grant Program is part of the Department's multi-faceted approach for improving minority health. This program aims to provide a streamlined application process that can help expand the pool of minority providers, municipalities and others funded to implement minority health programs and services. The goal is to support well developed community health promotion and disease risk reduction projects that recognize communities as assets; actively engage members of the racial or ethnic groups or subgroups targeted; and integrate principles of culturally and linguistically appropriate services. It is anticipated that the Department will fund eight (8) mini-grants not to exceed \$10,000 each.

B. Eligibility Criteria

Community-based and not-for-profit organizations that are tax-exempt under Section 501 c (3) of the Internal Revenue Code, and that have a track record of providing services to racial and ethnic minorities in New York State are eligible to apply for funds under this solicitation. **Failure to meet these criteria will result in the application being disqualified, not scored, and returned to the applicant.**

C. Background

Racial and ethnic minorities represent approximately thirty-eight percent of New York State's population of 19 million persons. This includes: 16% African American, 15% Hispanic, 6% Asian American, and .4% Native American. New York's minorities are diverse. This diversity is enhanced by within-group differences in culture, language, place of residence, and socioeconomic status. Moreover, a variety of reports and other publications have documented the existence of health disparities and the disproportionate number of racial and ethnic minorities affected by health problems such as asthma, cardiovascular disease and stroke, and diabetes. Consequently, reducing health disparities is a grant-making priority for the Office of Minority Health. This office is undertaking a statewide effort to implement and evaluate programs aimed at improving our understanding of the ways that community initiated projects can improve individual and community health as well as identifying strategies to reduce health disparities. OMH's efforts include community coalition-based projects, health education/prevention, education and training, bridging communications, building relationships, and mobilizing communities to be aware of and focus on individual and societal level changes necessary to eliminate health disparities.

D. Description of Program

Through OMH's Mini-Grant Program, the Department seeks to fund interventions that will fill documented gaps in public health services that are designed to achieve measurable outcomes by reducing risks associated with asthma, diabetes or heart disease and stroke among racial and ethnic minorities. To this end, proposed projects must meet the following criteria:

- Demonstrate the potential to improve upon one or more of the following, based on previously successful, evidence-based models or programs:
 - individual knowledge and behavior;
 - community knowledge and awareness;
 - health care provider knowledge and behavior;
 - partnership development;

- organizational practice(s); and/or
 - influencing policy.
- Expand the use and availability of culturally and linguistically appropriate health education/prevention efforts;
- Outreach to and actively engage members of the racial or ethnic groups or subgroups targeted (community-based);
- Use community assets/strengths based approaches;
- Can be evaluated;
- Can be accomplished within a one year time frame.

E. Application Format

All narrative sections should use a pitch-font no smaller than twelve (12), be double-spaced, and should not exceed the page limits. Pages should have a 1 inch margin and use the 8 ½ by 11 inch paper size. Five points will be deducted for improper formatting.

Failure to meet the following criteria will result in the application being disqualified, not scored and returned to the applicant:

A copy of the Application Checklist (page 11) must be included.

The completed application packet must contain an original and four copies of the entire application, which includes the following three components:

- Completed Cover Page - signed by individual authorized by applicant's governing body to submit the grant application to the New York State Department of Health. Use format on page 8.
- Project Description - by responding to the Project Description questions in the next section. Do not exceed eight (8) double spaced, single-sided pages and font no smaller than 12 pitch.
- Completed Budget (on page 9) and Budget Justification Form(s) (on page 10).

Note: Budgets requests must not exceed \$10,000 in New York State Department of Health funds. Applications exceeding the \$10,000 limit will be disqualified, not scored, and returned to the applicant.

F. Proposed Project Description

Please answer each of the following questions completely and succinctly. Limit your responses to a total of eight (8) double spaced, single-sided pages with font no smaller than 12.

1. Describe your organization's mission and track record: (a) serving minorities, (b) providing culturally and linguistically appropriate services, and (c) using community assets/strength-based approaches. What programs and/or services do you provide? Do you know of any existing community efforts addressing this disparity? If so, please describe how your plan complements those efforts.
2. Describe the specific health disparity (asthma, diabetes or cardiovascular disease and stroke) the proposed project addresses. What is the nature of the problem as it exists in the community being served? What specific factors are contributing to this health disparity?

3. Describe the target population with regard to: (a) race and ethnicity, (b) language, (c) age, (d) gender, (e) location, (f) socioeconomic status, (g) cultural practices, and (h) other factors (specify).
4. Describe your organization’s proposed project and what impact you expect to have on the target population. If the proposed project involves partnership(s) and collaboration(s) with other organizations, letters of commitment and collaboration must be included as appendices (maximum of three letters):
 - a) The project should show positive change in on one or more of the categories described in Table 1.

Table 1: Levels of Project Support

Level of Project Support	Expected Outcome
Individual Education	Change in individual knowledge or behavior which leads to adoption of healthy behaviors.
Community Education	Change in knowledge and awareness of targeted minority group(s).
Provider Education	Change in provider knowledge and behavior likely to improve efforts to reduce the targeted disparity.
Partnership Development	Increased attention and involvement of community groups and organizations in addressing the targeted health disparity.
Organizational Practices	Organizational learning and change which influence the support of healthy behavior in the broader community.
Influencing Policy	Change in organization-level or community-level policies to support a reduction of the targeted health disparity.

- b) For each category chosen from Table 1, the description should include information on:
 - Scheduling and frequency of project components: (number and length of sessions, collaborative activities, etc.);
 - Reach: (how many individuals/community members/providers/partnerships or organizations will be involved in, or impacted by, the project);
 - Appropriateness: (Is there any evidence that this approach works with the population? How is the project tailored to meet the needs of the target population? Include example(s) of evidence-based models as appendices.
5. Describe the project’s anticipated outcomes. Include at least three objectives per category chosen from Table 1 that are *specific, measurable, achievable, relevant, and time-bound* (SMART).

Specific – Objectives should specify what they want to achieve.

Measurable – You should be able to measure whether you are accomplishing the objectives or not.

Achievable – Are the objectives you set, achievable and attainable?

Realistic – Can you realistically achieve the objectives with the resources you have?

Time – Objectives should be met and projects completed by March 31, 2008.

6. Describe the evaluation process for the proposed project. Emphasis should be given to:
(a) documenting the reach of the project (b) collecting baseline and follow-up data to measure the success of the project, and (c) capturing stories of individuals' 'before' and 'after' participation.
7. Describe how your organization will attempt to sustain the project beyond the funding period? What products will result (e.g. curricula, tools, health education materials) that could assist other organizations who may choose to replicate your model elsewhere in New York State?

G. Question and Answer Period

All inquiries regarding this funding announcement must be submitted in writing, by 5:00 p.m. October 18, 2006 to:

Ms. Kristen M. Van Amburgh
Coordinator, Mini-Grant Program
New York State Department of Health
Office of Minority Health
Empire State Plaza, Corning Tower, Room 780
Albany, New York 12237-0092

To the extent possible, each inquiry should cite the relevant section of this funding announcement. Responses to application inquiries will be mailed on October 25, 2006 to all who submitted inquiries, and to any organization that submits a written request by October 18, 2006. The questions and answers, as well as any updates and/or modifications to this RFA, will be posted on the Department of Health's website at www.health.state.ny.us/funding/ on or before November 1, 2006.

H. Letter of Interest

Submission of a Letter of Interest is encouraged, although not mandatory. The Letter of Interest must be received by October 14, 2006 at the address shown above. A sample Letter of Interest format is provided (on page 12). Organizations submitting a Letter of Interest will automatically receive responses to questions submitted.

I. Application Submission and Mailing Address

Applications must be received at the following address on or before **5:00 p.m. November 6, 2006. Applications received after this date and timeframe will be considered late and will be disqualified, not scored, and returned to the applicant (unopened).**

Send applications to:

Ms. Kristen M. Van Amburgh
Coordinator, Mini-Grant Program
New York State Department of Health
Office of Minority Health
Empire State Plaza, Corning Tower, Room 780
Albany, New York 12237-0092

J. Application Evaluation Criteria

Applications will be evaluated by Departmental review teams and graded, on a possible score of 100 points, based on the application evaluation criteria listed in Table 2. Only those applications receiving a score of at least 70 points will be considered for funding.

Table 2: Application Evaluation Criteria

EXPERIENCE AND CAPABILITY	<u>10 Points</u>
Organization has experience working with the target population (5 points). Organization demonstrates a successful track record, necessary qualifications, capacity, and leadership (5 points).	
NEED	<u>20 Points</u>
The health disparity is clearly and completely documented including: <ul style="list-style-type: none"> • The nature of the problem as it exists in the community served; • Contributing factors; and • Existing community efforts addressing this disparity. (10 points) <p>The target population is adequately described in terms of categories below: (a) race and ethnicity; (b) language; (c) age; (d) gender; (e) location; (f) socioeconomic status; (g) cultural factors; and (h) other factors (specify). (10 points)</p>	
PROJECT DESCRIPTION	<u>20 Points</u>
The applicant clearly proposes positive change in one or more of the categories from Table 1: Levels of Project Support (page 3) and discusses: <ol style="list-style-type: none"> 1. Scheduling and frequency of project components; 2. Reach; and 3. Appropriateness. (10 points) <p>For each category from Table 1 there should be at least three objectives with outcomes that are specific, measurable, achievable, relevant and time-bound (SMART). (10 points)</p>	
EVALUATION	<u>30 Points</u>
Applicant proposes a plan to: <ol style="list-style-type: none"> a. Document scheduling and frequency, reach and appropriateness of the project (5 points); b. Collect baseline and follow-up data to measure the success of the project (5 points); and c. Capture stories of individuals’ “before” and “after” participation (5 points). 	

Organization describes plans to support project after OMH funding expires (i.e., applying for other grants, integrating within existing programs, etc.) <p style="text-align: right;">(10 points)</p>	
Applicant describes how products resulting from the program (curricula, health education materials, etc.), if any, can be made available to expedite replication of the model in New York State. <p style="text-align: right;">(5 points)</p>	
BUDGET	<u>20 Points</u>
<ul style="list-style-type: none"> • The budget form (attached as page 9) is properly completed (2 points). • In-kind contribution requirement (\$2,000) is met (2 points). • Funds requested do not supplant dollars allocated to existing activities (1 point). • Line items are specific and appropriate to the number and characteristic of the target population/project activities, demonstrating cost effectiveness (5 points). • Budget justification (form on page 10) is clear and concise (10 points). 	

K. Administrative Requirements

This funding announcement is issued by the New York State Department of Health, Office of Minority Health. The department is responsible for the requirements specified herein and for the evaluation of all applications.

L. Funding Requirements

The Minority Health Mini-Grant Program will fund up to eight (8) projects not to exceed \$10,000 each. Funding is of a cost reimbursement nature. Successful applicants must be able to front costs associated with the project. Projects should be implemented within one year, with an anticipated time frame of April 2, 2007 through March 31, 2008.

- No indirect costs will be allowed.
- Can be used to expand existing activities or create new activities or both.
- These funds should not supplant dollars allocated for existing activities.

Applicants need to demonstrate an in-kind commitment of at least \$2,000.00. In-kind may take the form of personnel, non-personnel services, or matching funds and should be identified on the budget form.

Successful applicants will be required to submit the following to the Office of Minority Health:

- 1) A mid-project progress report addressing accomplishments made, to date, in implementing the program (include numeric data regarding populations served, as well as race/ethnicity, age, gender, language, and other [specify] factors, as necessary by October 19, 2007. Mid-project vouchers (not to exceed requests of \$5,000) may be submitted with the required mid-project progress report.
- 2) A final project report (standard report format will be provided), program evaluation report, and a final voucher by April 28, 2008.

M. Timeline

Important dates associated with this announcement include:

October 18, 2006	Deadline for submission of written inquiries.
October 25, 2006	Department responses to written inquiries mailed.
November 6, 2006	Deadline for Department receipt of completed application.
April 2, 2007	Anticipated project start timeframe.
October 19, 2007	Mid-program project reports and vouchers due.
March 31, 2008	Project completion.
April 28, 2008	Project final report, evaluation report, and vouchers due.

N. The Department's Reserved Rights

The Department of Health reserves the right to:

- Reject any or all applications received in response to this RFA.
- Award more than one contract resulting from this RFA.
- Award grants based on geographic/regional considerations to serve the best interests of the state.
- Waive or modify minor irregularities in applications received after prior notification to the applicant.
- Adjust or correct cost or cost figures with the concurrence of applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
- Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
- Modify the detail specifications should no applications be received that meet all these requirements.
- If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.

RFA Number: 0607131042

**OFFICE OF MINORITY HEALTH
MINORITY HEALTH MINI-GRANT PROGRAM 2007 (not to exceed \$10,000)
Application Cover Page
(Please type)**

Title of Project _____

Applicant Information

Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Person _____

Title _____ E-mail _____

Employer's Identification Number (Fed E.I.N) _____

NYS Charity Registration Number _____

Amount of NYSDOH Funding Requested \$ _____
(not to exceed \$10,000)

Brief Summary of Project:

Authorized Signature

Date

Attachment 1

**OFFICE OF MINORITY HEALTH
MINORITY HEALTH MINI-GRANT PROGRAM 2007 (not to exceed \$10,000)
Application Budget Form
(Please type)**

Applicant _____ Date _____

Budget Line Items	Requested from NYS Department of Health	Other Funds Committed to Project	In-Kind Project Support	Total Budget
I. Personnel Salaries (list positions)				
1.	\$	\$	\$	\$
2.				
3.				
4.				
Fringe Benefits				
Total Personnel	\$	\$	\$	\$
II. Non-Personnel				
Project Evaluation	\$	\$	\$	\$
Office Supplies				
Telephone				
Printing/Duplicating				
Information/Materials				
Travel				
Equipment				
Postage				
Miscellaneous				
1.				
2.				
Total Non-Personnel	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Note: Budgets requests must not exceed \$10,000 in New York State Department of Health funds. Applications exceeding the \$10,000 limit will be disqualified, not scored, and returned to the applicant.

RFA Number: 0607131042

**OFFICE OF MINORITY HEALTH
MINORITY HEALTH MINI-GRANT PROGRAM 2007 (not to exceed \$10,000)
Application Budget Justification Form
(Please type)**

Applicant _____ Date _____

For each line item listed on the Budget Form (Attachment 2), provide a clear, concise justification. Use as many Budget Justification Form sheets as necessary.

PERSONNEL:

(Please specify name, title, salary, % of time, State share, describe the necessity of position)

Fringe:

NON-PERSONNEL:

Attachment 3

**OFFICE OF MINORITY HEALTH
MINORITY HEALTH MINI-GRANT PROGRAM 2007 (not to exceed \$10,000)**

APPLICATION CHECKLIST

Selected health condition (one or more):

- Asthma;
- Heart Disease and Stroke; and/or
- Diabetes.

Make sure your completed application materials contain the following:

- Applicant is a not-for-profit organization or community group.
- The budget amount requested from NYSDOH does not exceed \$10,000.
- The budget includes an in-kind commitment of at least \$2,000.00.
- Cover Page (as provided on page 8 of the NYSDOH RFA, signed by individual authorized by applicant's governing body to submit the grant application to the New York State Department of Health).
- Completed Budget Form as provided on page 9 of the NYSDOH RFA.
- Completed Budget Justification Form(s) as provided on page 10 of the NYSDOH RFA.
- Project Description: responds to all questions asked in Section F (pages 2–3) of the NYSDOH RFA and is typed in no less than 12 pitch font, double-spaced and on a maximum of eight (8) single-sided pages.
- An original and four (4) copies of all documents required for the application are included.

SAMPLE LETTER OF INTEREST

Ms. Kristen M. Van Amburgh
Coordinator, Mini-Grant Program
New York State Department of Health
Office of Minority Health
ESP, Corning Tower Building - Room 780
Albany, New York 12237-0092

RE: RFA# 0607131042

Dear Ms. Van Amburgh:

_____ (*agency name*) has received the Office of Minority Health's Mini-Grant Program Request for Applications announcement, and intends to submit an application.

We intend to submit the completed application for consideration, to the Office of Minority Health no later than 5:00 p.m. on November 6, 2006.

Our proposal will address _____ (*health disparity*) experienced by the _____ (*racial/ethnic minority*) population of _____ (*target community*) focusing on _____ (*level of project support*).

The contact person for our application is _____, and may be reached via phone at (____) _____ and e-mail at _____.

Sincerely,

Attachment 5