

State of Kansas
 Department of Health & Environment
 Bureau of Community Health Services
 1000 SW Jackson, Suite 340
 Topeka, KS 66612-1365
 785-296-0425
pbehnke@kdheks.gov

This document must be signed and dated by appropriate authorities as noted at the bottom of this form.

Submit Form

To be completed by State Office
 Date Received:

APPLICATION FOR GRANT

Grant Period: July 1, 2013 - June 30, 2014
**Application for Grants Due
 March 15, 2013**

Sedgwick County Health Department

Was your agency required to have a Circular A-133 Single Audit completed in 2012? See instructions on next page.

Yes

Applicant (Name of Agency)

1900 E 9th Street

Street Address/PO Box

City Wichita **Zip Code** 67214

Claudia Blackburn

Name of Director

316-660-7339

Telephone: Area Code Number

Lucretia Burch

Fiscal Officer

316-660-7354

Telephone: if different from Applicant Agency

County

Type of Organization

FEIN#: 48-6000798

D-U-N-S # 056577166

Where will program be conducted?

Sedgwick County Health Department

Comments:

Application Checklist:

Health Department approved budget

Local Tax Revenue Amount 4,457,853

Program Requests

Detailed Budget(s)

GRANT FUNDS REQUESTED

State Formula	\$346,170
Child Care Licensing	\$0
Chronic Disease Risk Reduction	\$134,257
Family Planning	\$355,389
Healthy Families	\$0
Maternal and Child Health	\$581,317
Pregnancy Maintenance Initiative	\$0
Teen Pregnancy Targeted Case Management	\$0
General Primary Care	\$0
Dental Assistance	\$0
Prescription Assistance to Clinics	\$0
Immunization Action Plan	\$61,720
WIC/Immunization Collaboration Project	\$75,557
Opt-out HIV Testing	\$36,253
Personal Responsibility Education Program	\$158,445
Community HIV Prevention Services	\$0
Ryan White	\$0
HIV Intervention/Prevention	\$0
STD Disease Intervention/Prevention	\$178,265

Total Funds Requested 1,927,373

President/Chairman Local Board of Health or Board of Director

Administrator/Director

Date: _____

Date: _____

Approved As To Form

Jennifer Magana, Deputy County Counselor

APPLICATION FOR GRANT INSTRUCTIONS

Complete form is required as the cover sheet for each applicant's application.

The following fields must be completed:

1. Name of your agency (county health department or other local agency)
2. Address
3. Director's name
4. Telephone number (contact person if questions regarding application)
5. Fiscal Officer
6. Telephone number (contact person if questions regarding budget)
7. Type of organization
8. Federal Employer Identification Number (FEIN)
9. Where your program will be conducted
10. DUNS Number, if required *

Application Checklist - Indicate the items included in your application packet:

1. Copy of the Health Department Budget (health department only)
2. Local Tax Revenue (health department only)
3. Program Requests
4. Detailed budgets
5. Personnel Allocation form by each program

Grant Funds Requested: Enter here the amount of GRANT funds being requested from the Kansas Department of Health and Environment, on the appropriate line(s). Please do NOT include matching or other local funds.

Signatures: The Application must be signed by both the President/Chairman of the Local Health Board **AND** the Administrator/Director of the local agency for **all county health departments**. For other agencies only one signature is required.

Submit: Click the submit button to send application.

Then submit **one** of the following ways:

1. Scan the signed application form and e-mail
2. Fax signed form to (785) 296-1231
3. Mail application form only to:

KDHE/BCHS
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365
Attention: Aid to Local

COMMENTS: This section should be used to explain or clarify your funding requests, (e.g. an increase in Family Planning is requested due to 25% increase in case load; an increase in Maternal and Child Health is requested to offset the decrease in tax revenue from depressed agriculture economy, etc.)

OMB Circular No. A-133 requires that Non-Federal entities that expend \$500,000 or more in a year in Federal awards shall have a single audit conducted for that year. If the "Yes" box is checked, the Aid to Local Universal Contract requires each agency to submit one complete copy of the single agency audit report to KDHE (Kevin Shaughnessy, Division of Management and Budget, Suite 570) within twelve (12) months after the end of the agency's fiscal year. If you have questions, contact Kevin Shaughnessy at kshaughnessy@kdheks.gov or (785) 296-1507.

***DUNS Number:** Recipients of all grants that are federally funded in any portion are required to have a DIUNS (Data Universal Numbering System) number. DUNS numbers can be looked up or created at: <http://fedgov.dnb.com/webform>.

All Aid to Local grants include Federal funds (and required a DUNS number) except:

- State Formula funds
- All components of Community Based Primary Care
 - o General Primary Care
 - o Dental Assistance
 - o Prescription Drug Assistance

COMPLETION INSTRUCTIONS FOR PERSONNEL ALLOCATION BY PROGRAM

Local Agency Name - Name of the organization making the application or receiving an award.

Employee Name/Position - Identify the employee by name, followed by their position. If the position is vacant or new, indicate by stating "Vacant", "New", "to be hired", etc., in this column.

Salary - The annual salary is the total salary that the agency pays each employee. It should match the salary that is used on the Detail Budget for Grants form.

Program Titles - List the specific percent of time the employee works under the appropriate program title(s).

Other - Identify percent of time the employee is working on other programs if it is not reflected in any of the previous Aid to Local grants

Total - For each employee the total must equal 100% and not exceed 100%.

To add additional lines, click the add line button.

Salaries and percent of time worked should be rounded to the nearest whole figure.

Footnote any discrepancies or clarify what is being reflected.

All budgets submitted must be in agreement. The administering county for multi-county programs are responsible for obtaining correct and up-to-date information on salaries and percent of time each employee works on grants for each sub-grantee(s). Any discrepancies will delay state review and approval. It is encouraged to reflect the county the employee is employed by for comparison purposes.

If you have questions while completing this form, please contact Kevin Shaughnessy (785) 296-1507, Division of Management and Budget.

Click the submit button and this form will be attached to an e-mail.