OFFICE OF MINORITY AND MULTICULTURAL HEALTH
REQUEST FOR APPLICATIONS

COMMUNITY HEALTH MOBILIZATION GRANTS:
REDUCING PEDIATRIC ASTHMA DISPARITIES
**TABLE OF CONTENTS**

I. PURPOSE OF FUNDING ........................................................................................................ 1

II. BACKGROUND ...................................................................................................................... 3
   Office of Minority and Multicultural Health ................................................................. 3
   Pediatric Asthma Health Disparities in New Jersey .................................................. 4
   Division of Family Health Services ................................................................. 5

III. AWARD INFORMATION ..................................................................................................... 5

IV. PROJECT FOCUS ................................................................................................................. 6
   Defining Health Disparities Initiatives ................................................................. 6
   Evidence-Based Best Practices ........................................................................ 7

V. ELIGIBLE APPLICANTS ..................................................................................................... 7

VI. PROOF OF ELIGIBILITY ................................................................................................... 8

VII. PROJECT REQUIREMENTS ............................................................................................ 8
   Collaborate .............................................................................................................. 8
   Outreach ............................................................................................................... 9
   Identification and Linkage .................................................................................. 10
   Case Management ............................................................................................ 10
   Education ........................................................................................................ 11
   Link & Track ....................................................................................................... 12

VIII. APPLICATION CONTENT OUTLINE ......................................................................... 13

IX. APPLICATION REVIEW AND AWARD SCHEDULE ................................................. 18

X. SUBMISSION OF APPLICATIONS ................................................................................ 18
   Applying for OMMH Grants Online through SAGE ........................................... 18
   New Users ........................................................................................................ 18
   Current Users ................................................................................................... 19
   Completing and Submitting Your Grant Application in SAGE ....................... 19

XI. TECHNICAL ASSISTANCE ............................................................................................. 26
OFFICE OF MINORITY AND MULTICULTURAL HEALTH
COMMUNITY HEALTH MOBILIZATION GRANTS:
REDUCING ASTHMA DISPARITIES

I. PURPOSE OF FUNDING

The New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health (NJDHSS, OMMH) announces availability of funds in the form of grants to local coalitions that include minority community-based organizations (CBOs) and to CBOs. These agencies will be funded to conduct targeted community outreach, collaborate with state/local partners for purposes of implementing a community program for asthma, identify clients and provide asthma self management education and case management services in order to reduce asthma related visits to emergency departments and to reduce asthma related school/child care absences in children. Agencies located in and serving residents of the following cities are eligible to apply: Newark, Paterson, Camden, Trenton, Perth Amboy, Jersey City, Asbury Park, Atlantic City, New Brunswick, Irvington Township, and East Orange. Prospective applicants shall be linked to a community health center. Preference will be given to organizations with current links to a local Federally Qualified Health Center (FQHC), Pediatric/Adult Asthma Coalition of NJ (PACNJ), schools/child care centers and/or hospitals (emergency department). Preference will also be given to organizations with previous experience in identifying high risk children with asthma and providing education/case management services as appropriate.

Project activities under this RFA will focus on:

- Active collaboration with statewide and local partners;
- Targeted outreach focused on reducing exposure to environmental triggers and improving management of asthma symptoms among minority children;
- Developing and maintaining local partnerships that facilitate the identification of minority children with frequent asthma related school absences and/or asthma related visits to the emergency department in order to link them with needed services;
• Developing and implementing an asthma case management program that is focused on reducing asthma related emergency department visits, reducing asthma related child care/school absences, increasing Asthma Treatment Plan/Asthma Action Plan utilization, ensuring that clients identify a primary care physician/specialist and a plan for routine follow-up asthma care, reducing exposure to asthma triggers, and improving asthma control;

• Developing and implementing an asthma self-management education program that is focused on reducing exposure to environmental triggers, increasing Asthma Treatment Plan/Asthma Action Plan utilization, improving asthma control, and increasing confidence in ability to self-manage asthma symptoms;

• Working with the Asthma Awareness and Education Program to develop asthma education and case management standards.

The overall goal of this initiative is to reduce pediatric emergency department visits and school/child care absences for asthma in minority communities by reducing exposure to asthma triggers and by improving ability to self-manage asthma symptoms. This funding is intended to support best practices in addressing pediatric asthma in minority communities. NJDHSS management of these grants is in collaboration with the Division of Family Health Services.

All applicants must utilize an approach that includes the community clinic, the family of children with asthma, and local community partners that can facilitate the identification of children with frequent asthma related emergency department usage and/or frequent asthma related school/child care absences (emergency department, schools, child care centers, community agencies, etc.). Funded agencies will be expected to track specific outcomes in order to demonstrate success.
II. BACKGROUND

**Office of Minority and Multicultural Health**

In September 1990, the New Jersey Office of Minority Health was established by an Executive Order. In January 1992, formal legislation creating the office was passed and signed into law. On August 8, 2001, Bill A2204 was signed, renaming the Office of Minority Health to the Office of Minority and Multicultural Health (OMMH). The amended bill strengthens the activities and increases the functions of the Office in several ways, including the following:

- Clarifies that the populations OMMH serves include both racial and ethnic minorities, and that its ultimate goal is to eliminate health disparities.
- Enhances the Office's community outreach by allowing the Office to award grants to community-based programs.

The mission of the OMMH is to foster high quality programs and policies that help all racial and ethnic populations in New Jersey achieve optimal health at all stages of life. OMMH is committed to helping people in these diverse communities live longer, healthier lives and to leading the effort to reduce – and eventually eliminate – health disparities in New Jersey.

Specific activities of the OMMH include, but are not limited to:

- Raising awareness of health disparities and their impact on racial and ethnic communities in New Jersey.
- Promoting community health outreach and education through partnership with community-based organizations, including faith-based groups.

In March 2007, the Department of Health and Senior Services released its **Strategic Plan to Eliminate Health Disparities** as per P.L. 2004 C. 137 ([www.nj.gov/health/omh/plan](http://www.nj.gov/health/omh/plan)). The Disparities Plan presents data on the status of disparities in 13 medical priority areas in NJ, among them diabetes, summarizes NJDHSS initiatives which address these
disparities, specifies goals, with an action plan and outcome measures for closing existing
gaps, and establishes initiatives to strengthen NJDHSS Infrastructure in (1) improving and
standardizing race/ethnicity data collection and reporting procedures, (2) increase and
improve cultural competency and language access initiatives, (3) increasing the number of
minorities in health professions, and (4) building community partnerships and capacity to
conduct large scale outreach initiatives.

**Pediatric Asthma Health Disparities in New Jersey**

According to the 2009 New Jersey Behavioral Risk Factor Survey (NJBRFS), an
estimated 9% of the New Jersey pediatric population currently suffers from asthma.
Current asthma is highest among black, non-Hispanic children (14.6%) and lowest among
white, non-Hispanic children (7.1%). About 10.6% of Hispanic children have current
asthma, although this estimate should be interpreted with caution since the NJBRFS
sample sizes are currently insufficient to report estimates for the Hispanic sub-groups.
National data from the National Health Interview Survey show that Puerto Rican children
experience the greatest disparity among Hispanic sub-groups. For example, the 2006
National Health Interview Survey results showed that about 25.7% of US children of
Puerto Rican descent have current asthma as compared to about 6.6% of US children of
Mexican descent.

Racial/ethnic differences are further evident at the state level when asthma mortality,
emergency department, and hospitalization data are examined. Even though the number
of deaths from asthma is relatively small, mortality data from 2001-2003 show that black
non-Hispanic New Jersey residents have an age adjusted death rate that is more than five
times higher than that of white, non-Hispanic residents and the same data show that
Hispanic New Jersey residents have an age adjusted death rate that is more than two times
higher than that of white, non-Hispanic residents.

Pediatric data for New Jersey indicate that black and American Indian/Alaskan Native
children have the highest hospitalization and ED discharge rates for asthma when
compared to white children. In 2006, the asthma ED discharge rate for black children was
about three times higher than the rate for white children and the asthma ED discharge rate
for American Indian/Alaskan Native children was almost five times higher than the rate
for white children. Pediatric data for New Jersey also indicate that Hispanic children have higher hospitalization and ED discharge rates for asthma when compared to non-Hispanic children. In 2006, the asthma ED discharge rate for Hispanic children was about 1.3 times higher than the same rate for non-Hispanic children. Asthma hospitalization and ED utilization also varies by municipality of residence. The target communities of Newark City, Paterson City, Camden City, Trenton City, Perth Amboy City, Jersey City, Asbury Park City, Atlantic City, New Brunswick City, Irvington Township, and East Orange City had at least 250 asthma hospitalizations among residents from 2006-2008 with an average annual age adjusted asthma hospitalization rate of at least 350 per 100,000 residents.

**Division of Family Health Services**

The OMMH Community Health Mobilization Grant Program: Reducing Pediatric Asthma Disparities is administered in collaboration with the Asthma Awareness and Education program (AAEP), within the DHSS Division of Family Health Services. The mission of the AAEP is to improve the health of people living and/or working in New Jersey by effective prevention, identification and management of asthma through a coordinated partnership among public and private organizations. The focus of the AAEP is to coordinate efforts so that the capacity of the State to address asthma, its causes, and complications is enhanced and the burden of asthma is reduced. Activities include asthma surveillance reporting, convening of State Asthma Committee, funding and participating on the Pediatric Adult Asthma Coalition (PACNJ), development and implementation of the Strategic Plan for Asthma, and supporting professional, consumer, school, and other asthma awareness raising and quality improvement interventions.

### III. AWARD INFORMATION

Funds available for this initiative are contingent on state appropriation. Approximately $300,000 may be available in SFY 2011 to support three projects. Agencies located in and serving residents of Newark City, Paterson City, Camden City, Trenton City, Perth Amboy City, Jersey City, Asbury Park City, Atlantic City, New Brunswick City, Irvington Township, or East Orange City are eligible to apply. Each single award will not exceed $100,000 per year for three years. Funding may vary. The funding period for this project
will be from July 1, 2011 through June 30, 2014. It is expected that awards will begin on or about July 1, 2011.

IV. PROJECT FOCUS

Prospective applicants are expected to target African American, Latino or other high risk children with frequent asthma related emergency department visits and/or frequent asthma related missed school/child care days in the cities of Newark, Paterson, Camden, Trenton, Perth Amboy, Jersey City, Asbury Park, Atlantic City, New Brunswick, Irvington Township, and East Orange. Therefore, the applicant has to identify the racial/ethnic minority community or communities that it intends to target within a specific municipality or defined neighborhood(s). While the project must primarily serve residents of the specified community, the target community may also include users of services in the surrounding geographic areas.

Applicants must cite available data in the Asthma in New Jersey Report, Update 2006 (www.nj.gov/health/fhs/asthma/documents/asthma_update2006.pdf), New Jersey Asthma Strategic Plan 2008-2013 (http://www.state.nj.us/health/fhs/asthma/documents/asthma_strategic_plan2008-2013.pdf) or other reliable data sources demonstrating the burden of pediatric asthma on the targeted community.

Defining Health Disparities Initiatives

OMMH defines a successful disparity initiative as a programmatic activity that includes but is not limited to the following strategies:

- Data collection/tracking of racial/ethnic data and primary language spoken;
- Demonstration of cultural competency and language access services;
- Improve access to quality of care;
- Built and maintain community partnerships;
- Evaluation.
Evidence-Based Best Practices

In New Jersey, asthma collaboratives have shown success in educating physicians in their communities, increasing self-management, and making it possible for children to live healthier lives. These successful practices deserve replication and the support of the public and private health systems. These community interventions have shown great success in joining community and healthcare provider resources with the goal of increased outreach, education, treatment and self management of asthma among minority children and adults. The expected outcome of these initiatives is reduce pediatric emergency department visits and school absences for asthma in minority communities by reducing exposure to asthma triggers and by improving ability to self-manage asthma symptoms.

Applicants must either provide evidence of their partnership with federally qualified health centers, schools, child care centers, hospitals, or community agencies for the purpose of identifying the target population. If a formal agreement does not exist for this purpose, then applicants must outline a specific plan and provide letters of support that demonstrate the agency will develop such agreements within six months of the award. The purpose of the asthma collaboratives is to translate into the health practice what has been researched, piloted and proven to be effective for the care of children with asthma.

V. ELIGIBLE APPLICANTS

Eligible applicants must be a non-profit coalition or a community-based organization with 501(c) 3 status, a local health department or a Federally Qualified Health Center (FQHC). Applicant organizations must currently serve racial/ethnic minority communities.

Eligible applicants must meet the following criteria (also, see proof of eligibility below):

- Must be located in and serving residents of the following cities: Newark, Paterson, Camden, Trenton, Perth Amboy, Jersey City, Asbury Park, Atlantic City, New Brunswick, Irvington Township, or East Orange.
• Must have an established record of at least two years of service and be able to demonstrate strong linkages to community partners such as the local school district, child care centers, a community health clinic, and other relevant community agencies that can facilitate identification of children with frequent asthma related visits to the emergency department and asthma related school/child care absences.

• Applicants must provide evidence of their partnership with federally qualified health centers, schools, child care centers, hospitals, or community agencies for the purpose of identifying the target population. If formal agreements do not exist specifically for this purpose, then applicants must outline a specific plan and provide letters of support that demonstrate the agency will develop such agreements within six months of the award.

• Demonstrate a history of providing effective, culturally competent, and linguistically appropriate health-related services to the target community.

VI. PROOF OF ELIGIBILITY

Applicants must answer the following questions and provide documents requested. Failure to provide required documentation will result in disqualification. Please attach the requested documents at the back of your application.

1. Does your organization currently have valid Internal Revenue Services (IRS) 501(c) (3) tax-exempt status? Attach a copy to your application.

2. Does your organization have a process for engaging community input? Attach a description of that process.

VII. PROJECT REQUIREMENTS

Collaborate

Community programs will reflect active collaboration with statewide and local partners

A. Demonstrate understanding and background knowledge of pediatric asthma and how it affects the targeted population.
B. Actively participate in the Pediatric/Adult Asthma Coalition of New Jersey and other state initiatives related to asthma.

C. Participate in the AAEP/OMMH standardization Committee.

D. Establish and maintain relationships with schools, child care centers, FQHCs, Emergency Departments, and other local entities in order to effectively implement a community program for asthma.

E. Document and report on collaboration efforts.

F. Work with the Asthma Awareness and Education Program to develop asthma education and case management standards.

G. Promote existing hot lines, web sites and other health resources.

**Outreach**

Community programs will be engaged in local outreach efforts to reduce exposure to environmental triggers and to improve management of asthma symptoms among minority children.

A. Conduct effective and targeted outreach in order to reach individuals with a focus on disadvantaged Latino and/or African American children in the community.

B. Develop/utilize outreach materials or other delivery methods that focus on reducing exposure to environmental triggers and on improving management of asthma symptoms.

C. Develop or utilize outreach methods and/or materials that are culturally competent and linguistically appropriate.

D. Promote use of the PACNJ Asthma Treatment Plan in outreach efforts.

E. Plan and implement an outreach initiative for Asthma Awareness Month (May).

F. Plan and implement an outreach initiative for Minority Health Month (September).

G. Maintain a list of outreach resources used.

H. Document and report on outreach initiatives.

I. Provide culturally competent health/medical resources including materials for those who have limited English proficiency (LEP), where appropriate as part of educational outreach efforts.
Identification and Linkage

Community programs will be engaged in partnerships that facilitate the identification of minority children with frequent asthma related school absences and/or asthma related visits to the emergency department with the intent of linking them with and providing needed services.

A. Develop formal partnerships and procedures with local emergency departments, schools, child care centers, FQHCs, and other relevant agencies to facilitate the referral and tracking of children with frequent asthma related school/child care absences and/or asthma related visits to the emergency department with a focus on African American/Latino populations.

B. Identify children who lack effective asthma self-management resulting in frequent visits to emergency rooms or school/child care absences using a network of partners in the community.

C. Develop mechanisms to appropriately refer identified children and their families to a medical home where health care is consistently accessed.

D. With consent, conduct and document multiple follow-up contacts to encourage program participation among identified children and their families.

E. Coordinate enrollment in asthma case management and/or education services provided by your organization as appropriate.

F. Document and report on referrals and linkages.

G. Obtain and document consent to collect and report on information without identifiers.

Case Management

Reduce asthma related emergency department visits; Reduce asthma related child care and school absences; Increase Asthma Treatment Plan usage; Increase completed Asthma Treatment Plans on file at schools and with child care providers; Promote identification of primary care physician/specialist and plans for routine follow-up asthma care; and Increase scores on the Asthma Control Test/Childhood Asthma Control Test.

A. Develop and implement a case management program that will meet asthma related needs of the target population and/or their families in the identified community.
B. Deliver case management services. This could include, but is not limited to telephone referrals, document preparation, advocacy, translation, home visits, escorting services, purchasing of supplies, individualized education sessions, and/or other services as appropriate.

C. Develop individualized and goal oriented case management plans.

D. Regularly review and document progress in client files.

E. Refer clients to other services as appropriate.

F. Encourage clients to develop and maintain a personalized Asthma Treatment Plan in partnership with their primary care physician or specialist.

G. Encourage clients to identify and utilize a primary care physician or specialist for regular follow-up asthma care.

H. Encourage clients to share results of their Asthma Control Tests with their health provider.

I. Provide culturally competent and linguistically appropriate resources.

J. Document and report on specific outcomes.

**Education**

*Increase Asthma Treatment Plan utilization: Increase Asthma Treatment Plans on file with schools and child care providers; Educate on environmental changes that will reduce exposure to environmental trigger; Educate on steps that can help to improve asthma control; and Improve confidence in asthma self-management.*

A. Develop and implement an asthma education program that will meet asthma related needs of the target population and/or their families in the identified community. The curriculum should reflect the most recent National Heart Lung and Blood Institute Guidelines for Asthma and/or curriculum approved by the AAEP.

B. Asthma education should be conducted with the intent of reducing exposure to triggers and improving asthma self-management among minority children who are referred to the program for frequent asthma related school absences and/or asthma related visits to the emergency department.

C. Deliver asthma education to groups in a classroom setting using culturally competent and linguistically appropriate methods.
D. Instruction should be given by a trained asthma educator or appropriate health professional (MD, CHES, NP, RN). Instructors are encouraged to obtain the certification for asthma educators.

E. Conduct evaluation pre and post assessments to monitor implementation and outcomes. Utilize results to evaluate effectiveness and improve curriculum and/or delivery as required.

F. Document and report on specific outcomes.

**Link & Track**

A. Submit a preliminary plan describing how the program intends to track referrals and linkages of patients as well as, capability for tracking client specific outcomes.

B. Complete and submit required evaluation forms according to OMMH guidance and within established timeframe.

C. CBO applicants must link with federally qualified health centers or enlist the services of appropriately qualified health professional(s) who can focus on areas such as self-management of asthma. Under the grant, funding can be used to bring in a consultant—e.g., certified respiratory therapist, certified health education specialist (CHES), nurse or other health professional. FQHC and local health department applicants must link with CBOs for community outreach and education.

D. Applicants must provide evidence of their partnership with federally qualified health centers, schools, child care centers, hospitals, or community agencies for the purpose of identifying/referring the target population. Partnership agreements should outline the specific roles and responsibilities for each agency. If formal agreements do not exist specifically for identifying/referring the target population, then applicants must outline a specific plan and provide letters of commitment that demonstrate the agency will develop such agreements within six months of the award. It is essential that either specific partnership agreements or specific letters of commitment be included in the application.
VIII. APPLICATION CONTENT OUTLINE

- Fully complete all required NJDHSS Health Service Grant Application forms through the New Jersey Department of Health and Senior Services’ System for Administering Grants Electronically (SAGE) which can be accessed on the web at https://enterprisegrantapps.state.nj.us/NJSAGE/portal/. If additional pages are required, you can attach electronic files to your SAGE application.

- Applicants must comply with the A-122 cost principles for non-profit organizations. These principles may be found in the following federal Office of Management and Budget web site: http://www.whitehouse.gov/omb/circulars_a122_2004

Agency Overview - 10 Points

A. Provide a brief description of the Applicant’s mission, history and programs.

B. Describe where your agency is located and how you currently serve residents of the following cities: Newark, Paterson, Camden, Trenton, Perth Amboy, Jersey City, Asbury Park, Atlantic City, New Brunswick, Irvington Township, or East Orange.

C. Provide a description of the Applicant’s experience in providing culturally, ethnically and linguistically appropriate services to the target population, as well as a summary of the impact of those services.

D. Provide a description of current collaborative efforts, if any, with minority community-based organizations, schools, child care centers, emergency departments, clinics and other health care providers in your service area.

E. Provide a list of staff related to this project, including a description of the professional/educational background individual staff to verify appropriateness for providing certain services. Identify roles and responsibilities of each proposed staff member including those related to collaboration, outreach, identification, case management, education, and evaluation.
Previous Funding – 10 Points

An additional 10 points will be given to applicants previously funded by OMMH who successfully met the requirements of the DHSS Asthma Community Mobilization grant Attachment C. If your agency was previously funded by this grant then describe the current program functioning, the number of people served in each component area and summarize outcomes achieved to date.

Bonus – 10 Points

A. An additional 10 points will be given to applicants who are current members of the Pediatric/Adult Asthma Coalition of New Jersey. Applicants should indicate the status of their membership and how it has enabled or facilitated their work to date. The PACNJ serves as the statewide Coalition and clearinghouse on asthma resources. Participation in the PACNJ has provided members with a network of asthma partners and resources.

B. Applicants with certified Asthma Educator (AE-C) on staff will also receive additional points. The AE-C is issued by the National Asthma Educator Certification Board and indicates the expert teaching, education and knowledge an individual has to develop and implement effective asthma management programs.

Needs Assessment - 10 Points

Provide data on target populations’ pediatric asthma disparities and within the targeted geographical location. Discuss the specific barriers and challenges confronting the target community in regard to pediatric asthma. Support the needs assessment statement with an overview of the programs that already exist in the community and conversely, what your program intends to provide that is lacking in the community. Address specifically how your program will fulfill that need.

Methods – 40 Points

A. Provide evidence of partnerships with federally qualified health centers, schools, child care centers, hospitals/emergency departments, or community agencies for the
purpose of identifying/referring the target population (children with frequent asthma related school/child care absences and/or asthma related visits the emergency department). Partnership agreements should outline the specific roles and responsibilities for each agency as it relates to this purpose. If formal agreements do not exist specifically for identifying/referring the target population, then applicants must outline a specific plan and provide letters of commitment that demonstrate the agency will develop such agreements within six months of the award. It is essential that either specific partnership agreements or specific letters of commitment be included in the application.

B. Provide a detailed work plan on the implementation of the objectives outlined below. The work plan must include the estimated number of: 1) individuals that will be reached through targeted outreach, 2) number of children with frequent asthma related school/child care absences and/or asthma related visits to the emergency department who will directly benefit from asthma case management services per month and per year, and 3) number of asthma education workshops that will be held per month and per year along with the number of children with frequent asthma related school/child care absences and/or asthma related visits to the emergency department who will directly benefit from asthma education. The workplan should also include how you will develop and implement the case management and education programs if they are not already in existence. Include a description of planned activities as defined below.

C. **Program Objectives**
   
   a. **Collaboration**

   Community programs will reflect active collaboration with statewide and local partners.

   b. **Outreach**

   Community programs will be engaged in local outreach efforts to reduce exposure to environmental triggers and improve management of asthma symptoms among minority children.
c. Identification and Linkage

Community programs will be engaged in partnerships that facilitate the identification of minority children with frequent asthma related school absences and/or asthma related visits to the emergency department with the intent of linking them with needed services.

D. Outcome Objectives

a. Case Management

1. Reduce the number of asthma related emergency department visits among asthma case management clients by 20% in the second year, and 30% in the third year.

2. Reduce the number of asthma related child care and school absences among asthma case management clients by 20% in the second year, and 30% in the third year.

3. Increase the percentage of case management clients who have a completed Asthma Treatment Plan to 80% at program completion.

4. Increase the percentage of case management clients who have a completed Asthma Treatment Plan on file at school or with their child care provider to 80%.

5. Increase the percentage of case management clients who identify a primary care physician/specialist and a plan for routine follow-up asthma care to 80%.

6. TBD% of case management clients will implement a lifestyle or environmental change with the specific intent to avoid environmental triggers (developmental objective).

7. Increase the percentage of children who score at least 20 on the Asthma Control Test (12 and older) or the Childhood Asthma Control Test (4-11 years) to TBD% (developmental objective).

b. Education

1. Increase the percentage of participants who will obtain an Asthma Treatment Plan from their doctor/health professional to 80%.
2. Increase the percentage of participants who will file a copy of their Asthma Treatment Plan at school or child care to 80%.

3. Increase the percentage of participants who have been educated on environmental triggers and avoidance to 95%.

4. Increase the percentage of participants who will make a change specifically to avoid environmental triggers to 80%.

5. Increase the percentage of participants who have been educated about asthma control and what they can do to help control their asthma to 95%.

6. Increase the percentage of participants who feel confident about controlling their/their child’s asthma to 80%.

**Evaluation - 10 Points**

Submit a plan on how the project outcomes will be reported to determine compliance with the project objectives. This includes tracking referrals and linkages of patients as well as, capability for tracking client specific outcomes from case management and education services. Identify how outcomes will be used to monitor and improve the program.

**Budget - 10 Points**

Budget costs must be reasonable and appropriate for the direct provision of services to the target population. The budget costs must be specific and tied to the project objectives and planned interventions and in compliance with OMB Circular A-122. **Funds may not be used to replace existing program costs.**
IX. APPLICATION REVIEW AND AWARD SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, February 11, 2011</td>
<td>Release RFA</td>
</tr>
<tr>
<td>Thursday, March 3, 2011</td>
<td>Technical Assistance Meeting</td>
</tr>
<tr>
<td>Friday, March 18, 2011</td>
<td>Letter of Intent is due to OMMH</td>
</tr>
<tr>
<td>Friday, April 15, 2011</td>
<td>Applications due to OMMH</td>
</tr>
<tr>
<td>Friday, April 22, 2011</td>
<td>Applications’ review for completion</td>
</tr>
<tr>
<td>Monday, April 25 – Friday,</td>
<td>Applications’ review/determination</td>
</tr>
<tr>
<td>May 4, 2011</td>
<td></td>
</tr>
<tr>
<td>Monday, May 9- Friday, May</td>
<td>Notification of review determination</td>
</tr>
<tr>
<td>20, 2011</td>
<td></td>
</tr>
<tr>
<td>Monday, May 23 – Friday,</td>
<td>Notice of Grant Award</td>
</tr>
<tr>
<td>June 10, 2011</td>
<td></td>
</tr>
<tr>
<td>July 1, 2011</td>
<td>Projects Begin</td>
</tr>
</tbody>
</table>

X. SUBMISSION OF APPLICATIONS

Grant applications and attachments must be submitted through the New Jersey Department of Health and Senior Services’ System for Administering Grants Electronically (SAGE) by **Friday, April 15, 2011, at 4:00 p.m. EST.** Paper submissions of the proposal document or any attached documentation will not be accepted either through regular mail, fax or email. No extensions will be granted and the SAGE System will automatically reject all late applications.

**Applying for OMMH Grants Online through SAGE**

The Department of Health and Senior Services (NJDHSS) requires all grant applications to be submitted electronically through our System for Administering Grants Electronically (SAGE). There are two tracks for grantees applying through SAGE. The first track is for those applicants who have never registered or applied for grants electronically with the Department of Health and Senior Services or with another department using SAGE. The second track is for grantees that are registered and/or have already applied for grants through NJDHSS or with another department.

**New Users**

1. **All individuals** using SAGE must be registered in SAGE.
2. You only register as a user one time.
3. The authorized official for your agency will need to approve you as a user.
4. The authorized official must be validated by the NJDHSS Administrator before other actions can be taken. Contact your Program Management Officer (PMO).
5. Authorized officials can change user approval levels for personnel within their organization.
6. All organization applying for grants must be registered in SAGE, have a federal employer identification number, and a DUN number. Contact your Grants Manager Officer (GMO) or NJDHSS Administrator with questions.
7. Your organization must be made eligible to apply for a grant in order to complete an application. Contact your PMO if you are cannot access the application.
8. To add additional information and documents required to be submitted with your application, go to the Miscellaneous Attachments found in the application’s grant forms.
9. If you know the vendor number and address used for payments by the state, you may enter that data. If you are not sure or have never done business with the state contact your GMO.
10. If you have any problems, or questions, with the grant application you should contact your PMO or GMO.

Current Users
1. Each year your organization must be made eligible to apply for a grant in order to complete an application. If you cannot access the grant application you should contact your PMO.
2. Most information should be brought over from your prior year’s grant award. Be sure to make necessary updates and changes in all forms and certifications.

Completing and Submitting Your Grant Application in SAGE
1. Once you are approved by SAGE, go to www.sage.nj.gov, log on using the user name and password you specified at time of registration.

2. Once logged in, on left side of screen see box “MY DOCUMENTS”
   - Click on “OMMH Grants.”
   - Click on “Create New OMMH Grants application”
• Agree to NJDHSS Terms and Conditions.

3. On right side of screen, go to box titled “FORMS”, click on file marked “Grant Application Forms”. You will see the following forms listed:
   • NJDHSS Organization Information Review Page
   • Application Summary
   • Project Location
   • Local Aid & Legislative Districts
   • Statement of Local Governmental Public Health Partnership
   • Needs and Objectives of Projects
   • Method(s) and Evaluation of Project
   • Schedule A – Full Time Personnel Costs
   • Schedule A – Full Time Personnel Costs Justification
   • Schedule A – Part Time Personnel Costs
   • Schedule A – Part Time Personnel Costs Justification
   • Schedule A – Personnel Costs – No Fringe
   • Schedule A – Personnel Justification
   • Schedule B – Consultant Services Costs
   • Schedule B – Consultant Services Justification
   • Schedule C – Other Cost Categories
   • Funds and Program Income from Other Sources Related to this Application
   • Cost Summary
   • Schedule D – Officers and Directors List
   • Schedule G – Certification Regarding Debarment and Suspension
   • Schedule H – Certification Regarding Lobbying
   • Schedule I – Certification Sheet
   • Schedule J – Agency Minority Profile
   • Schedule K – Certification Regarding Environmental Tobacco Smoke
   • Required Attachments
   • Miscellaneous Attachments

**IMPORTANT: Click ‘Save’ when you complete each form and go to ‘next’ or back to main menu (which will show application in process.)**
• **NJDHSS Organization Information Review Page**  This is the cover page for your grant application and includes contact information for Agency’s principal contacts (including Attorney name and agency contact) and agency’s fiscal year end.

• **Fields with an * next to them must be completed.** Review all information and complete the sections that apply, or answer ‘N/A’. When complete, check the box at the bottom of the page click the SAVE button.
  
  o  Note if agency is licensed by the state for facility, services or personnel
    
    ▪  If yes, attach copy of agency license to “Miscellaneous Attachments” with the title *Attachment 1-A: Agency License*, if this does not apply, click ‘no’.
  
  o  Check accounting system type

  o  Check cost principles

  o  Check Affirmative action plan

  o  Note Agency Type (private non-profit, etc).
    
    ▪  Certify that the information provided is correct and provide necessary documentation as attachment. Attach proof of non-profit status as *Attachment 1-B* in Miscellaneous Attachments.

• **Agency Overview**

  ▪  Summarize your Agency Overview in a written narrative up to 2 pages long, double-spaced 12 point font, and upload as *Attachment 2* under Miscellaneous Attachments. (Refer to Section VIII Application Content Outline)

Click save and proceed to the next page by clicking the NEXT button

• **Application Summary**

  o  Answer ‘yes’ or ‘no’ to two Board of Director questions

  o  Select payment plan as ‘cost reimbursement’

  o  Provide grantee contact information

  o  Provide Federal tax id
- Provide NJ vendor number
- Certificate of need – select ‘not required’
- Political subdivision covered by NJ Civil Service Merit System (yes or no)
- Grant funds used to replace other funds – NO
- Name of NJDHSS Program Manager(s): Jose A. Gonzalez/Lisa Jones
- Type of Request (select ‘New’)
- Project period and Budget period: July 1, 2011 – June 30 2012
- Funds requested from state: (Level 3 = $100,000) Funds required from other sources = $0.

Click save and proceed to the next page by clicking the NEXT button

- **Statement of Local Governmental Public Health Partnership**
  - Approval or support statement from Local Government Public Health Officer (HO) is required.
  - ✔ “As the authorized official I have reviewed and discussed the proposed grant application with the local health officer and this makes the following certified statement:”
  - Fill out HO’s contact information and add statement (Please upload-add the HO statement letter as Attachment 3 under Miscellaneous Attachments in this application.)
  - Click save and proceed to the next page by clicking the NEXT button

**Local Aid & Legislative Districts** (complete), click save and proceed to the next page by clicking the NEXT button

**Needs and Objectives of Projects (and Cost Summary)** In addition to the two designated sections of this page (‘Assessment of Needs’ and ‘Objectives’), applicants may include up to 5 pages, double-spaced 12 point font – upload add as Attachment 4 under Miscellaneous Attachments.)
Section 1: Assessment of Need
- Target population diagnosed asthma, frequent ED visits and absences from school or child care: Age, Gender, Race/Ethnicity, County, City and/or Geographical Location, Income, and other socio-economic characteristics
- Need for your Asthma Intervention Project in the described geographic area
- Identify number of sites where Project will operate
- State if your program is being offered in a language other than English, identify language(s)
- Current/past experience in developing and operating;
- Discuss the specific barriers and challenges confronting the target community in regard to asthma. Support the needs assessment statement with an overview of the programs that already exist in the community and conversely, what your program intends to provide that is lacking in the community. Address specifically how your program will fulfill that need.
- Identify any additional funding being used by the agency to support this application (this includes grants received for this purpose) (Refer to Section VIII Application Content Outline)

Section 2: Objectives of Project: (Refer to Section VIII Application Content Outline)

- **State SMART objectives:**
  1. Specific – Objectives should specify what they want to achieve.
  2. Measurable – You should be able to measure whether you are meeting the objectives or not.
  3. Achievable - Are the objectives you set, achievable and attainable?
  4. Realistic – Can you realistically achieve the objectives with the resources you have?
  5. Time – When do you want to achieve the set objectives?

- **Methods and Evaluation of Project** List your methods or activities in line with your objectives and explain your Evaluation, and proceed to the next page by clicking the NEXT button. (Refer to Section VII Project Requirements and Section VIII Application Content Outline). Also applicants may include up to 5...
pages of Methods and Evaluation, double-spaced 12 point font – upload add as Attachment 5 under Miscellaneous Attachments.

- **Schedule A (3 Forms: Full Time, Part Time, Personnel Cost – with Fringe)**
  Complete forms and click save and proceed to the next page by clicking the NEXT button

- **Schedule B Consultant Services Costs** You must answer ‘Do consultant services demonstrate a true employer/non-employee relationship as per IRS regulations?’ Select ‘Yes’ click save, and proceed to the next page by clicking the NEXT button

- **Schedule C Other Cost Categories** – Include other costs and click save, and proceed to the next page by clicking the NEXT button

- **Funds and Program Income from Other Sources Related to this Application**
  Save as blank or complete if you are receiving other funds to implement this proposed diabetes intervention, and include total amount of funding support.

- **Cost Summary** Put cost on Needs and Objectives Form (see instructions above) At bottom of this page, you must answer ‘Do you have an established indirect cost rate?’ If yes, attach copy of policy or answer no. click save, and proceed to the next page by clicking the NEXT button

- **Schedule D Officers and Directors List** (Complete for Officers and Directors), click save, and proceed to the next page by clicking the NEXT button

- **Schedule G Certification Regarding Debarment and Suspension** (Complete), click save, and proceed to the next page by clicking the NEXT button

- **Schedule H Certification Regarding Lobbying** (complete, click save, and proceed to the next page by clicking the NEXT button)
• **Schedule I Certification Sheet** (answer yes or N/A as it applies for each statement), click save, and proceed to the next page by clicking the NEXT button

• **Schedule J Agency Minority Profile** (Complete, click save, and proceed to the next page by clicking the NEXT button)

• **Schedule K Certification Regarding Tobacco Smoke** (Complete), click save, and proceed to the next page by clicking the NEXT button)

• **Required Attachments**
  - If applicable, click on NJ Charities Registration and Proof of Non Profit Status [501(c) (3)] to complete.
  - All others, leave blank, click save, and proceed to the next page by clicking the NEXT button

• **Miscellaneous Attachments - THESE DOCUMENTS ARE REQUIRED**
  - **Information on the Project Personnel** (Upload as an attachment the Professional Resumes of the Project Director and the rest of personnel, if available. *Attachment 6*)

**NOTE: ALL MISCELLANEOUS ATTACHMENTS MUST BE COMPLETED OR APPLICATION WILL NOT BE CONSIDERED.** After completing all forms, return to main menu, click on view Full OMMH Grant, click ‘check for errors’ under Management Activities (under Administrative Links), when all errors are corrected, save full application as pdf file, view pdf application, save to your computer and print copy for your files.

In status management box, click ‘Change Status’ and application will be updated from ‘application in process’ to ‘Application Submitted’. If any forms are incomplete, you will see an error message with details on missing information.
XI. TECHNICAL ASSISTANCE

All applicants are expected to attend the RFA technical assistance meeting on Thursday, March 3, 2011, 10:00 a.m. to noon. For further information please contact Mr. Jose A. Gonzalez at 609-292-6962 or at Jose.Gonzalez@doh.state.nj.us. More information will follow on the OMMH website at www.nj.gov/health/omh.