

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

A project of the
West Virginia Division of Local Health
Funds Administered By:

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Community Health Systems
Division of Local Health
350 Capitol Street, Room 515
Charleston, West Virginia 25301-3716
Phone: (304) 558-8870 FAX: (304) 558-1437
Contact: Kay Shamblin, Director



FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

To be considered for funding, all applications must be submitted to the Division of Local Health *by certified mail with return receipt requested.*

Up to \$356,500 available

Deadline for Applications:

November 1, 2005

New Local Match

To be distributed to LHDs based on:

1. Identified New Local Match.
2. Project's ability to strengthen basic public health services.

Priority by Certified Mail Postmark

\$25,000 maximum per application

Funding Distribution January 2006

Note: If any funds are remaining after all eligible applications are funded, these funds will be distributed on a per capita basis at the end of the fiscal year.

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

New Local Match

Purpose: To provide supplemental funds to the local health departments for special projects to strengthen the delivery of basic public health services and to encourage increased local funding.

Funds Available: **\$356,500**

Maximum Amount per Application: **\$25,000**

Deadline: **November 1, 2005**

Eligibility:

- Any local health department identifying new local funds. (The FY 1998 Program Plan budget established the benchmark funding base for LHDs prior to the Transitions Project. This baseline should be used to calculate new local funds. New local funds are defined as the amount of local funds over and above the local funds shown in the FY 1998 Annual Program Plan.)
- Applications will be considered **based on postmark**.
- Applications must be sent by **certified mail**.
- Final Reports from any previous Incentive Match Grant Awards must have been filed by **July 31** of that grant year to be eligible.

Project Must:

- Enhance the delivery of basic public health services
- Have a defined goal and time line
- Have an itemized budget
- Be completed by June 30, 2006

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

Checklist

Read the entire application packet before completing the grant application.

- Complete and enclose the application (page 2).
- Enclose verification of local matching funds. Verification of local matching funds is a requirement.
- Complete and enclose Appendix A.
- Complete and enclose Appendix B.
- Final Report for previous Incentive Match Awards must have been filed no later than July 31 of that grant year.

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

APPLICATION

Application Date: _____

Deadline: Tuesday, November 1, 2005

Please list below the county or counties making application:

Please complete applicant contact information below:

Name & Title: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Total Amount of funds requested:

\$ _____

PROJECT TIME FRAME (PROJECT MUST END BY JUNE 30, 2006)

Start Date: _____ End Date: _____

SIGNATURES:

Administrator Date

President, Board of Health Date

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

BUDGET

A. Directions

Use the budget forms attached (See appendix A & B). Your budget may consist of personnel, current expense and/or equipment. Funding for personnel costs are limited to a short-term basis. **Thus, personnel costs of an on-going nature such as salaries and fringe benefits will not be considered allowable.** Common items of allowable expense are travel, telephone, printed literature, use of computer equipment, consultant, accounting fees, legal fees, and capital and equipment costs. *Please provide specific and detailed descriptions and justification for all budget items.*

B. Budget Justification

For each budget item, a narrative budget justification must be written that describes the necessity for each item of expense included in the budget.

All budget items for professional services (i.e., health care consultants, computer, data or other consultants, accountants, lawyers) should contain a breakdown, including the following: hourly rates for the professional, time allotted by professional for each task and a summary of work or services to be provided. The applicant should obtain a written estimate from the professional, prior to filing the application, which describes the work to be performed, the hourly rate and an estimate of the time required to perform the specific project, analysis, services or activity.

Applicant should follow county purchasing guidelines in soliciting competitive bids and/or obtain quotes from vendors and professionals for significant budget items that are current expense related (i.e., computer equipment or other equipment, printed literature or professional consulting/contracting services).

All budget items for travel, seminars, meetings or conferences should contain a description of the program to be attended or sponsored, including the date and location and a breakdown of the expected travel expenditures (i.e., mileage, travel expenses, food, lodging, etc.).

Grantees shall be required to have on file verifiable and quantifiable support (i.e., written invoices, invoices of services provided by professionals, summary of travel expenses with receipts) for any budget expenditures.

C. Forms

- Personnel Expenses - Appendix A
- Current Expense and Equipment - Appendix B

D. Documentation

A Final Progress Report must be prepared and submitted to the Division of Local Health within thirty (30) days after completion of the project or no later than July 31, 2006.

Failure to comply with this requirement will render your local health department ineligible for future match funding.

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

Appendix A

BUDGET- PERSONNEL

Title/Description Of Job Duties	Annual Salary or Rate ¹	% FTE ²	# Of MOS ³	Amount of Basic Public Health Services Incentive Match Funding	Amount of Local Match Funding	Total Amount of Funding
Total						

1 Annual salary listed for salaried personnel (AS). Figure includes cost of fringe benefits.

2 For salaried personnel only: list percentage of time person will be working.

3 List number of months (MOS) for salaried personnel.

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

Appendix B

BUDGET - CURRENT EXPENSE AND EQUIPMENT

Item of Expense/Description	Amount of Basic Public Health Services Incentive Match Funding	Amount of Local Match Funding	Amount of Total Funding
SUBTOTAL Current Expense & Equipment			
SUBTOTAL Personnel (Appendix A)			
GRAND TOTAL*			

* Personnel and Current Expense & Equipment

Please provide detailed descriptions of current expense and equipment budget items, breakdown of costs and budget justification in accordance with the directions for Budget and Budget Justification listed on page 5. Please attach any supporting written estimates, quotes, bids or other documents to evidence fiscal responsibility of applicant in seeking reasonable costs for current expense and equipment items and/or services.

FY 06	Incentive Match Application	Basic Public Health Services
------------------	--------------------------------------------	-------------------------------------------------

Final Report

The Final Report must be submitted within thirty (30) days after the completion of the project, but no later than July 31, 2006 to the Division of Local Health. Failure to comply with this requirement will render your local health department ineligible for future match funding. The following reporting format must be used in providing the requested information.

BUDGET ITEM DESCRIPTION	Amount of Basic Public Health Services Incentive Match Funding	Amount of Local Match Funding	Amount of Total Funding
TOTAL	\$	\$	\$

Grantees shall be required to have on file verifiable and quantifiable support (i.e. written invoices, invoices of services provided by professionals, summary of travel expenses with receipts) for any budget expenditures.

