



**REQUEST FOR APPLICATIONS**

# **Tobacco Prevention and Cessation Initiative (TPCI)**

## **Eliminating Tobacco-Related Disparities**

Assessment and Planning Grants

2007



**2007 Tobacco Prevention and Cessation (TPCI)  
Eliminating Tobacco-Related Disparities**

**Request for Applications**

**TABLE OF CONTENTS**

| <b>TOPICS</b>                        | <b>PAGE</b> |
|--------------------------------------|-------------|
| <b>Request for Applications</b>      |             |
| Overview                             | <b>1</b>    |
| Program Design                       | <b>2</b>    |
| Program Opportunities                | <b>4</b>    |
| Funding Guidelines                   | <b>5</b>    |
| Eligibility                          | <b>5</b>    |
| Timetable                            | <b>6</b>    |
| How to Apply                         | <b>6</b>    |
| Right to Reject                      | <b>7</b>    |
| Inquiries                            | <b>7</b>    |
| <b>Application</b>                   |             |
| Application Checklist                | <b>8</b>    |
| Application Cover Sheet              | <b>10</b>   |
| Preparing Your Application Narrative | <b>11</b>   |
| Description of Your Program          | <b>11</b>   |
| <b>Project Budget</b>                |             |
| Project Budget Worksheet             | <b>13</b>   |
| General Instructions                 | <b>14</b>   |

## **OVERVIEW**

In 2003 the Missouri Foundation for Health (MFH) identified tobacco use as a major health issue affecting the residents of the MFH service region. The MFH Board of Directors has determined the scope of this problem requires a coordinated long-term approach and committed to 9 years of funding totaling more than \$40 million.

Mounting an effective effort requires both broad regional efforts and community-based activities, and there must be significant coordination of the two. In recognition of this, MFH determined that a multi-phase approach will have the greatest impact and benefit, which includes grantmaking, policy development, capacity building, evaluation, and communication activities.

Four strategies are targeted under the Tobacco Prevention and Cessation Initiative (TPCI). These strategies aim to implement smoke-free workplace programs, promote school-based prevention programs, advocate for tobacco policy change, and address tobacco related disparities.

This Request For Applications (RFA) is to address tobacco-related disparities in communities disproportionately affected by tobacco use.

### **Tobacco-Related Disparities**

According to Centers for Disease Control and Prevention (CDC)<sup>1</sup>, a lack of evidence-based programs intended to identify and eliminate tobacco-related disparities has hindered impact in reducing prevalence rates among the affected populations. Recommendations include developing infrastructure and capacity at the state and local levels enabling tobacco-related disparities to be identified and addressed through cross cutting goals of reduced youth initiation, increased quitting, and reduced exposure to secondhand smoke. These recommendations are reiterated in the Missouri Comprehensive Tobacco Prevention and Cessation Program Strategic Plan for 2006-2009.

These disparities exist among populations resulting in increased tobacco-related deaths and disease. These disparities include disproportionately high tobacco use, increased targeting by the tobacco industry and a lack of tailored programs to address tobacco use in these communities.

---

<sup>1</sup> Centers for Disease Control and Prevention – Smoking and Tobacco Use ([www.cdc.gov/tobacco](http://www.cdc.gov/tobacco))

Communities disproportionately affected by tobacco use include, but are not limited to:

- » Adults earning less income (less than \$15,000 annually), unemployed, uninsured residents;
- » Adults having a lower education level (high school education or less);
- » Racial and ethnic minorities, including immigrant and migrant communities;
- » Gay, lesbian, bisexual and transgender (GLBT) communities; and
- » Pregnant women/women with infants and young children.

## **PROGRAM DESIGN**

MFH seeks applications for demonstration projects that will provide services to communities/populations disproportionately affected by tobacco use. In order to successfully address these tobacco-related disparities, applicants must demonstrate the need for tailored programming, plan for the development/modification of a program, and implement and evaluate the effectiveness of the program developed. The information generated will expand the body of knowledge on how to best address tobacco-related disparities in a community and create a program model that can be used in similar communities throughout Missouri.

MFH has structured a grant program to foster the development of these demonstration programs. This structure ensures that evidence-based, culturally relevant and culturally appropriate programs are developed and offered. The first steps of this structure, demonstrating the need and developing/modifying of a program, are being offered in 2007, as tobacco disparities-related assessments and tobacco-related disparities planning, and are further described below.

MFH is specifically looking for applicants who will:

- » Identify and quantify tobacco-related disparities and health needs within a particular community;
- » Work with the targeted community and other partners to examine options for meeting the identified needs through specialized programming; and
- » Implement and evaluate the effectiveness of the program developed.

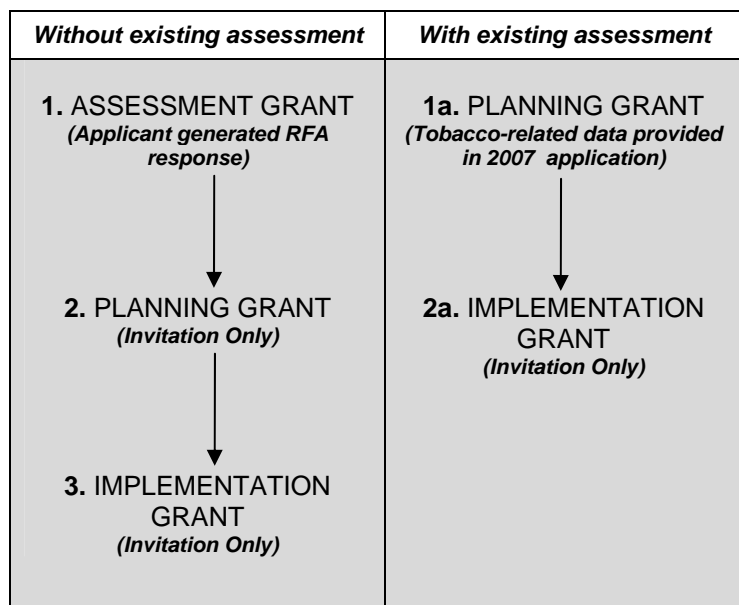
The Eliminating Tobacco-Related Disparities RFA is designed to ensure that relevant data are collected and are used to create plans capable of implementation. It is expected that the final product created with MFH funding will produce effective, tailored interventions for populations disproportionately affected by tobacco use.

**2007 TPCI-Eliminating Tobacco-Related Disparities: Request for Applications**

In order to ensure that the information is used and an intervention is implemented, grantees for either assessment or planning grants may be offered additional opportunities to continue their efforts. Subsequent opportunities will be competitive in nature and based on the results of prior grants within the Foundation’s Eliminating Tobacco-Related Disparities program. This means that grantees may be invited to apply to continue their efforts in addressing tobacco-related disparities outside MFH’s usual “open call” RFA process. These invitations will be based on the completion of one of the first two stages of the process, a review of the information generated, and dialogue with the grantee and MFH.

As an example of how this process might work:

*(1) An applicant can apply for funding to assess the tobacco-related disparities of a community in their locality. Once the assessment is complete, the assessment, as well as the resulting information, will be submitted to MFH for review; (2) Upon completion of the MFH review, recipients of assessment*



*grants may be invited to apply to continue the process by completing an application for planning funding. This process will follow the completion of the assessment and MFH review and is not subject to an open call for RFAs, as the timeline for assessments vary. (This is a competitive process and not all assessments will be awarded funding to begin planning for an intervention.); (3) Upon completion of the MFH review, recipients of planning grants may be invited to apply to continue the process by completing an application for implementation funding (This is a competitive process and not all plans will be awarded funding to implement an intervention).*

*Organizations that have valid, existing tobacco-related data sets can apply for a planning grant and begin the process at this stage: (1a) If awarded a planning grant, the process continues. Once the planning process is complete, the original tobacco related data set,*

*as well as the plan, will be submitted to MFH for review; (2a) Upon completion of the MFH review, recipients of planning grants may be invited to apply to continue the process by completing an application for implementation funding. (Again, this is a competitive process and not all plans will be awarded funding to begin implementing an intervention.)*

## **PROGRAM OPPORTUNITIES**

In 2007, applicants may apply for funding to conduct either tobacco-related disparities assessments or tobacco-related disparities program planning.

### **Step 1: Demonstrating the Need – Tobacco-Related Disparities Assessments**

Tobacco-related disparities assessments comprise various activities designed to collect, analyze and present information describing the health status of the affected community.

Assessments can vary along several parameters:

- » Content – assessments may focus on a specific aspect of a community's tobacco usage, attitudes, and behaviors (e.g., quantitative data on smoking rates, availability of assistance, source of tobacco products, stressors that promote smoking, cultural differences in smoking behaviors, etc.)
- » Target Area/Community – the definition of a target area or community assessed can also vary; for example, a self-identified community or population with unmet/special health needs or circumstances due to tobacco use.
- » Approach – Assessments may involve collection of original data through surveys or screening or may be based on existing information that has never been aggregated for the community of interest.

Community assessments must have a purpose beyond simply collecting and analyzing data. Activities appropriate for consideration under this RFA should support the development of tobacco prevention and cessation efforts that will lead to reducing disparities among the affected community assessed.

### **Step 2: Developing/Modifying a Program – Tobacco-Related Disparities Planning**

Planning grants can be issued to applicants who have a completed assessment or possess an existing tobacco related data set that demonstrates the need for a tailored intervention for a community disproportionately affected by tobacco use. Planning grants will be issued to assist

in the development of a culturally appropriate intervention to address the identified disparity(s) at the local level.

Planning grants are expected to be modest in size and can be used to support data analysis, gathering of community input, hiring consultants, and/or developing and disseminating plan documents. It is expected that the final produce created with MFH funding will be a successful tailored intervention for a particular population disproportionately affected by tobacco use.

Organizations that have completed an assessment or have relevant data should contact MFH to determine their eligibility for a planning grant prior to preparing an application.

### **Step 3: Program Implementation**

The next step of funding under this program is implementation, for organizations that successfully complete the assessment and planning process. Funding to implement a project addressing tobacco-related disparities will be available in 2008 by invitation only.

## **FUNDING GUIDELINES**

### **Funding limits on applications and awards are as follows:**

Organizations may apply for up to 18 months of funding to support their proposed activities. The funding requested cannot exceed 25% of their annual operating budget per year.

### **Allowable Costs and Activities**

Applicants should carefully consider the funding required to accomplish the activity(ies) proposed and provide justification for the proposed expenses in their application.

See the Budget Narrative instructions (page 14 and the *MFH Grantmaking Guidelines* ([http://www.mffh.org/funding\\_guidelines.html](http://www.mffh.org/funding_guidelines.html)) for further details on allowable costs and activities.

## **ELIGIBILITY**

The following types of organizations are eligible to seek support under this funding program:

- » Nonprofit corporations that are exempt from Federal tax under provisions of Section 501(c)(3) of the IRS Code.
- » State or local government agencies, provided MFH is assured that its support will not

supplant existing funding for activities for which Foundation support is requested.

- » Applicants registered with the Secretary of State to conduct business in Missouri and classified by the state as being in good standing. Applicants not in good standing are ineligible to apply until their status has been resolved and reclassified to good standing.

*Note:* For-profit organizations are *ineligible* for MFH funding and these organizations cannot use a nonprofit organization as a fiscal agent. A for-profit organization *may* provide contracted services to the nonprofit applicant through a collaborative effort.

### **Fiscal Agency**

Any organization with a 501(c)(3) designation and in good standing with the State of Missouri can act as a fiscal agent for another agency or organization with the following characteristics:

- » Non-profit agency or organization without a 501(c)(3) designation;
- » Start-up organization without a stable financial track record; or
- » Small organization wanting to significantly increase its financial capacity.

The fiscal agent will be responsible for all terms and conditions of the Grant Award Agreement for the duration of the grant

### **TIMETABLE**

|                                    |   |
|------------------------------------|---|
| <b>Application Available:</b>      | June 12, 2007   |
| <b>Pre-Application Conference:</b> | July 12, 2007 (10-11 am at MFH office)                  |
| <b>Application Deadline:</b>       | August 2, 2007 (must be received in MFH office by 4 pm) |
| <b>Anticipated Award:</b>          | November 2007   |
| <b>Proposed Project Start:</b>     | December 2007   |

### **HOW TO APPLY**

**All applicants must contact MFH prior to application submission.**

Applicants must submit all of the required materials (see *Application Checklist* on page 8 for a complete list).

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

Applications must be mailed or hand-delivered to MFH offices – no faxed or e-mailed applications will be accepted. Mailed applications can be sent to the address below.

## **RIGHT TO REJECT**

MFH serves the right to:

- » Reject any or all applications submitted
- » Request additional information from any or all respondents
- » Conduct discussions with respondents for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements
- » Negotiate modifications to a respondents' proposal prior to final award for the purpose of obtaining best and final offers
- » Approve subcontractors proposed or utilized in carrying out the scope of the work

## **INQUIRIES**

Please direct all inquiries about this RFA process to: Terry Plain, Program Officer, 314.345.5542 (toll-free at 1.800.655.5560) or [vplain@mffh.org](mailto:vplain@mffh.org); or Craig Biehle, Program Associate, 314.345.5544 (toll-free at 1.800.655.5560) or [cbiehle@mffh.org](mailto:cbiehle@mffh.org).

**Missouri Foundation for Health**  
**Attn: Eliminating Tobacco-Related Disparities**  
**1000 Saint Louis Union Station, Suite 400**  
**St. Louis, MO 63103**

## **Application Checklist**

### **General requirements:**

- » Applications that do not contain all of the required documentation *will not be reviewed* unless an applicant has contacted and obtained approval from MFH *prior to submission* to explain why certain documentation is unavailable. Incomplete applications will not be advanced to consideration for funding.
- » Do not provide any other documentation such as leaflets, promotional materials, flyers, etc.
- » Do not staple the application or use any special folders or bindings.

### **Submitted applications *must* contain all of the items listed below (*submit one (1) original and one (1) copy of the following*):**

- Application cover sheet.** Submit a one-page form located on page 8 of this packet with all spaces completely filled in.
- Application narrative.** Submit a narrative no more than seven (7) pages long detailing the proposed program. Instructions for required content are included in this packet on pages 11-12.
- Project budget.** Submit a one-page table showing the requested amount for each line item. A spreadsheet to input this information is included on page 13 of this packet and is also available on the MFH website (<http://www.mffh.org>).
- Budget narrative.** Submit a narrative that details each line item request. Instructions for required content are included on pages 14-17 of this packet. Be sure to include vendor quotes for each major equipment item (equipment with single item value equal to or over \$5,000).

### **Supporting Documentation (*submit one (1) set of the following*):**

- Tax determination letter.** Provide a copy of the letter issued by the Internal Revenue Service that states that your organization is tax exempt under IRS code section 501(c)(3). Call 1.877.829.5500 to obtain a copy. *Do not send a Missouri sales tax exemption letter.* Government agencies have a tax exemption under a different code section.
- List of board members.** Submit a list of all current board members.
- Memorandum(s) of Understanding (if applying as a group or collaborative).**
- Letters of support.** Include no more than 3 letters from other organizations that express support for the proposal submitted in this application.

2007 TPCI-Eliminating Tobacco-Related Disparities: **Application**

- Annual audit report.** Provide the most recent (issued less than 15 months prior to date of application submission) audit report prepared by a CPA. Send the complete report including audit letter, financial statements, and notes to the financial statements.  
*Note: If a recent audit report is unavailable, provide the most recent IRS Form 990 tax return (without supporting schedules).*
- Annual budget.** Provide the current fiscal year's approved expense budget. The budget must show detailed annual expense by type of expense.
- Current financial statements.** Provide current (issued less than 75 days prior to the date your application is submitted) unaudited financial statements (income statement and balance sheet).
- If applicable:* **Consultant Qualifications.** Provide profile and detailed qualifications of consultants selected.

|  |   |  |
|--|---|--|
| <b>Missouri Foundation for Health<br/>Eliminating Tobacco Related Disparities<br/>2007 Application Cover Sheet</b> | <br><small>MISSOURI FOUNDATION FOR HEALTH</small> | <b>For Internal Use Only:</b><br>Date Received: _____<br>Reference Number: _____ |
|--|---|--|

|                                 |   |
|---------------------------------|---|
| Name of Applicant Organization: | Legal Name (if different from Applicant Organization Name): |
|---------------------------------|---|

|          |         |       |        |      |
|----------|---------|-------|--------|------|
| Address: | County: | City: | State: | ZIP: |
|----------|---------|-------|--------|------|

|                            |                        |                  |                 |
|----------------------------|------------------------|------------------|-----------------|
| Primary Contact and Title: | Telephone (area code): | Fax (area code): | E-mail Address: |
|----------------------------|------------------------|------------------|-----------------|

|                              |                        |                  |                 |
|------------------------------|------------------------|------------------|-----------------|
| Secondary Contact and Title: | Telephone (area code): | Fax (area code): | E-mail Address: |
|------------------------------|------------------------|------------------|-----------------|

|   |                         |                |
|---|-------------------------|----------------|
| Federal Tax ID (EIN) Number:<br>□□-□□□□□□□□ | Organization's Website: | Project Title: |
|---|-------------------------|----------------|

|  |   |
|--|---|
| County(ies) project will serve (List all): | County(ies) where project will be implemented (List all): |
|--|---|

|  |   |
|--|---|
| Zip Codes project will serve (List all): | Zip Codes where project will be implemented (List all): |
|--|---|

|   |
|---|
| <b>Tax Status</b><br><input type="checkbox"/> Exempt under 501(c)(3) of the IRS code<br><input type="checkbox"/> Exempt governmental unit<br><input type="checkbox"/> Other (specify) _____<br><b>All applicants must attach a Federal IRS letter. Call 1-800-829-4933 to obtain a copy. Do not send a Missouri sales tax exemption letter.</b> |
|---|

|  |  |
|--|--|
| <b>Organizational Profile</b><br>Age of organization (years): _____<br>Number of FTE staff: _____<br>Number of volunteers: _____ | <b>Organizational Financial Profile</b><br>Total Amount of Project: _____<br>Total Amount Requested from MFH: _____<br>Duration of Project (months): _____ |
|--|--|

|   |   |  |  |
|---|---|--|--|
| <b>Target Population(s) – Please indicate the population you will be serving (Check all that apply to this project within each category)</b>  |   |  |  |
| Age Group: <a href="http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html">http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html</a><br><input type="checkbox"/> Under 5 years _____%<br><input type="checkbox"/> 5 to 9 years _____%<br><input type="checkbox"/> 10 to 14 years _____%<br><input type="checkbox"/> 15 to 19 years _____%<br><input type="checkbox"/> 20 to 24 years _____%<br><input type="checkbox"/> 25 to 34 years _____%<br><input type="checkbox"/> 35 to 44 years _____%<br><input type="checkbox"/> 45 to 54 years _____% | <input type="checkbox"/> 55 to 59 years _____%<br><input type="checkbox"/> 60 to 64 years _____%<br><input type="checkbox"/> 65 to 74 years _____%<br><input type="checkbox"/> 75 to 84 years _____%<br><input type="checkbox"/> 85 years and over _____%<br><input type="checkbox"/> All Ages _____% | Race/Ethnicity: <a href="http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html">http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html</a><br><input type="checkbox"/> White _____%<br><input type="checkbox"/> Black or African American _____%<br><input type="checkbox"/> American Indian and Alaskan Native _____%<br><input type="checkbox"/> Asian _____%<br><input type="checkbox"/> Native Hawaiian and Other Pacific Islander _____%<br><input type="checkbox"/> Hispanic or Latino (of any race) _____%<br><input type="checkbox"/> Other _____%<br><input type="checkbox"/> Two or More Races _____% |  |

|   |  |
|---|--|
| Economic Status: <a href="http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html">http://mcdc2.missouri.edu/pub/webrepts/mocntymap.html</a><br><input type="checkbox"/> Persons below 50% of poverty level _____%<br><input type="checkbox"/> Persons below 185% of poverty level _____%<br><input type="checkbox"/> Persons Between 100 & 200% of poverty level _____%<br><input type="checkbox"/> Above 200% of poverty level _____%<br><input type="checkbox"/> Unknown/Not captured _____% | This application is for:<br><input type="checkbox"/> Tobacco Related Disparities Assessment<br><input type="checkbox"/> Tobacco Related Disparities Program Planning |
|---|--|

|   |        |
|---|--------|
| Printed name and title of person authorized by organization's governing board to sign grant award agreement if application is approved by MFH Board of Directors. |        |
| Name:   | Title: |

|   |        |
|---|--------|
| Printed name and title of organization's Chief Executive Officer (CEO): | Title: |
| Name:   | Title: |

|                   |       |
|-------------------|-------|
| Signature of CEO: | Date: |
|-------------------|-------|

## **PREPARING YOUR APPLICATION NARRATIVE**

The Application Narrative **cannot exceed** seven (7) typewritten pages. The Application Narrative must be typed on standard white paper, single spaced with **at least** a 10-point font size and one-inch margins.

Include only information requested. Do not include leaflets, promotional materials, flyers, etc. Do not staple or use any special folders or bindings.

## **DESCRIPTION OF YOUR PROGRAM**

### **Application Narrative**

The applicant must provide a detailed description of the planning activities proposed, including but not limited to the following:

#### **1. Community Description and Involvement**

- » Describe the community or target population in which tobacco related disparities have been identified including the unique characteristics of the community and its members that make the proposed project needed.
- » Please describe how residents of the community will be involved in the planning and execution of the proposed activity(ies).

#### **2. Scope of Assessment/Planning**

- » Provide a detailed description of the assessment or planning activities to be undertaken.
- » Please describe in detail the method(s) proposed to be employed in carrying out the assessment or planning and the reason(s) for employing those method(s).
- » Provide a timeline for activities stated.
- » Describe your benchmarks and measures for the stated activities and how you will use these to evaluate progress in the assessment or planning process.

#### **3. Outcomes/Tangibles**

- » Describe the anticipated findings of your assessment or plan.
- » Please describe the product(s) (reports, data sets, etc.) that will result from the proposed assessment or planning activities.

- » Please describe your plan for disseminating this information to your partners, the targeted community stakeholders, and MFH.

**4. Organization Description**

- » Provide a brief description of the organization's (and partners) experience in working with and connections to the targeted community.
- » Describe your experience and expertise that will enable you to assess, plan and implement tobacco programming.
- » Describe how the completed assessment or planning effort fits into your organization's long term plans to address tobacco related disparities.

**5. Consultant Qualifications**

- » Discuss the qualifications of any consultant proposed and why the particular consultant was selected. *Attach the consultant's profile of qualifications.*

**Missouri Foundation for Health  
Project Budget Worksheet**

**TOBACCO PREVENTION AND CESSATION INITIATIVE  
ELIMINATING TOBACCO-RELATED DISPARITIES BUDGET\***  
PROJECT TITLE: Enter Name of Project

|                          | TOTAL PROJECT BUDGET |               |              |  | FUNDING REQUESTED FROM FOUNDATION |               |              |
|--------------------------|----------------------|---------------|--------------|--|-----------------------------------|---------------|--------------|
|                          | <u>Year 1</u>        | <u>Year 2</u> | <u>Total</u> |  | <u>Year 1</u>                     | <u>Year 2</u> | <u>Total</u> |
| <u>Expense</u>           |                      |               |              |  |                                   |               |              |
| Salary                   | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Benefits & Payroll Taxes | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Total Compensation       | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Conferences              | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Equipment, Minor         | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Printing                 | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Supplies                 | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Travel                   | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Other Direct Expense     | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Sub-total                | <u>0</u>             | <u>0</u>      | <u>0</u>     |  | <u>0</u>                          | <u>0</u>      | <u>0</u>     |
| Evaluation Expense       | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Indirect Expense         | 0                    | 0             | 0            |  | 0                                 | 0             | 0            |
| Total Expense            | <u>0</u>             | <u>0</u>      | <u>0</u>     |  | <u>0</u>                          | <u>0</u>      | <u>0</u>     |

\*Grants are limited to 18 months

## **BUDGET ASSUMPTIONS/JUSTIFICATION INSTRUCTIONS**

### **General Instructions**

The Project Budget Worksheet contains two sides. The left side, Total Project Budget, must contain total project expense. The right side, Funding Requested from Foundation, is limited to expense for which Foundation reimbursement is being requested.

Note: Funding may be requested for up to 18 months. Year 1 represents months 1-12 of the project. Year 2 represents months 13-18 of the project.

Under no circumstances may the total expense on the 'Foundation' side be greater than the total expense on the 'Total Project' side.

### **Instructions for 'Funding Requested from Foundation' Side of Worksheet**

Expense assumptions/justifications are to be provided **only** for that portion of the total project for which funding from the Foundation is requested.

Each year's expense must be fully explained as outlined below, with a total provided by line item for each year of expense. The line item totals in the narrative must correspond to the line item totals on the Project Budget Worksheet.

### **Expense**

**Note: Examples below this point provide an example for only Year 1. If additional funding is requested for months 13-18, repeat the narrative for that portion of Year 2.**

**Salary:** Salary is for staff that will be employed by your organization. Consulting and/or contracted positions must be listed in Other Direct Expense. For each employed staff position, state the position title, annual salary, full time equivalency applicable to this project and project cost by year.

#### ***Example:***

| <u>Position</u> | <u>Annual Salary</u> | <u>FTE</u> | <u>Year 1</u> |
|-----------------|----------------------|------------|---------------|
| Physician       | \$150,000            | .1         | \$15,000      |
| LPN             | 30,000               | .6         | <u>18,000</u> |
| Total Salary    |                      |            | \$33,000      |

**Benefits & Payroll Taxes:** The Foundation recognizes that benefits such as health insurance, life insurance, retirement, etc. are commonly provided to full-time employees, and that payroll taxes are required by statute. Accordingly, benefits and payroll taxes expense can be included in a project subject to the limits stated below.

State your organizations standard benefit and payroll tax rate expressed as a percentage of salary, not to exceed the following maximum percentage rates:

- Full-time employee with annual salary up to \$30,000: up to 32% of salary
- Full-time employee with annual salary \$30,001-\$60,000: up to 25% of salary
- Full-time employee with annual salary over \$60,001: up to 15% of salary
- Part-time employees: up to 10% of salary

For each position supported in whole or in part with Foundation funds, show the calculations that equate to the benefits & payroll tax funding request as follows:

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

|                                |                      |                         |                 |            | Year 1       |         |
|--------------------------------|----------------------|-------------------------|-----------------|------------|--------------|---------|
| <u>Position</u>                | <u>Annual Salary</u> | <u>Benefit/Tax Rate</u> | <u>Subtotal</u> | <u>FTE</u> | <u>Total</u> |         |
| Physician                      | \$150,000            | .15                     | \$22,500        | .1         | \$2,250      |         |
| LPN                            | 30,000               | .20                     | 6,000           | .6         | <u>3,600</u> |         |
| Total Benefits & Payroll Taxes |                      |                         |                 |            |              | \$5,850 |

**Conferences:** List name of conference(s) proposed to be attended and registration fee(s) required. (Note: travel related to conferences such as airfare, hotel, meals, etc. is listed under Travel)

**Example:**

Year 1: Annual ABC Conference: \$200 registration fee for 2 staff members = \$400.

Total Conference for Year 1: \$400

**Equipment, Minor:** (For equipment with single item value under \$5,000): List item, quantity, unit cost and total cost.

**Example:**

Year 1

| <u>Item</u>                      | <u>Quantity</u> | <u>Unit Cost</u> | <u>Total Cost</u> |
|----------------------------------|-----------------|------------------|-------------------|
| Personal computer                | 2               | \$1,000          | \$2,000           |
| Hewlett Packard laserjet printer | 1               | 400              | <u>400</u>        |
| Total Minor Equipment for Year 1 |                 |                  | \$2,400           |

**Printing:** Explain how printing costs are calculated.

**Example:**

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

Total Printing for Year 1: \$7,500.

**Supplies:** Explain how supplies costs are calculated.

**Example:**

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

Total Supplies for Year 1: \$12,420.

**Travel:** Explain how travel costs are calculated.

**Example:**

Year 1: Four trips weekly by nurse, average 40 miles per trip, at Missouri standard reimbursement per mile. 52 weeks X 4 trips per week X 40 miles per trip X \$.415 per mile totals \$3,453.

**Example:**

Two staff attending (name of) conference:

Airfare: \$200 X 2 staff = \$400

Hotel: \$100 per night X 2 nights X 2 staff = \$400

Meals: \$40 per day X 2 days X 2 staff = \$160

Total Travel for Year 1: \$4,413

**Other Direct Expense:** Describe in detail any other type of direct expense not specifically listed above or not included in Indirect Expense as defined below and explain how the costs are calculated for each year requested.

**Evaluation Expense:** Evaluation expense includes cost associated with evaluating the success of the project and achievement of project objectives.

The Foundation will consider evaluation expense up to a maximum of 10% of the sub-total of Salary through Other Direct Expense (excluding Indirect Expense) on the right hand side of the budget worksheet – Funding Requested from Foundation.

If evaluation is outsourced, provide the name of the contractor or organization that will perform the evaluation services.

**Indirect Expense:** Indirect expense includes general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. in support of employees that provide health care services directly related to the project.

The Foundation will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits and payroll taxes).

If indirect expenses are requested, state the percentage of indirect expenses and show the calculation as follows:

Indirect expense rate: 7%

|                  | <u>Year 1</u>  |
|------------------|----------------|
| Salary expense   | \$33,000       |
| Indirect Rate    | <u>    .07</u> |
| Indirect Expense | \$ 2,310       |

## **TOBACCO-RELATED RESOURCES FOR DISPARATE POPULATIONS**

American Legacy Foundation – [americanlegacy.org](http://americanlegacy.org)

Bacchus and Gamma College Peer Education Network – [bacchusgamma.org](http://bacchusgamma.org)

Help Pregnant Smokers Quit – [helppregnantsmokersquit.org/](http://helppregnantsmokersquit.org/)

Healthy Beginnings: *An initiative for expectant mothers* – Paso del Norte Foundation,  
[www.pdnhf.org/](http://www.pdnhf.org/)

National African American Tobacco Education Network – [www.naaten.org](http://www.naaten.org)

National Association of Gay, Lesbian, Bisexual and Transgender Community Centers –  
[www.lgbtcenter.org](http://www.lgbtcenter.org)

National Latino Council on Alcohol and Tobacco Prevention – [www.nlcatp.org](http://www.nlcatp.org)

Smoke Free Families – [www.smokefreefamilies.org](http://www.smokefreefamilies.org)

The Last Drag Cessation Model for LGBT – [www.lastdrag.org](http://www.lastdrag.org)

Tobacco Clearinghouse of California – [www.tecc.org](http://www.tecc.org)