



**MISSISSIPPI INSTITUTE FOR IMPROVEMENT
OF GEOGRAPHIC MINORITY HEALTH AND HEALTH
DISPARITIES PROGRAM**

PROGRAM GUIDELINES

Fiscal Year 2006

**Department of Health and Human Services
Office of Public Health and Sciences**

OFFICE OF MINORITY HEALTH

Application Deadline: July 14, 2006

*Authorized under 42 U.S.C. § 300u-6, section 1707 of the Public Service Act,
as amended.*

OMB Catalog of Federal Domestic Assistance Number: 93.137

TABLE OF CONTENTS

INTRODUCTION 1
 Program Authority 1
 Program Purpose 1
 Availability of Federal Funds 1

PROGRAM OVERVIEW 1
 Background 1
 OMH Expectations 2
 Applicant Project Results 3
 Project Requirements 4

TERMS AND CONDITIONS OF SUPPORT 5
 Eligible Applicants 5
 Period of Support 5
 Use of Grant Funds 6

APPLICATION REQUIREMENTS 6
 Application Forms 6
 Filling Out the Budget Forms and Budget Justification Narrative 7

REQUIRED CONTENT OF THE NARRATIVE SECTION 8
 How to Write the Project Narrative (Proposal) 8
 Project Summary 9
 Background 9
 Objectives 9
 Program Plan 10
 Evaluation Plan 12
 Appendices 13
 Helpful Reminders 13

SUBMISSION OF APPLICATION 14
 Application Deadline 14
 Submission Mechanisms 14
 Electronic Submission 14
 Mailed or Hand-Delivered Hard Copy Application 16
 Where to Send Your Application and/or Required Hard Copy Original Signatures
 and Mail-In Items 17

Data Universal Numbering System Number (DUNS)	17
EVALUATION OF APPLICATIONS	17
Receipt of Applications	17
How Applications Are Scored	18
Review Criteria	18
Award Criteria	19
REPORTING AND OTHER REQUIREMENTS	19
State Reviews (E.O. 12372)	20
Post Award Requirements	21
Uniform Data Set	21
ADDITIONAL INFORMATION	21
Definitions	21
FREQUENTLY ASKED QUESTIONS	22
APPENDIX A	27
APPENDIX B	28

INTRODUCTION

These program guidelines provide clarification of the information on the Mississippi Institute for Improvement of Geographic Minority Health and Health Disparities Program, published in the Federal Register June 14, 2006. These guidelines are to be used in combination with the Federal Register notice and the general instructions provided in the application kit. Potential applicants should thoroughly read these program guidelines, the entire Federal Register notice, and the complete application kit prior to preparing an application.

Program Authority

The Mississippi Institute for Improvement of Geographic Minority Health and Health Disparities Program (herein after referred to as the Mississippi Institute Program) is authorized under 42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended.

Program Purpose

The Mississippi Institute Program is designed to address the many and significant health disparities faced by rural disadvantaged and minority populations throughout the State of Mississippi. This program is intended to demonstrate the effectiveness and efficiency of a targeted and multifaceted statewide approach for eliminating health disparities. The grant requires a multi-partner effort, involving institutions of higher education, state and

local health agencies, faith and community-based organizations, healthcare organizations, and other stakeholders to tackle the **state-wide** challenge.

Availability of Federal Funds

About \$5.0 million will be available for award in FY 2006. One award will be made.

PROGRAM OVERVIEW

Background

The mission of the OMH is to improve the health of racial and ethnic minority populations through the development of policies and programs that address disparities and gaps. OMH serves as the focal point in the Department of Health and Human Services (HHS or Department) for leadership, policy development and coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities. This announcement supports the Healthy People 2010 overarching goal to eliminate health disparities.

As part of a continuing HHS effort to improve the health and well being of racial and ethnic minorities, the Department announces the availability of FY 2006 funding for the Mississippi Institute Program. Mississippi serves as an important pilot location for the development of a geographic and minority

health disparities model for the nation. Mississippi has a population of 2.8 million, 37% of whom are African American, and 51% of whom live in rural areas. It is the fourth most rural state in the nation, and is ranked 31st in terms of population size. The significant disease burden of the state is well documented. It ranks first of all states and the District of Columbia in mortality rates due to cardiovascular disease (30 percent higher than the national average). In 1996, the cardiovascular disease-related death rate for African Americans in the state was 37 percent greater than for whites, and 60 percent greater than the overall national rate. Stroke mortality, the third leading cause of death in Mississippi, is 18 percent higher than the rate for the U.S. as a whole. It has the highest prevalence of diabetes and obesity in the nation; approximately 9 percent of the state's adult population are diabetic and 55 percent are obese. Mississippi ranks 5th highest overall in cancer mortality rates among the 50 states and the District of Columbia. African Americans make up more than 75 percent of the state's reported new AIDS cases. Premature death rates are almost 2 times greater for American Indians and 1.5 times greater for African Americans than whites. The infant mortality rate in a number of counties along the Mississippi Delta is three times that of the national average.

Mississippi has many challenges affecting access to medical care. Almost one-quarter of the state's population, aged 18 to 64, report having no health insurance; higher than the 15.7% of people nationally without health insurance in 2004,

according to the U.S. Census. Other reasons for insufficient access include the state's ratio of medical doctors to its general population, which is about half the national average, and the large percentage of rural, sparsely-populated areas within the state. Access to health care and delivery of services to a sizeable population in Mississippi, already inadequate, have been further impacted by the devastation caused by last year's hurricanes. The Gulf Coast of Mississippi suffered massive damage from the impact of Hurricane Katrina on August 29, 2005, leaving 236 people dead, 67 missing, and an estimated \$125 billion in damages. Mississippi's healthcare system has been seriously disrupted, resulting in new health problems for people living in affected areas

The Mississippi Institute Program will provide an opportunity to address these health problems and to aid in restructuring the healthcare system.

OMH Expectations

It is expected that the model will fill an existing void for addressing the significant and increasing disparities among the targeted populations and communities in Mississippi that will lead to:

- Increased awareness by all populations on healthcare issues impacting rural disadvantaged and minority communities;
- Increased access to quality healthcare for rural disadvantaged and minority populations;
- Increased number of healthcare

- personnel available to provide services to rural disadvantaged and minority populations;

 - Improved health outcomes for rural disadvantaged and minority populations.

Over the long term, OMH intends to use the model developed under this project and variations of the model to address national policies and programs to improve the health of rural disadvantaged and minority communities.

Applicant Project Results

Applicants must identify anticipated project results that are consistent with the overall Program purpose and OMH expectations. Project results should fall within the following general categories:

- Mobilizing Communities and Partnerships** - by forming partnerships with educational institutions, state and local health agencies, faith and community-based organizations, healthcare organizations, and other stakeholders to promote improvements in disadvantaged rural and minority health and aid in restructuring the healthcare system in Mississippi.
- Increasing Knowledge and Awareness** - to increase knowledge of all populations on healthcare

- issues impacting rural disadvantaged and minority communities in Mississippi.

 - Changing Behavior and Utilization** - to change health behavior patterns in rural disadvantaged and minority populations, including promoting use of existing services.
 - Increasing Access to Health Care Services** - for rural disadvantaged and minority populations through such means as increasing access to insurance coverage, decreasing geographic barriers to obtaining care, lowering cultural and linguistic barriers to care, and using state-of-the-art technology to connect patients and providers.
 - Policy Research** - to impact laws, regulations, or administrative rules pertaining to improving rural disadvantaged and health care at the state, county, or local levels by building on the research/science/knowledge base of health and evidence-based practices, and promoting dialogue among key individuals (e.g., policymakers, researchers, public health care providers, and consumers).
 - Changing Systems** - to create a more cohesive approach to identifying and/or addressing health issues of rural disadvantaged and minority communities at the state, county, and/or local levels.
 - Improving Data and Evaluation** - to improve ways of collecting health data on minority populations that can

impact the delivery of health care; improve strategies for accessing, collecting, and analyzing data on minority populations; improve cultural barriers to data collection efforts, and strategies to overcome them; and improve collection and analysis on health data specific to particular ethnic and racial populations.

Note: Funded projects will be expected to demonstrate progress toward meeting any or all of its anticipated results by the end of the project period. Such progress will be a factor in decisions regarding future funding.

Project Requirements

Each applicant under the proposed model program must propose to:

- Establish the Mississippi Institute for Improvement of Geographic Minority Health and Health Disparities to serve as a hub of state-wide activity, services and information on health disparities and the impact on Mississippi's racial, ethnic and rural communities.
- Form partnerships with health professions schools, state and/or local health agencies, healthcare organizations, faith and community based organizations, and other stakeholders to build the

research/science/knowledge base on health disparities and evidence-based practices; foster dialogue on public policy, research and health system issues; carry out community outreach and other public education/awareness activities; develop and disseminate culturally appropriate educational materials for healthcare providers and consumers; promote training of a culturally diverse healthcare workforce; train providers to deliver appropriate care to rural and minority communities; and address the use of technology to improve the quality of health systems and delivery of care.

- Develop, establish, and conduct programs, initiatives, and activities through four core components within the Institute: Research, Services, Education/Awareness, and Health Information.
- Develop a cadre of researchers/investigators from historically black colleges and universities within the state.
- Establish an advisory board to provide advice and guidance on program implementation, design, and direction.

A signed Memorandum of Agreement (MOA) between the applicant organization and each partner organization must be submitted with the application. Each MOA must clearly detail the roles and resources (including in-kind) that each entity will bring to the project; state the duration and terms of the agreement; cover the entire project period; and be signed by an

individual with the authority to represent the organization.

TERMS AND CONDITIONS OF SUPPORT

Eligible Applicants

To qualify for funding, an applicant must be located in the State of Mississippi and must be a:

- 1) Health professions school or academic health center; or
- 2) Private nonprofit community-based, minority-serving organization which addresses health or human services; or
- 3) State or local government agency which addresses health or human services.

This competition is limited to the State of Mississippi.

Note: Private nonprofit community-based, minority-serving organizations must provide proof of nonprofit status with their application. (See page 21 of these guidelines for examples of acceptable proof of nonprofit status.)

Other entities that meet the definition of a private non-profit community-based, minority-serving organization and the above criteria that are eligible to apply are:

- Faith-based organizations.
- Tribal governments and

organizations.

The organization submitting the application will:

- Serve as the lead agency for the project, responsible for its implementation and management; and
- Serve as the fiscal agent for the Federal grant awarded.

An organization may submit no more than one application to this grant program. Organizations submitting more than one proposal for this grant program will be deemed ineligible, and all proposals submitted will be returned without comment.

Organizations **are not** eligible to receive funding from more than one OMH grant program to carry out the same project and/or activities.

Period of Support

The applicant chosen through the competitive process:

- Is to begin the demonstration project on **September 1, 2006**.
- Will receive an award, up to \$5.0 million total costs (direct and indirect) for a 12 month period.
- Will be able to apply for a non-competing continuation award up to \$5.0 million for each of the two

additional years. After year one, funding is based on:

- The availability of funds; and
- Success or progress in meeting project objectives during the first year of the project.

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

Use of Grant Funds

Budgets up to \$5.0 million total costs (direct and indirect) may be requested per year to cover the costs of:

- Personnel.
- Consultants.
- Equipment.
- Supplies.
- Grant-related travel (domestic only).
- Other grant-related costs.

Funds may not be used for:

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

Note: All budget requests must be fully justified and include a computational explanation of how costs are determined. See - **Filling out the Budget Forms and Budget Justification Narrative** on page 7 of these Program Guidelines.

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

APPLICATION REQUIREMENTS

Application Forms

Applicants must use Grant Application Form OPHS-1.

Note: You need to disassemble Grant Application Form OPHS-1 in order to put the Application Package in the proper order.

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

- **Face Page/cover page (SF 424) included in Form OPHS -1**
- **Checklist (pages 18-19 of Form OPHS 5161-1)**

- **Budget Information Forms for Non-Construction Programs (SF 424A) included in Form OPHS -1**
- Detailed Budget Justification (narrative). See the following section of these guidelines.
- Negotiated Indirect Cost Rate Agreement (if applicable).
- **Key Personnel Form**
- E.O. 12372 (State Reviews) - See page 20 of these Program Guidelines.

Provide a copy of the cover letter, if applicable.

- **Project Profile.**
- Table of Contents.
- Project Narrative (proposal). (See pages 8-13 of these Program Guidelines.)

Filling Out the Budget Forms and Budget Justification Narrative

In addition to filling out the budget forms located in the application kit, you must also provide a separate budget justification narrative and computation of expenditures, as outlined below. Applicants should recognize that costs do not remain static; the budget should reflect the various phases and activities of planning, organizing, implementation, evaluation, and dissemination. Timing and cost for

conducting the internal evaluation and dissemination of the project's results should be considered when preparing the budget.

Budget Forms

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

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

Budget Justification Narrative

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

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

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

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

The budget justification does not count towards the application page limitation.

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

REQUIRED CONTENT OF THE NARRATIVE SECTION

How to Write the Project Narrative (Proposal)

In place of the Program Narrative Instructions on pages 15-17 of Form OPHS-1, use the following 6 sections, in the order provided, to present your narrative:

- PROJECT SUMMARY
- BACKGROUND
 - Statement of Need
 - Organizational Capability
- OBJECTIVES
- PROGRAM PLAN
- EVALUATION PLAN
- APPENDICES

The Project Narrative, including the Project Summary and Appendices, is limited to 50 pages double-spaced.

The narrative must address the project requirements specified on page 4 of these guidelines.

Provide sufficient details for reviewers to be able to assess the proposal’s appropriateness and merit.

Project Summary

The project summary must:

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

(See *Appendix A* for Suggested Project Summary Outline).

Note: Page numbering begins with the Project Summary.

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

Background

Statement of Need

- Describe the scope of the health problems to be addressed by the project.
- Describe the methods that will be implemented to create an Institute focusing on research, services, education/awareness, and health information.
- Identify partner organizations and provide the rationale for including them in the project.

Experience

- Discuss the applicant organization's experience in managing projects/ activities, especially those targeting the population to be served, and the major accomplishments achieved.
- Describe where the Institute will be located within the organization's structure, the reporting channels and how this location will allow the Institute to be successful with an effort of this magnitude.
- Provide a chart of the proposed project's organizational structure, showing who reports to whom and how this structure will facilitate efficient communications and timely action on key project activities.
- Describe how the partner organizations will interface with the applicant organization.

Objectives

Objectives must relate to the purpose of the Mississippi Institute Program (see page 1), the identified problem(s), OMH Expectations (see page 2), and activities to be conducted.

- Provide an objective for each of the four program components (i.e., research, services, education/awareness, and health information).
- State the objectives in measurable terms, and include the time frame for achievement for the three year program.

- Measurable terms include **both** baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.
- The time frame for achievement should indicate when the objective will be achieved.

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

Program Plan

The Program Plan must clearly describe how the proposed project (which must be linked to the stated need and objectives) will be carried out.

- Describe in detail specific activities and strategies planned to achieve each objective.
- For each activity, describe:
 - how it is to be done
 - when it is to be done
 - where it will be done
 - who will do it
 - for whom it is to be done

Activities must be conducted in the areas of research, services, education/awareness, and health information.

- *Research* - At a minimum, this

activity must include:

- (1) Strategies for improving the quantity and quality of data and information on the health status of rural and minority populations; identification of key health factors impacting the health of rural and minority populations; and methods for tracking changes in the health status of the targeted populations.
- (2) Preventive and clinical interventions to improve the health status of rural and minority populations.
- (3) Research centered on delivery of healthcare services and health policy.

- *Services* - At a minimum, this activity must include:

- (1) Strategies, methods, and/or program models to increase the health status of rural and minority populations using community and evidence-based service delivery models that integrate and more efficiently manage existing health care resources.

- *Education/Awareness* - At a minimum, this activity must include:

- (1) Strategies for improving availability and accessibility of information in a format and in venues that reach individuals, health care providers/practitioners, health care organizations/associations, business leaders and others.

(2) Community-based health education and consumer education models.

(3) Training of primary healthcare providers from diverse backgrounds, both geographic and racial/ethnic, to better serve the target population and to increase the number and availability of healthcare providers serving these populations.

(4) Training efforts designed to expand the health education pipeline.

- *Health Information* - At a minimum, this activity must include:

(1) An electronic medical records system that would be accessible by both providers and patients.

(2) An interconnected, state-wide health data exchange network.

- Describe the strategies, approaches and activities for developing researchers from historically black colleges and universities within the state.
- Describe the role and responsibilities of each of the partner organizations.
- Discuss who the key stakeholders are within the state, and how the applicant will be able to influence and insure their participation in the development of the Institute.
- Describe the Advisory Board, its members, and its role and responsibilities.

- Describe any products to be developed by the project.
- Discuss strategies and identify funding sources for sustaining the Institute and all of its activities after the end of the Federally funded project period. Provide a timetable and the level of financial support needed to achieve self-sufficiency.
- Provide a realistic time line chart which lists:
 - each objective
 - the activities under each objective
 - the specific month(s) each activity will be implemented; and
 - the individual(s) responsible for the activities by project title/position

Note: A time line must be included for each year that support is requested.

- Provide a description of the proposed program staff, including resumes for key staff, qualifications and responsibilities of each staff member.

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

- Indicate the level of effort for each proposed key staff position (e.g., 50%, 75%), including pertinent staff provided as an in-kind contributions.

- Provide position or job descriptions for staff positions, including those to be filled.
- Provide description of duties for proposed consultants and identify which objectives each will address.

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

Evaluation Plan

The Evaluation Plan must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The Evaluation Plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the Program made a difference in eliminating racial/ethnic and rural health disparities. The plan must identify the expected results (i.e., a particular impact, outcome or product) for each major objective and activity.

- **Data Collection and Analysis Method:**
 - State how data will be collected and analyzed on each indicator.
 - Identify who will be responsible for

the project's evaluation, including who will collect and analyze data on each indicator.

- **Demographic Information** on the targeted minority population.
 - Describe demographic data to be collected on project participants.
- **Process Measures** describe indicators to be used to monitor and measure progress toward achieving projected results by objective.
- **Outcome Measures** describe indicators to be used to show that the project has accomplished the objectives it planned to achieve.
- **Impact Measures** describe indicators to be used to demonstrate the achievement of the goal to positively affect health disparities.
- Describe the project's potential for long term impact on geographic minority health and health disparities in the State of Mississippi, and on restructuring the state's healthcare system.
- **Information Dissemination** - Discuss plans and describe the vehicle (e.g., manual, CD), that will be used to document the steps which others may follow to replicate the proposed project in similar communities.

Describe a comprehensive plan for diffusion of project results to other communities. The plan must include expectations for publishing results in

professional literature and to communities in a manner and through venues that they access.

Appendices

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

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

- The applicant organization's mission statement.
- Memoranda of Agreement (MOA) with partners.
- Data collection instruments.
- Relevant brochures or newspaper articles.

Note: Items included in this section count against the proposal's limitation of 50 pages.

Helpful Reminders

In preparing your application, you must:

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

3. Not exceed a total of 50 pages for the Project Narrative, including the Project Summary and

In addition, for application submissions by express/regular mail or hand-delivered, you must:

1. Use 8½ by 11 inch white paper.
2. Type on one side of the paper only.
3. Not staple or bind the application package. Use rubber bands or binder clips.
4. Send an original, signed in blue ink, and 2 copies of the application package.

Note: The pages of the Project Narrative must be double-spaced.

SUBMISSION OF APPLICATION

Application Deadline

No later than 5:00 p.m. Eastern Time, July 14, 2006.

Submission Mechanisms

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification via mail from the Office of Grants Management, OPHS, confirming the receipt of applications submitted using any of these mechanisms. Applications submitted after **July 14, 2006**

will not be accepted for review.

Applications that do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

You may submit your application in either electronic or paper format.

To submit an application electronically, use either the OPHS **eGrants** web site, <https://egrants.osophs.dhhs.gov> or the **Grants.gov** web site, <http://www.Grants.gov/>. OMH will not accept grant applications via any other means of electronic communication, including email or facsimile transmission.

Electronic Submission

If you choose to submit your application electronically, please note the following:

- Electronic submission is voluntary, but strongly encouraged. You will not receive additional point value because you submit a grant application in electronic format, nor will you be penalized if you submit a grant application if paper format.
- The electronic application for this program may be accessed on <https://egrants.osophs.dhhs.gov> (eGrants) or on <http://www.grants.gov/> (Grants.gov). If using Grants.gov, you must search for the downloadable application package by the CFDA number (93.910).

- When you enter the **eGrants** or the **Grants.gov** sites, you will find information about submitting an application electronically, as well as the hours of operation. We strongly recommend that you do not wait until the deadline date to begin the application process. Visit **eGrants** or **Grants.gov** at least 30 days prior to filing your application to fully understand the process and requirements. **Grants.gov** requires organizations to successfully complete a registration process prior to submission of an application.
- The body of the application and required forms can be submitted electronically using either system. Electronic submissions must contain all forms required by the application kit, as well as the Program Narrative, Budget Narrative, and any other appendices or exhibits. Applicants are also required to submit, by mail, a hard copy of the face page (SF 424) with the original signature of an individual authorized to act for the application agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award. (Applicants using **Grants.gov** are not required to submit a hard copy of the SF 424, as **Grants.gov** uses digital signature technology.) If required, applicants using **eGrants** may also need to submit a hard copy of SF LLL, and/or certain program related forms (e.g., Program certifications) with original signatures.

- Any other hard copy materials, or documents requiring signature, must also be submitted via mail. Mail-in items may only include publications, resumes, or organizational documentation. (If applying via **eGrants**, the applicant must identify the mail-in items on the Application Checklist at the time of electronic submission.) The application will not be considered complete until both the electronic application components and any hard copy materials or original signatures are received. All mailed items must be received by the Office of Grants Management, OPHS, by the deadline specified below.
- Your application must comply with any page limitation requirements described in this program announcement.
- We strongly encourage you to submit your electronic application well before the closing date and time so that if difficulties are encountered you can still send in a hard copy overnight. If you encounter difficulties, please contact the **eGrants** Help Desk at 1-301-231-9898 x 142 (egrants-help@osophs.dhhs.gov), or **Grants.gov** Help Desk at 1-800-518-4726 (support@grants.gov) to report the problem and obtain assistance with the system.
- Upon successful submission via **eGrants**, you will receive a confirmation page indicating the date and time (Eastern Time) of the

electronic application submission. The confirmation will also provide a listing of all items that constitute the final application submission including all electronic application components, required hard copy original signatures, and mail-in items, as well as the mailing address of the Office of Grants Management, OPHS, where all required hard copy materials must be submitted and received by the deadline specified below. As items are received by that office, the application status will be updated to reflect their receipt.

Applicants are advised to monitor the status of their applications in the OPHS **eGrant** system to ensure that all signatures and mail-in items are received.

- Upon successful submission via **Grants.gov**, you will receive a confirmation page indicating the date and time (Eastern Time) of the electronic application submission, as well as the **Grants.gov** Receipt Number. **It is critical that you print and retain this confirmation for their records, as well as a copy of the entire application package.** Applications submitted via **Grants.gov** also undergo a validation process. Once the application is successfully validated by **Grants.gov**, you will be notified and should immediately mail all required hard copy materials to the Office of Grants Management, OPHS, to be received no later than 5:00 p.m. Eastern Time on the **next business** day after the

deadline. It is critical that you clearly identify the Organization name and **Grants.gov Application Receipt Number** on all hard copy materials. Validated applications will be electronically transferred to the OPHS eGrants system for processing. Any applications deemed “Invalid” by **Grants.gov** will **not** be transferred to the eGrants system. OPHS has no responsibility for any application that is not validated and transferred to OPHS from **Grants.gov**.

- Electronic grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on **July 14, 2006**. All required hard copy original signatures and mail-in items must be received by the Office of Grants Management, OPHS, no later than 5:00 p.m. Eastern Time on the **next business** day after the deadline.

Mailed or Hand-Delivered Hard Copy Application

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the complete application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award. The original and each of the two copies must include all required forms, certifications, assurances, and appendices.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Grants Management, OPHS, on or before 5:00 p.m. Eastern Time on **July 14, 2006**. The application deadline date requirement specified in this announcement supersedes the instructions in the OPHS-1.

Applications that do not meet the deadline will be returned to the applicant unread.

Where to Send Your Application and/or Required Hard Copy Original Signatures and Mail-In Items

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

Reminder: The deadline for **electronic submission** of applications is no later than 5:00 p.m. Eastern Time on **July 14, 2006** with required hard copy of original signature and mail-in items received in the OPHS Office of Grants Management no later than 5:00 p.m. Eastern Time on the next business day after the specified deadline.

Data Universal Numbering System Number (DUNS)

Applicants must have a Dun & Bradstreet (D&B) Data Universal Numbering System number as the universal identifier when

applying for Federal grants. The D&B number can be obtained by calling 866-705-5711 or through the web site at <http://www.dnb.com/us/>.

How to Get Help

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

Mr. DeWayne Wynn
Grants Management Specialist
OPHS Office of Grants Management
Phone: (240) 453-8822
E-mail: dewayne.wynn@hhs.gov

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

CDR Jean Plaschke
Project Officer
Division of Program Operations
Office of Minority Health
Phone: (240) 453-8444
E-mail: jean.plaschke@dhhs.gov

For additional technical assistance:

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

For health information:

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

EVALUATION OF APPLICATIONS

Receipt of Applications

- Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the Program announcement will be considered non-responsive. The application will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.
- Accepted applications will be reviewed for technical merit in accordance with Public Health Services policies.
- Applications will be evaluated by an Objective Review Committee (ORC). Committee members are chosen for their expertise in rural and minority health, and health disparities, and their understanding of the unique health problems and related issues confronted by rural and racial/ethnic minority populations in the United States.

How Applications Are Scored

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

recommendations to OMH about the funding of applications.

Review Criteria

The technical merit of the applications will be assessed by the ORC considering the following 4 generic factors.

Note: The following factors are presented in the order in which they are addressed in the Project Narrative.

Factor 1: Background (20%)

- Demonstrated experience with addressing health problems for the targeted populations in Mississippi.
- Significance and prevalence of health issues in the proposed community and target population.
- Extent to which the applicant demonstrates access to the target community(ies), and whether it is well positioned and accepted within the community(ies) to be served.
- Extent and documented outcome of past efforts and activities with the target population.

Factor 2: Objectives (20%)

- Merit of the objectives for each of the four required program components (i.e., Research, Services, Education and Health Information).
- Relevance to the OMH Program purpose and expectations, and the stated problems to be addressed by the

proposed project.

- Degree to which the objectives are stated in measurable terms.
- Attainability of the objectives in the stated time frames.

Factor 3: Program Plan (35%)

- Appropriateness and merit of proposed approach and specific activities for each of the four required project components and each objective.
- Logic and sequencing of the planned approaches as they relate to the needs of minority and rural populations in Mississippi and to the objectives.
- Soundness of the established partnership and the roles of the partners in the program.
- Soundness of the plan for self-sufficiency and potential for the Institute to be continued beyond Federal funding.
- Applicant's capability to implement, manage, and evaluate the project as determined by:
 - Qualifications and appropriateness of proposed staff or requirements for "to be hired" staff and consultants.
 - Proposed level of effort for each staff member.
 - Management, research, and service delivery experience of the applicant.
 - The applicant's organizational structure and proposed project organizational structure.
 - The applicant's prominence and influence in the state, connections to critical players and information, ability to bring together key individuals and organizations from

- both the local and state level to effect change.
- Appropriateness of defined roles including staff reporting channels and that of any proposed consultants.
- Clear lines of authority among the proposed staff within and between the partnering organizations.

Factor 4: Evaluation Plan (25%)

- The degree to which expected results are appropriate for objectives and activities.
- Appropriateness of the proposed data collection plan (including demographic data to be collected on project participants), analysis and reporting procedures.
- Suitability of process, outcome, and impact measures for this type of project.
- Clarity and soundness of the intent and plans to assess and document progress towards achieving objectives, planned activities, and intended outcomes.
- Potential for the proposed project to impact the health status of the target population(s).
- Soundness of the plan for diffusing project outcomes.

Award Criteria

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health and will take into consideration the recommendations and ratings of the ORC.

REPORTING AND OTHER REQUIREMENTS

Public Health Systems Reporting Requirements

The Mississippi Institute Program is subject to Public Health Systems Reporting Requirements. Under these requirements, community-based non-governmental applicants must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local officials to keep them apprised of proposed health services grant applications submitted by community-based organizations within their jurisdictions.

Submitting Needed Information

Community-based non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate State or local health agencies in the area(s) to be impacted: (a) a copy of the face page of the application (SF 424), and (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) a description of the population to be served, (2) a summary of the services to be provided, and (3) a description of the coordination planned with the appropriate State or local health agencies. Copies of the letter forwarding

the PHSIS to these authorities must be contained in the application materials submitted to the OPHS.

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

State Reviews (E.O. 12372)

The Mississippi Institute Program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Mississippi has chosen to set up a review system and has designated a State Single Point of Contact (SPOC) for Mississippi.

The Mississippi SPOC is:

Ms. Janet Riddell
Clearinghouse Officer
Department of Finance and
Administration
1301 Woolfolk Building, Suite E
501 North West Street
Jackson, Mississippi 39201
Telephone: (601) 359-6762
Fax: (601) 359-6758
Jriddell@dfa.state.ms.us

You should contact your SPOC as early as possible to alert her to the prospective application and receive any necessary instructions on the State

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

Post Award Requirements

If you are selected for funding, you will submit the following:

- Semi-annual Progress Reports
- Annual Financial Status Reports
- A Final Project Report and Financial Status Report

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

Uniform Data Set

The Uniform Data Set (UDS) is a web-based system used by OMH grantees to

electronically report progress data to OMH. It allows OMH to more clearly and systematically link grant activities to OMH-wide goals and objectives, and document programming impacts and results. All OMH grantees are required to report program information via the UDS (<http://www.dsgonline.com/omh/uds>). Training will be provided on the use of the UDS system.

ADDITIONAL INFORMATION

Definitions

For purposes of this announcement, the following definitions apply:

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

Community-Based, Minority-Serving Organization – A community-based organization that has a history of service to racial/ethnic minority populations. (See Definition of Minority Populations below.)

Minority Populations – American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; Native Hawaiian or other Pacific Islander (42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended)

Nonprofit Organizations – Corporations or associations, no part of whose net earnings may lawfully inure to the benefit of any private shareholder or individual. Proof of nonprofit status must be submitted by private nonprofit organizations with the application or, if previously filed with PHS, the applicant must state where and when the proof was submitted. The following examples serve as acceptable proof of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service (IRS) most recent list of tax-exempt organizations described in section 501(s)(3) of the IRS Code.
- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State Attorney General, or other

appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.
- Any of the above proof for a State or national organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Healthy People 2010

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

Information may be found on the Healthy People 2010 web site:
<http://www.healthypeople.gov>.

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

For one free copy of the [Healthy People 2010](#), contact:

The National Center for Health Statistics
Division of Data Services
3311 Toledo Road
Hyattsville, MD 20782
telephone (301) 458-4636

Ask for HHS Publication No. (PHS) 99-1256. This document may also be downloaded from:
<http://www.healthypeople.gov>.

FREQUENTLY ASKED QUESTIONS

1. **Where can I get more information about the program?** For information on the program, or for technical assistance in preparing an application, contact:

CDR Jean Plaschke, Project Officer,
on (240) 453-8444, or by e-mail at jean.plaschke@hhs.gov

For questions or assistance related to budget and other business aspects, contact:

Mr. DeWayne Wynn, Grants Management Specialist, on (240) 453-8822, or by e-mail at dewayne.wynn@hhs.gov

Information on this program is also available on OMH's web site:
<http://www.omhrc.gov>

2. **Who is eligible to apply?** Health

professions schools or academic health centers; private nonprofit community-based, minority-serving organizations which address health or human services; or State or local government agencies which address health or human services are eligible to apply. **Applicants must be located in the State of Mississippi.**

Faith-based organizations and Tribal governments and organizations that meet the above criteria are also eligible to apply.

3. **Can another agency serve as the fiscal agent for my project?** No. The applicant must serve as the fiscal agent and be responsible for implementing the project.
4. **What is a “CFDA” Number?** The Catalog of Federal Domestic Assistance (CFDA) is a Government-wide compendium of Federal programs, projects, services, and activities that provide assistance. Programs listed therein are given a CFDA Number. The CFDA Number for the Mississippi Institute for Improvement of Geographic Minority Health and Health Disparities Program is 93.137.
6. **What documentation is required to substantiate a community-based, minority-serving organization’s history of service to racial/ethnic minority populations?** In the Project

Narrative, the applicant must describe the specific activities/programs conducted in minority communities, and give information on the dates that such activities/programs were conducted. In addition, the applicant must indicate whether it meets the eligibility criteria on the Project Profile, and indicate the page number(s) of the application where substantiating information can be found.

7. **What is the Project Period?** The project period is the total time for which support of a discretionary project has been approved. The project period usually consists of a series of budget periods of one-year duration. Once approved through initial review, continuation of each successive budget period is subject to satisfactory performance/ progress, and availability of funds.
8. **How much money is an applicant eligible to apply for?** Each applicant may request a budget of up to \$5.0 million per year for each of the three years. Matching funds are not required.
9. **Do I budget for one year or three years?** The period of support for each project is three years. Each applicant must submit a budget for each of the three years.
10. **Can you tell me exactly which forms are required for this application?** OPHS-1, Project Profile and the Key Personnel Form are required. The application kit and all the forms for this

program are available on-line at **eGrants** web site at: <https://egrants.osophs.dhhs.gov>, as well as the Office of Minority Health Resource Center web site at: www.omhrc.gov.

- 11. What items are included in the 50 page limitation?** The project narrative, including the Table of Contents, Project Summary and Appendices, count against the page limitation.

Items that are **not** included in the 50 page limitation include the SF-424, SF-424A, Budget Justification, Key Personnel Form, Indirect Cost Rate Agreement, Checklist, Proof of Non-profit Status, SF-LLL, and SF-LLL-A.

- 12. Should my proposal be single or double spaced?** The Project Narrative (including the Project Summary) must be double-spaced.

- 13. How do I submit an application?** Methods for application submission are by express/regular mail, or electronically by OPHS **eGrants** or **Grants.gov**.

For **Mailed** or **Hand-Delivered** Applications -

Send an original signed in blue ink, and 2 copies of your grant application **no later than 5:00 p.m. Eastern Time on July 14, 2006 to:**

Ms. Karen Campbell
Director
OPHS, Office of Grants Management
Tower Building, Suite 550
1101 Wootton Parkway
Rockville, Maryland 20853

For **Electronic** application -

Options for electronic submission are **Grants.gov** or the OPHS **eGrants** system. The deadline for electronic submission of applications is no later than 5:00 p.m. Eastern Time on **July 14, 2006. In addition all required hard copy original signatures and mail-in items are to be received no later than 5:00 p.m. Eastern Time on the next business day after the deadline in the OPHS Office of Grants Management** (see address above). Information about the Grants.gov system is available on the Grants.gov web site at: <http://www.grants.gov>. Information about the OPHS eGrants system is available at: <https://egrants.osophs.dhhs.gov> or by contacting the OPHS Office of Grants Management at (240) 453-8822.

Applications submitted by facsimile transmission (FAX) or an electronic format other than OPHS eGrants or Grants.gov **will not** be accepted.

- 14. Is there a preferred method for submitting the application?** No. The submission of applications by express/regular mail or electronically by

OPHS eGrants or Grants.gov are all acceptable methods. However, the OPHS encourages the use of electronic submission.

- 15. Who do I call if I experience problems in submitting my application electronically?** For eGrants, contact the help desk at 1-301-231-9898 x142; [or by e-mail at egrants-help@osophs.dhhs.gov](mailto:help@osophs.dhhs.gov). For Grants.gov, contact the help desk at 1-800-518-4726; or by e-mail at support@grants.gov.
- 16. What are the “hard-copy” items that have to be submitted for electronic filing?** For applications filed via eGrants, required hard copy items are the face page (SF-424) and the SF-LLL (if applicable), with original signatures. Grants.gov utilizes digital signature technology, and does not require any forms to be mailed in separately.
- 17. How do I obtain a DUNS number?** You may obtain a DUNS number by calling 1-866-705-5711 or online at <https://www.dnb.com/us/>. Your DUNS number must be included in the application at the time of submission.
- 18. What is the Uniform Data Set (UDS)?** The UDS is an Internet-based system which provides both the OMH and its partners with a comprehensive project and program management system. The system allows OMH-

funded grantees to organize and report their project data, and OMH to use information provided to determine what kinds of grant-related approaches and strategies are most effective, develop program performance measures, meet Federal reporting requirements, and serve as a means for identifying best practices. All FY 06 OMH-funded grantees will be required to report project information using the web-based UDS system. Training will be provided to all new OMH-funded grantees.

- 19. Are racial/ethnic populations other than those identified in the definition eligible for the program?** No. The target populations that are eligible for OMH Programs are American Indian and Alaska Native; Asian; Black or African American; Hispanic or Latino; and Native Hawaiian or other Pacific Islander (42 U.S.C. § 300-u-6, section 1707 of the Public Health Service Act, as amended).
- 20. Can an organization submit more than one application to this program?** No. An organization may submit no more than one application to the Mississippi Institute Program. Those institutions submitting more than one proposal for this grant program will be deemed ineligible, and all proposals will be returned without comment.
- 21. Can an applicant submit an application for the Mississippi Institute Program if it is currently funded under another OMH grant or cooperative agreement program?** Yes.

An applicant currently funded under another OMH program may submit an application to this grant program, provided that the application does not propose to carry out the same project and/or activities.

APPENDIX A

**Department of Health and Human Services
Office of Public Health and Science
Office of Minority Health
Mississippi Institute for Improvement of Geographic
Minority Health and Health Disparities
FY 2006**

Project Summary Outline

INSTRUCTIONS: This Report Outline should provide a concise recapitulation of the key aspects of the application. The summary should follow the recommended format, be no more than three (3) pages and be typed double-spaced on one side of plain, 8 ½ " x 11 " white paper with 1 " margin using no less than 12 point font.

Project Title:	Full Name of the Project
Applicant:	Applicant Organization's Name
Location:	City, State, Zip Code
Project Director:	Name of the Project Director, Telephone and Fax Number, and E-mail Address
Proposed Year 1 Budget:	Total Direct/Indirect
Proposed Service Area:	Specify County, City, Neighborhoods, or Communities to be Served by Project Activities
Target Population:	Specific Minority Population(s) to be Served by project (age range, race/ethnicity, gender)

Background:**Objectives:****Program Plan:****Evaluation Plan:****Products:**

APPENDIX B

**Department of Health and Human Services
Office of Minority Health
Office of Public Health and Science
Mississippi Institute for Improvement of Geographic
Minority Health and Health Disparities Program
FY 2006**

**Memorandum of Agreement (MOA)
(Sample Format)**

I. Partnership Organization

Identify the organization that is a partner of the project and the individuals representing the partnership. Provide a statement which indicates that by signing the document, the organization commits to executing the activities and providing the resources as detailed in the agreement.

II. Project Activities

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

III. Commitment of Resources

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

IV. Term of Agreement

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

V. Signatures

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