

Add Line	Shayla Nguyen, Medical Assistant	34,416.00				100														100
Add Line	Paola Rodriguez Betancott, Medical Assistant	30,214.00				100														100
Add Line	Stephen Benoit, Courier	13,135.00	100																	100

Applications for Grant document instructions

Complete form is required as the cover sheet for each agency application.

The following fields must be completed:

1. Name of 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. DUNS Number, if required *
10. Where your program will be conducted

Application Checklist - check boxes for items complete

1. County Health Departments only:
 - a. Copy of Health department approved budget
 - b. check box and fill in blank with local tax revenue total
 - c. Check box if plan to submit Public Health Emergency Preparedness Grant Request (due at a later time).
2. For all agencies:
 - a. Check box when Program requests are completed and submitted.
 - b. Check box when Detail Budget are completed and submitted.

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 for Grant document 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: Application is NOT complete until the signed Application for Grant form is received.

Submit the signed form **one** of the following ways:

1. Scan and e-mail or fax to 785-296-1231
2. 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 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 DUNS (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

1. Local Agency Name - Name of the organization making the application or receiving an award.
2. 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.
3. 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.
4. Program Titles - List the specific percent of time the employee works under the appropriate program title(s).
5. 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
6. 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 administrating county for multi-county programs is 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 which is automatically sent to aidtolocal@kdheks.gov.