

**Local Public Health Block Grant
For Tribal Governments
2006-2007 Information and Materials**

Minnesota Department of Health

August 5, 2005



85 East Seventh Place, Suite 400
P.O. Box 64882
St. Paul, MN 55164-0882
www.health.state.mn.us/ommh/
(651) 297-5813

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**2006-07 Local Public Health Block Grant for Tribal Governments
Reapplication Process
Summary**

Timeline	
Reapplication Materials Mailed.....	August 5, 2005
Posted on Web.....	August 5, 2005
Reapplications due	September 15, 2005
Notice to applicants.....	November 1, 2005
Grant Contracts Signed and Work begins	January 1, 2006

Eligibility: Only current tribal LPHBG Grantees are eligible to apply for 2006-07 Local Public Health Block Grant funds.

Funds Available: The total amount of funds available for this 2-year period is \$3,000,000 covering the eight priority areas in the EHDI, MCH, and TANF Home Visiting or Teen Pregnancy prevention.
You may apply for an amount up to your current two year LPHBG Grant. If all tribes do not participate, there may be additional funds to distribute.

To meet the deadline, your reapplication must be received at MDH before 4:30 p.m. on September 15, 2005, or have a legible postmark from the U.S. Post Office or a private carrier dated on or before September 15, 2005.

Delivery Address

Attention: Leah Jones-Handy
Minnesota Department of Health
Office of Minority and Multicultural Health
Golden Rule Building, Suite 400
85 East Seventh Place
St. Paul, MN 55101

Mailing Address

Attention: Leah Jones-Handy
Minnesota Department of Health
Office of Minority and Multicultural Health
P.O. Box 64882
St. Paul, MN 55164-0882

Introduction

This document provides you with information on the 2006-2007 Local Public Health Block Grant for Tribal Governments. It includes the required forms and instructions to complete them. Completion and submission of these forms is necessary for you to receive block grant funds.

Please note: Grant funds must be used to continue programs or activities currently funded by the Eliminating Health Disparities Initiative (EHDI). Programs can change for the Temporary Assistance for Needy Families (TANF), and Maternal Child Health (MCH) grant. This money cannot be used to take the place of other funding you currently have for other organization and community activities.

Health Priority Topics

Listed below are ten health priority topics. Please identify the health priority topics you will be addressing with the block grant funding during the upcoming two-year cycle.

- | | |
|--|--|
| <input type="checkbox"/> Breast & Cervical Cancer | <input type="checkbox"/> Cardiovascular Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Healthy Youth Development for Teen Pregnancy Prevention |
| <input type="checkbox"/> Home Visiting – TANF | <input type="checkbox"/> HIV/AIDS & Sexually Transmitted Infections |
| <input type="checkbox"/> Immunizations for Adults and Children | <input type="checkbox"/> Infant Mortality |
| <input type="checkbox"/> Maternal Child Health (includes WIC) | <input type="checkbox"/> Unintentional Injuries & Violence |

Grants within the Block Grant

Three grants were combined to create the Local Public Health Block Grant for Tribal Governments. These three grants were EHDI, TANF, and MCH. Each of these funding sources will retain some specific requirements even though it has been consolidated into the block grant. For this reason, your tribal government will receive its block grant funding with specific portions earmarked for use on health priority topics approved for each funding source. The categorical funding sources are described in greater detail below.

- 1) **EHDI** –Infant Mortality, Breast and Cervical Cancer Screening, HIV/AIDS and Sexually Transmitted Infections, Cardiovascular Disease, Diabetes, Immunizations for adults and children, and Accidental Injuries and Violence.

EHDI Evaluation Plan

The EHDI portion of the block grant has been working with Rainbow Research on capacity building for evaluation and the tribes are encouraged to participate. Leslie Lilligren and Linda Harris are the consultants for the tribal grantees and are available for technical assistance if needed.

Evaluation has been an important part of EHDI grants in the first two funding cycles and will continue to be so in the 2006-07 cycle. For those tribes participating, please submit the following evaluation materials in your proposal:

- A current Outcome Model for your program
The model should include each priority health area for EHDI you plan to address along with outcomes and indicators for those areas.
- Preliminary evaluation work plan.
- The work plan should specify for each priority health area: Outcomes, Indicators, Data Collection Methods, Analysis, Reporting and utilization plans.

If you have questions about developing this evaluation section, please contact the Rainbow Research consultant.

2) **TANF** – Addressing the prevention of child abuse and neglect, reducing juvenile delinquency, promoting positive parenting and resiliency in children, and promoting family health and economic sufficiency through public health nurse home visits; also includes teen pregnancy prevention efforts.

3) **Maternal & Child Health**

- a. Address the highest risk population by providing services, including pre-pregnancy family planning services, calculated to produce measurable decreases in infant mortality rates, instances of children with low birth weight and medical complications associated with pregnancy and child birth, including infant mortality, low birth weight, and medical complications arising from chemical abuse by a mother during pregnancy.
- b. Target pregnant women whose age, medical condition, maternal history or chemical abuse substantially increases the likelihood of complications associated with pregnancy and childbirth or the birth of a child with an illness, disability, or special medical needs.
- c. Address the health needs of young children who have or are likely to have a chronic disease or disability or special medical needs, including physical, neurological, emotional, and developmental problems that arise from chemical abuse by a mother during pregnancy.
- d. Provide family planning and preventative medical care for specifically identified target populations, such as minority and low-income teenagers, in a manner calculated to decrease the occurrence of inappropriate pregnancy and minimize the risk of complications associated with pregnancy and childbirth.
- e. Address the frequency and severity of childhood and adolescent health issues, including injuries in high risk target populations by providing services calculated to produce measurable decreases in mortality and morbidity.
- f. Address preventing child abuse and neglect, reducing juvenile delinquency, promoting positive parenting and resiliency in children, and promoting family health and economic sufficiency through public health nurse home visits.
- g. Address nutritional issues of women, infants and young children through WIC clinic services. *These WIC dollars would be in addition to the federal WIC per participation that you will receive.

Overlap between Health Priority Topics and Funding Sources

Most of the ten health priority topics can overlap into multiple funding sources. The table below illustrates which health priority topics can be reported under each funding source.

Health Priority Topics	Categorical Funding Sources		
	EHDI	TANF	MCH
Breast and Cervical Cancer	X		X
Cardiovascular Disease	X		X
Diabetes	X		X
HIV/AIDS & STIs	X		X
Immunizations	X		X
Infant Mortality	X		X
Healthy Youth Development for Teen Pregnancy Prevention - TANF	X	X	X
Home Visiting - TANF		X	X
Maternal Child Health (includes WIC)	X	X	X
Unintentional Injuries and Violence	X		X

Funds Available

Current Local Public Health Block Grant funds for Tribal Governments will be available for the grant period January 1, 2006 – December 31, 2007. Total funding for this block grant is \$3 million. There will be \$1.5 million available in each grant year. Funding will be disbursed on a quarterly basis beginning in January 2006. The first payment will be sent as soon as the contract has been signed by your tribal chair and MDH. The amount will be 25% of your first year's funding. Funds will continue to be disbursed on a quarterly basis on the dates listed below. TANF funds will be reimbursed on receipt of quarterly invoices.

January – first payment
April – 2nd payment
July – 3rd payment
October – final payment for year one.

Reporting Information

You are required to submit both quarterly program and expense reports. In addition, the TANF funds are to be reimbursed and an invoice to request the funds will be sent to you prior to the due date. Please submit your invoices for your TANF funds in a timely manner as these funds are from federal dollars and are returned if not spent on a regular basis. The reporting dates are listed below and all reporting forms will be sent prior to the due dates:

April 20, 2005 – 1st reporting period
July 20, 2005 – 2nd reporting period
October 20, 2005 – 3rd reporting period
January 20, 2006 – 4th reporting period

Block Grant Work Plan

A work plan is required and will be included, by reference, in your contract and the forms are included in this document. Please use the three following guidance questions to lead you through completion of the forms. There is a separate form for each categorical funding source. The work plan can be modified any time during the grant period at the request of your tribal representative and the approval of the grant administrator. If you want to modify your work plan, please contact Sharon Smith for consultation.

Guidance Questions

- 1) What specific activity(ies) does your tribal government have planned?
- 2) Which health priority topic(s) will the activity(ies) address?
- 3) Describe the projected outcomes or "products" you will develop or produce. (These projected outcomes or "products" could include: policies or practices changed; events, workshops, or gatherings held; materials purchased or developed; curricula developed or implemented; and people screened at clinics.

Please Note: Any TANF funds cannot be used to provide cash benefits to individuals being served, including reimbursement for out-of-pocket expenses such as childcare or transportation, because of restrictions by the federal funding source

Budget Development

Please complete the attached budget forms to show how you intend to spend the block grant funds. There is one form provided for each year of the two-year grant cycle. Below are specific instructions on what to include in your budget for each line item. This information also includes how you can and cannot spend these grant dollars.

❖ **Salary and Fringe Benefits**

Grant funds can be used for salary and fringe benefits for staff members directly involved in your proposed activities. You will need to identify the FTE budgeted in each funding source.

❖ **Contractual Services**

Grant funds can be used for small contracts such as facilitators, speakers or trainers. Indicate how much of the money you plan to spend on evaluation-related activities.

❖ **Travel**

Travel paid for from these grant funds cannot be paid at a rate higher than:

Mileage	.405 cents per mile
Parking fees	Actual cost
Breakfast	\$7.00
Lunch	\$9.00
Dinner	\$15.00
Hotel	Actual cost

You may use EHDI grant funds for travel to OMMH evaluation-related activities. All out of state travel has to be requested and approved prior to the event.

❖ **Supplies and Equipment**

On your budget forms, briefly explain your expected costs for such items as telephone equipment and service, postage, printing, photocopying, office supplies, materials, food at gatherings, and equipment. Grant funds may be used to purchase computers and printers and for internet access costs.

❖ **Other Costs**

In your budget narrative form, explain very clearly any expenses that do not fit on any other line item. NOTE: TANF grant funds cannot be used for direct patient medical services/care, treatment of disease or disability, capital improvements or alterations, cash assistance paid directly to individuals to meet their personal/family needs outside your proposed activities, conference sponsorships, or any cost not directly related to the grant.

❖ **Administrative Costs**

“Administrative costs” are costs that represent the expenses of doing business that are not easily identified with a particular grant, contract, project, function, or activity but are necessary for the general operation of the organization and the conduct of activities it performs. Costs for supervisors or bookkeepers, should be reported on the administrative costs line item. Administrative costs can be submitted in an amount up to the allowable indirect cost rate negotiated by your tribal government with U.S. Department of the Interior. You will need to submit a copy of your “Indian Organizations Indirect Cost Negotiation Agreement” along with the forms at the end of this packet.

Contact Information

Sharon Smith, Tribal Health Liaison is the administrator for this block grant. For any questions regarding this grant, contact Sharon at 651-215-5817 or by email at sharon.t.smith@health.state.mn.us

If you have specific questions about any of the topic areas, the following MDH staff is available to provide technical support on the health priority topics. Please do not hesitate to contact them for assistance.

Health Priority Topic	Contact Name	Phone	E-Mail
Breast & Cervical Cancer	Shelly Madigan Mary Jo Mehelich	612-676-5551	Shelly.madigan@health.state.mn.us Mary.mehelich@health.state.mn.us
Cardiovascular Health	Elizabeth Gardner	651-215-8959	elizabeth.gardner@health.state.mn.us
Diabetes	Allison Rick Anne Kollmeyer	651-282-2958 651-281-9846	allison.rick@health.state.mn.us anne.kollmeyer@health.state.mn.us
HIV/AIDS & STIs	Rob Yaeger	612-676-4091	Rob.yaeger@health.state.mn.us
Immunizations	Ka Vue	612-676-5693	Ka.vue@health.state.mn.us
Infant Mortality	Cheryl Fogarty	651-281-9947	cheryl.fogarty@health.state.mn.us
Healthy Youth Development for Teen Pregnancy Prevention	Sarah Nafstad	651-281-9956	Sarah.nafstad@health.state.mn.us
Home Visiting – TANF	Junie Svenson	651-281-9891	junie.svenson@health.state.mn.us
Maternal Child Health	Junie Svenson	651-281-9891	junie.svenson@health.state.mn.us
Violence and Unintentional Injuries	Mark Kinde Amy Okaya	651-281-9832 651-281-9874	Amy.okaya@health.state.mn.us

Required Application Forms

Project Information Form

Partners Chart

2006 Work Plan

2007 Work Plan

2006 Budget Form

2007 Budget Form

Submit completed application on or before September 15, 2005 to the mailing address listed below. I will also email this application along with the forms for on line completion. These forms will be attached to your grant contract and will identify the activities you plan to accomplish for this grant cycle. Please submit application to:

Attention: Leah Jones-Handy
Minnesota Department of Health
Office of Minority & Multicultural Health
PO Box 64882
St. Paul, MN 55101-0882

Minnesota Department of Health (MDH)
Project Information Form
Local Public Health Block Grant For Tribal Governments

1. Grant Information for Local Public Health Block Grant for Tribal Governments		
Reservation participating in grant contract.		
Minnesota Tax I.D. Number	Federal Tax I.D. Number	Social Security Number
Tribal Health Director	Address	Phone Number
2. Budget Information		
Total Project Budget \$	Fiscal Management Officer Address & Phone Number	
3) Health Areas		
Priority Health Area (indicate all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Breast & Cervical Cancer <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Healthy Youth Development for Teen Pregnancy Prevention - TANF <input type="checkbox"/> Home Visiting - TANF <input type="checkbox"/> HIV/AIDS & Sexually Transmitted Infections <input type="checkbox"/> Immunizations for Adults and Children <input type="checkbox"/> Infant Mortality <input type="checkbox"/> Maternal Child Health (includes WIC) <input type="checkbox"/> Unintentional Injuries & Violence 		

Project Narrative

Briefly describe the three sections of your grant including any new initiatives in your plan for the 2006-07 Local Public Health Block Grant. (include additional pages if necessary)

Eliminating Health Disparities Initiative

Maternal Child Health

TANF (Home Visiting/Teen Pregnancy Prevention)



Local Public Health Block Grant for Tribal Governments

Eliminating Health Disparities Initiative Activities		
Specific Activity	Health Priority Topic(s)	Projected outcomes or "products"



Local Public Health Block Grant for Tribal Governments

TANF Home Visiting or Healthy Youth Development Activities		
Specific Activity	Health Priority Topic(s)	Projected outcomes or "products"



Local Public Health Block Grant for Tribal Governments

Maternal Child Health Activities		
Specific Activity	Health Priority Topic(s)	Projected outcomes or "products"



Budget Form – 2006 Grant Year

Total Expenses by Category	EHDI Portion	MCH Portion	TANF Portion
Salaries & Fringe Benefits \$	\$	\$	\$
Contractual Services \$	\$	\$	\$
Travel \$	\$	\$	\$
Supplies and Equipment \$	\$	\$	\$
Other Costs \$	\$	\$	\$
Administrative Costs (Indirect Costs) \$	\$	\$	\$
Total Amount \$	Total EHDI Portion \$	Total MCH Portion \$	Total TANF Portion \$

If you've included salaries, identify the number of FTE's and the position (s) to be funded.

If you've included supplies and equipment, briefly describe the supplies and equipment you expect to be purchase.

If you've included "other costs", explain the expenses you are including here.



Budget Form – 2007 Grant Year

Total Expenses by Category	EHDI Portion	MCH Portion	TANF Portion
Salaries & Fringe Benefits \$	\$	\$	\$
Contractual Services \$	\$	\$	\$
Travel \$	\$	\$	\$
Supplies and Equipment \$	\$	\$	\$
Other Costs \$	\$	\$	\$
Administrative Costs (Indirect Costs) \$	\$	\$	\$
Total Amount \$	Total EHDI Portion \$	Total MCH Portion \$	Total TANF Portion \$

If you've included salaries, identify the number of FTE's and the positions to be funded.

If you've included supplies and equipment, briefly describe the supplies and equipment you expect to be purchase.

If you've included "other costs", explain the expenses you are including here.