



BILINGUAL/BICULTURAL SERVICE DEMONSTRATION PROGRAM

PROGRAM GUIDELINES

FY 2004

Department of Health and Human Services
Office of Public Health and Science

Office of Minority Health

June 2004

Letter of Intent Deadline: July 6, 2004
Application Deadline: August 5, 2004

Authorized under Section 1707 of the Public Service Act, as amended.

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INTRODUCTION

These program guidelines provide clarification of the information on the Bilingual/Bicultural Service Demonstration Program, contained in the Combined Notice of Funding Availability for Programs to Improve Minority Health and Racial and Ethnic Disparities in Health published in the Federal Register on **6/21/04**. These guidelines are to be used in combination with the Federal Register notice and the general instructions provided in the application kit. Potential applicants should thoroughly read these program guidelines, the entire Federal Register notice, and the complete application kit prior to preparing an application.

Program Authority

The Bilingual/Bicultural Service Demonstration Program is authorized under section 1707 of the Public Health Service Act, as amended.

Program Purpose

The Bilingual/Bicultural Service Demonstration Program seeks to:

- Improve and expand the capacity for linguistic and cultural competence of health care professionals and paraprofessionals working with

Limited English Proficient (LEP) minority communities; and

- Improve the accessibility and utilization of health care services among LEP minority populations.

These grants are intended to demonstrate the merit of programs that involve partnerships between community-based, minority-serving organizations and health care facilities in a collaborative effort to:

- address cultural and linguistic barriers to effective health care service delivery; and
- increase access to quality and comprehensive health care for LEP minority populations living in the United States.

In FY 2004, the Bilingual/Bicultural Service Demonstration Program will target 12 of the health areas which are part of the national Healthy People 2010 effort (see section on **Health Areas To Be Addressed** on page 4 of these guidelines).

Note: To learn more about the health disparities that exist among racial and ethnic minorities in the United States today, read applicable sections of Healthy People 2010 (see page 25 for information on how to obtain a copy).

Availability of Federal Funds

About \$2.5 million is expected to be available for award in FY 2004. It is anticipated that 16 to 20 awards will be made.

PROGRAM OVERVIEW

Background

The Office of Minority Health (OMH) is charged with carrying out programs to improve access to health care services for individuals with limited English proficiency, many of whom are members of racial or ethnic populations. OMH is committed to working with community-based organizations to improve and enhance access to quality and comprehensive health services for these populations. Limited English proficiency (LEP) and other barriers which inhibit interaction with health care providers or social service agencies, often result in delays or denial of care, and/or provision of inaccurate or incomplete health information to LEP minority individuals. To that end, OMH supports the Bilingual/ Bicultural Service Demonstration Program to build communication bridges and reduce the linguistic, cultural and social barriers the LEP minority populations encounter when accessing health services.

According to the 2000 Census, more

than 300 different languages are spoken in the United States, and 18% of the nation speak a language other than English at home. This percentage is an increase from the 1990 Census which reported that 14% of persons spoke a language other than English at home. In addition, the 2000 Census reported that 4.4 million households encompassing 11.9 million people are linguistically isolated, meaning that no person in the household speaks English "very well." This is a significant increase from 1990 which reported that 2.9 million households encompassing 7.7 million people were linguistically isolated.

To improve services for LEP minority populations, it is essential that health care providers, health care professionals, and other staff become better informed about the diverse linguistic, cultural and medical backgrounds of the clientele. Enhancement of cultural and linguistic competency among providers not only improves the ability of providers to care for diverse populations, but also allows patients to better navigate the health care system.

To insure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner, the OMH published the *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care* (U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health. *National Standards for Culturally and*

Linguistically Appropriate Services in Health Care Final Report, Washington, DC, March 2001). While these 14 standards are primarily directed at health care organizations, the principles and activities of culturally and linguistically appropriate services should be undertaken in partnership with communities being served. OMH encourages community-based minority-serving organizations to partner with health care facilities to implement activities addressing those CLAS standards that have applicability to the purposes of the Bilingual/Bicultural Service Demonstration Program. Additional information on CLAS standards may be found on the OMH Web site:
<http://www.omhrc.gov/cultural>.

The OMH also finalized *A Family Physician's Practical Guide to Culturally Competent Care* in August 2003. This set of Cultural Competence Curriculum Modules was organized by the three themes of the CLAS standards: 1) culturally competent care, 2) language access services, and 3) organizational supports. Culturally Competent Nursing Modules are currently under development to facilitate patient-nurse interactions and enhance the quality of care for diverse populations. Information on *A Family Physician's Practical Guide to Culturally Competent Care* and additional background resources may be found on the following website:
<http://www.cultureandhealth.org/cccm/>

Project Outcomes

All applicants requesting support for projects must address Project Outcomes that can increase access to quality health care among LEP minority populations as demonstrated through any or all of the following:

- reduction in high-risk behaviors;
- adoption of health promoting behaviors;
- connection to a continuum of care;
- increased numbers of interpreters and interpretation services provided;
- increased patient knowledge on how best to access care and participate in treatment decisions;
- increased health provider knowledge on health disparities, and culturally and linguistically appropriate health care services; and/or
- increased utilization of preventive health care and treatment services.

Note: Funded projects will be expected to demonstrate progress in achieving any or all of the project outcomes by the end of the project period. Such progress will be a factor in decisions regarding future funding.

Project Requirements

Each project funded under this demonstration program must:

1. Address at least 1, but no more than 3, of the health areas identified in the next section (**Health Areas to be Addressed**).
2. Carry out activities to improve and expand the capacity of health care providers and other health care professionals to deliver culturally and linguistically appropriate health care services to the target population.
3. Carry out activities to improve access to health care for the LEP minority population.
4. Have an established, formal linkage between the community-based organization and a health care facility, prior to submission

of an application. The linkage must involve two separate and distinct entities.

A single signed agreement (see *Appendix A* for suggested format) between the applicant organization and the partner organization must be submitted with the application. The agreement must specify in detail the roles and resources that each entity will bring to the project, and specify any financial responsibility of the applicant organization to the partner organization. The letter must also state the duration and terms of the linkage. The linkage agreement must cover the entire project period.

The document must be signed by individuals with the authority to represent both organizations (e.g., president, chief executive officer, executive director).

Health Areas to be Addressed

The Department of Health and Human Services (HHS) supports the effort to eliminate disparities in health status experienced by racial and ethnic minority populations by year 2010. In FY 2004, the Bilingual/Bicultural Service Demonstration Program will target the following 12 health areas that are part of

the Healthy People 2010 health areas.

- Cancer
- Child and Adult Immunization
- Diabetes
- Environmental Health
- Heart Disease and Stroke
- HIV/AIDS and Sexually Transmitted Diseases
- Maternal, Infant, and Child Health
- Mental Health
- Obesity and Overweight
- Oral Health
- Substance Abuse
- Tobacco Use

Applicants are required to address at least 1, but no more than 3 of these health areas.

Ideas for Developing the Proposal

The following section lists some examples of activities that can be supported under the Bilingual/Bicultural Service Demonstration Program:

1. Developing curriculum and training providers on culturally competent practices.

2. Developing culturally appropriate health education materials.
3. Training interpreters.
4. Enlisting community health workers to conduct outreach services.
5. Incorporating health education and intervention services to strengthen coordination of care and case management services.
6. Offering consumer education and training on available health services and ways to access services.
7. Providing access to health information, education and social service referral through the development of web sites or placement of computer kiosks in appropriate locations.

<p>Note: The above does not represent an exhaustive list of activities.</p>
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NOTIFICATION OF INTENT TO APPLY

A Letter of Intent (LOI) is **required** from all potential applicants for the purpose of planning the competitive review process. The narrative should be no more than one page, double-spaced, printed on one side, with one-inch margins, and unreduced 12-point font. LOIs should include the following information:

1. the program announcement title:
Programs to Improve Minority Health and Racial and Ethnic Disparities in Health;
2. funding opportunity title:
Bilingual/Bicultural Service Demonstration Program;
3. CFDA Number: 93.105;
4. the health areas to be addressed;
and
5. the name of the applicant agency or organization, the official contact person and that person's telephone number, fax number, and mailing and email addresses.

Do not include a description of your proposed project.

On or before **July 6, 2004**, submit the LOI to:

Karen Campbell
Director, OPHS Office of Grants
Management
Tower Building, Suite 550

1101 Wootton Parkway
Rockville, MD 20852

The LOI must be received by the OPHS Office of Grants Management by 5 p.m. EDT on **July 6, 2004**. If an applicant does not submit a LOI by the established due date and time, the application will not be eligible for the review process.

TERMS AND CONDITIONS OF SUPPORT

Eligible Applicants

To qualify for funding you must be a:

- private nonprofit, community-based, minority-serving organization which addresses health and human services for LEP minority populations (see Definitions);

Note: Applicants must provide proof of nonprofit status. See page 25 for acceptable evidence of nonprofit status.

- public (local or tribal government) community-based organization which addresses health or human services; **or**

- tribal entity which addresses health and human services.

Note: Faith-based organizations that meet the above criteria are eligible to apply for these Bilingual/Bicultural Service Demonstration Grants. Local affiliates of national organizations that have an established link with a health care facility are also eligible to apply.

National, state-wide, and regional organizations, universities, and other schools of higher learning may not apply for the Bilingual/Bicultural Service Demonstration grants. As the focus of the program is at the local, grassroots level, OMH is looking for organizations that have ties to the local community. National, state-wide, and regional organizations operate on a broader scale, and are not as likely to effectively access hardly reached minority populations in the specific, local neighborhoods and communities. Universities and other schools of higher learning are similarly excluded.

In addition, all applicants must provide services to a targeted LEP minority community and have an established linkage which:

- Involves two separate and distinct entities, one of which must be a community-based organization and the other a health care facility.

- Is documented in writing as specified under the project requirements described on page 4 in these guidelines.

This linkage is the foundation of this demonstration program to address cultural and linguistic barriers to effective health care service delivery, and to increase access to quality and comprehensive health care for LEP minority populations living in the United States.

The organization submitting the application will:

- Serve as the lead agency for the project, responsible for its implementation and management; and
- Serve as the fiscal agent for the Federal grant awarded.

Organizations may submit only one application under this announcement. Organizations submitting more than one proposal for this grant program will be deemed ineligible, and all proposals submitted for this program will be returned without comment.

Organizations are not eligible to receive funding from more than one OMH grant program to carry out the same project and/or activities.

Period of Support

Those applicants chosen through the competitive process:

- Are to begin their demonstration project on **September 1, 2004**.
- Will receive an award ranging from \$75,000 to \$150,000 total costs (direct and indirect) for a 12 month period.
- Will be able to apply for a non-competing continuation award up to \$150,000 for each of two additional years. After year one, funding is based on:
 - Availability of funds.
 - Success or progress in meeting project objectives during year one of the project.

Note: For non-competing continuation awards, grantees must submit continuation applications, written reports, and continue to meet the established program guidelines.

Use of Grant Funds

Budgets ranging from \$75,000 to \$150,000 total costs (direct and indirect) may be requested per year to cover costs of:

- Personnel
- Consultants
- Equipment
- Supplies (including screening and outreach supplies)
- Grant related travel (domestic only)
- Other grant related costs

Funds may not be used for:

- Building alterations or renovations
- Construction
- Fund raising activities
- Job training
- Medical care, treatment or therapy
- Political education and lobbying
- Research studies involving human subjects
- Vocational rehabilitation

Note: All budget requests must be fully justified and include a computational explanation of how costs are determined. See - **Filling out the Budget Forms and Budget Justification Narrative** on page 10.

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it

Note: Funds to attend an annual OMH grantee meeting **must** be included in the budget.

did not meet the submission requirements.

APPLICATION REQUIREMENTS

Application Forms

Applicants must use Grant Application Form PHS 5161-1 (Revised July 2000 and approved by OMB under Control Number 0348-0043).

Hint: You will need to disassemble Grant Application Form PHS 5161-1 in order to put the Application Package in the proper order.

Order of Application Package - All

items in **bold** can be found in your application kit.

- **Face Page/cover page (SF 424) included in Form PHS 5161-1**
- **Checklist (pages 25-26 of Form PHS 5161-1)**
- For private, nonprofit organizations, evidence of nonprofit status (if not already on file with a PHS agency). (See page 25 of these guidelines for examples of acceptable proof of nonprofit status.)
- **Budget Information Forms for Non-Construction Programs (SF 424A) included in Form PHS 5161-1**
- Detailed Budget Justification (narrative). (See page 11 of these guidelines.)
- Negotiated Indirect Cost Rate Agreement (if applicable)
- **Key Personnel Form**
- **Assurances-Non-Construction Programs (SF 424B in Form PHS 5161-1)**

- **Certifications (pages 17-19 in Form PHS 5161-1)**
- E.O. 12372 (State Point of Contact (SPOC)) (See page 23 of these guidelines.) Provide a copy of the cover letter, if applicable.
- For community-based, non-governmental applicants, a Public Health System Impact Statement (see page 22 of these guidelines). Include only a copy of the cover letter.
- **Project Profile**
- Table of Contents
- Project Summary (See *Appendix B* of these guidelines for Project Summary Outline and Instructions.)
- Project Narrative (proposal). (See page 12 of these guidelines.)
- Appendices

You **must** submit a Memorandum of Agreement/Understanding in your appendix. (See *Appendix A* of these Guidelines for suggested format).

If you are a current grantee, you **must** also submit a Progress Report in your appendix. (See

Appendix C of these guidelines for the Progress Report Outline.)

Filling out the Budget Forms and Budget Justification Narrative

In addition to filling out the budget forms located in the application kit, you must also provide a separate budget justification narrative and computation of expenditures, as outlined below.

Budget Forms

Fill out the budget forms (SF 424A) located in the application kit. Also,

- Use SF 424A -Section B (1) to list the itemized budget for year 1 costs.
- Use SF 424A - Section B (2) to list the itemized budget for year 2 and year 3 costs.

Budget Justification Narrative

Use separate paper to write the budget justification narrative and computation of expenditures for **each year** in which grant support is requested.

- Identify your projected expenditures

- using only the standard budget headings listed on budget form (SF 424 A), i.e., personnel and fringe benefits, contractual, travel, equipment, supplies, and other grant-related expenses.
- Then, write your budget justification narrative and computation of expenditures under the appropriate heading.
 - The “personnel” justification should indicate, for each position to be supported by the grant:
 - name, if known
 - title
 - level of effort (percentage of time on the project)
 - salary
 - responsibilities
 - The “equipment” narrative should indicate:
 - type of equipment
 - number of items
 - cost per unit
 - who it will be used by
 - where and when it will be used
 - which objective and activity the equipment will support

- The justification for out-of-town “staff travel” should indicate:
 - number of out-of-town trips
 - purpose/destination of each trip
 - estimated cost of travel (e.g., airfare, train fare, mileage) for each trip
 - per diem costs (meals, lodging and local travel)
 - title/position of traveler
 - when travel will take place
 - which objective and activity are addressed.

Provide similar information on other budget items under the appropriate headings.

Reminder: Participation in an annual OMH grantee meeting is mandatory. Applicants must budget for up to two grant staff to attend this meeting. For planning purposes, use Chicago as the travel destination.

Note: Remember that all applicants must fill out the Key Personnel Form. This form must follow the budget information included in the Application Package.

REQUIRED CONTENT OF THE NARRATIVE SECTION

How to Write the Project Narrative (Proposal)

In place of the Program Narrative Instructions on page 21 of Form PHS 5161-1, describe your proposal using the following 7 sections, in the order provided, to present your narrative:

- PROJECT SUMMARY
- STATEMENT OF NEED
- OBJECTIVES
- PROGRAM PLAN
- EVALUATION
- MANAGEMENT PLAN
- APPENDICES

The Project Summary, Project Narrative and Appendices are limited to 45 pages (55 for currently funded grantees).

The narrative must address the project requirements specified on page 4 of these program guidelines.

Provide sufficient details for reviewers to be able to assess the proposal's appropriateness and merit.

PROJECT SUMMARY

The Project Summary should:

- Be no more than 3 pages in length, double spaced.
- Cover key aspects of the Statement of Need, Objectives, Program Plan, Evaluation, and Management Plan.

(See *Appendix B* for Suggested Project Summary Outline)

Hint: It may be easier to prepare the Project Summary after the entire narrative (proposal) is completed.

STATEMENT OF NEED

- Identify which of the health areas (up to 3) are being addressed.
- Describe and document (with data)
 - demographic information on the targeted local geographic area.

Hint: Where local data are unavailable, the inclusion of county/parish/district demographic information should be considered to assist reviewers in putting the problem in context.

- the significance or prevalence of health problem(s) or issue(s) affecting the local target minority group(s).

Hint: Some sources of data are the U.S. Census, local school systems, area-wide health systems agencies, local or state health departments, and the OMHRC (1-800-444-6472).

- Describe the local minority group(s) targeted by **this project** (e.g., race/ethnicity, age, gender, educational level, income).
- Describe the applicant organization's background, including:
 - mission/purpose/service area/population served;
 - length of time in existence;
 - previous and current collaborations with health

entities, local governmental agencies, civic associations, and others that show experience with the identified problem;

- outcomes of previous and current activities with, or on behalf of, the targeted minority group(s) that show experience with the identified problem.
- Describe the background/experience of the proposed linkage organization and rationale for inclusion in the project.

OBJECTIVES

Objectives must relate to the purpose of the Bilingual/Bicultural Service Demonstration Program (see page 1), the identified problem(s), project outcome(s) and the Program Plan.

- State the objectives in **measurable** terms and include the time frame for achievement.
 - Measurable terms include **both** baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.
 - The time frame should indicate when the objective will be

achieved.

Hint: Objectives should not be confused with specific tasks or activities that will be implemented to achieve the objective.

PROGRAM PLAN

The Program Plan must clearly describe how the proposed project will be carried out.

- Describe in detail specific activities and strategies planned to achieve each objective.
- For each activity describe:
 - how it is to be done
 - when it is to be done
 - where it will be done
 - who will do it
 - for whom it is to be done
- Describe any products to be developed by the project (e.g., brochures, public service announcements, videos).
- Provide a time line chart which lists:

- each objective;
- the activities under each objective;
- the specific month(s) each activity will be implemented; and
- the individual responsible for the activities by project title/position.

Note: A time line should be included for **each year** that support is requested.

EVALUATION

The Evaluation Plan must identify the expected result (i.e., a particular impact, outcome or product) for each major objective and activity, and discuss the potential for replication.

- **Data Collection and Analysis**

Method:

- Indicate which method will be used (e.g., comparative analysis of indicators).
- State how data will be collected and analyzed on each indicator.

- Identify who will collect and analyze data on each indicator.
- **Demographic Information** on the target group(s).
 - Describe demographic data to be collected on persons served by the project (e.g., number served, race, ethnicity, gender, age, educational level).
- **Process Measures** describe indicators to be used to monitor and measure progress toward achieving projected results by objective. For example:
 - Number of forums/seminars to be conducted, by type and by audience (e.g., health care providers/paraprofessionals, LEP minority individuals).
 - Number of new/repeat clients to be served, by type of service.
 - Number of interpreters to be trained.
 - Number of culturally/linguistically appropriate informational items to be distributed, by type.
- Number of radio broadcasts/TV spots to be aired.
- Number of training sessions to be held for health care providers, health care professionals and other staff.
- **Outcome Measures** will show that the project has accomplished the activities it planned to achieve. For example:
 - Achievement of targeted number of outreach visits, seminars, and follow-up activities.
 - Pre- and post-tests to measure participants' knowledge gain from workshops, forums, seminars, and focus groups.
 - Number of interpreters completing training, and number of times interpreter services provided.
- **Impact Measures** demonstrate the achievement of the goal to positively affect health disparities. For example:
 - Changes in baseline health data over time.

- Changes in utilization of health or medical services over time.
- Changes in provider/client satisfaction.
- Changes in organizational policies.
- Describe the project’s potential for long-term impact on the identified health area(s).
- Discuss how the project might have applicability for similar communities.

MANAGEMENT PLAN

- Discuss relevant qualifications of proposed key staff for the project. Provide a resume or curriculum vitae for each proposed key staff.

Note: The Project Director **must** be an employee of the applicant organization.

- Indicate the level of effort for each proposed key staff position (e.g., 10%, 50%).
- Provide position or job descriptions

for staff positions, including those to be filled.

- Provide descriptions of duties for proposed consultants and identify which objectives they will address.
- Discuss organizational experience in managing projects/activities (especially those targeting the population to be served).
- Include a chart of the **organization’s** structure showing who reports to whom.
- Include a chart of the proposed **project’s** structure showing the relationship between the linkage partners, and who reports to whom by position/title. The chart should identify where the organizational unit (who will administer the project) is located.

Note: Collaborators, consultants, subgrantees, and subcontractors are accountable to the grantee for the management of any OMH funds received.

APPENDICES

All appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section. Examples include:

- The applicant organization's mission statement.
- Memorandum of Agreement/Understanding with the linkage organization
- Progress Report for currently funded Bilingual/Bicultural Service Demonstration Program grantees.
- Data collection instruments.
- Relevant brochures or newspaper articles.

Note: Items included in this section count against the proposal's page limitation (45 for new applications, 55 for currently funded grantees).

Helpful Reminders

In preparing your application, you must:

1. Number all pages sequentially including any appendices. (Do not use decimals or letters, such as: 1.3 or 2A).
2. Type all materials in size 12 font, with 1" margins.

Note: The pages of the Project Summary must be double spaced. However the Project Narrative (Proposal) may be single or double spaced.

3.

Use 8 ½ by 11 inch white paper.

4. Type on one side of the paper only.
5. Not exceed a total of 45 pages for the project summary, project narrative and appendices (55 pages for currently funded grantees). **If you are a currently funded grantee, you must include a Progress Report (maximum of 10 pages) in your appendix.** (Refer to *Appendix C* for Progress Report Outline.)
6. Not staple or bind the application package. Use rubber bands or binder clips.
7. Send an original, signed in blue ink, and 2 copies of the application package.

SUBMISSION OF APPLICATION

Application Deadline

Send your application in by **August 5, 2004.**

Applications will be considered as meeting the deadline if they are received

by the Office of Public Health and Science, Office of Grants Management **by 5 p.m. EDT on August 5, 2004.**

Suggestion: Applicants are encouraged to submit applications early to ensure receipt by the deadline.

OPHS will not acknowledge receipt of applications.

Applications submitted by e-mail, FAX (facsimile transmission) or any other electronic format **will not** be accepted.

Applications which do not meet the deadline will be considered late and will be returned unread.

DUNS Number - New Requirement

All applicants are required to obtain a Data Universal Numbering System (DUNS) number as preparation for doing business electronically with the Federal Government. **The DUNS number must be obtained prior to applying for OMH funds.**

The DUNS number is a nine-character identification code provided by the commercial company Dun & Bradstreet, and serves as a unique identifier of business entities. There is no charge for requesting a DUNS number, and you

may register and obtain a DUNS number by either of the following methods:

Telephone: 1-866-705-5711

Website: <https://eupdate.dnb.com/requestoptions.html>

Be sure to click on the link that reads, “DUNS Number Only” at the left hand, bottom corner of the screen to access the free registration page. Please note that registration via the web site may take up to 30 business days to complete.

Where to Send Your Application

Send an original, signed in blue ink, and 2 copies of your grant application to:

Karen Campbell
 Director, OPHS Office of Grants Management
 Tower Building, Suite 550
 1101 Wootton Parkway
 Rockville, Maryland 20852

How to Get Help

For technical assistance on budget and business aspects of the application, contact:

DeWayne Wynn
 Grants Management Specialist
 Office of Grants Management

OPHS

Phone: (301) 594-0758

E-mail: dwynn@osophs.dhhs.gov

For questions about programmatic information and/or technical assistance in preparing your grant application, contact:

Helen Hunter
 Project Officer
 Division of Program Operations
 Office of Minority Health
 Phone: (301) 594-0769
 E-mail: hmhunter@osophs.dhhs.gov

For additional technical assistance:

- Contact the OMH Regional Minority Health Consultant for your region listed in your grant application kit.

For health information:

- Call the OMH Resource Center (OMHRC) at 1-800-444-6472.

EVALUATION OF APPLICATIONS

Receipt of Applications

- Applications will be screened upon

receipt. Applications that are not complete, or that do not conform to or address the criteria of the announcement, will not be accepted for review and will be returned without comment.

- Accepted applications will be reviewed for technical merit in accordance with Public Health Service policies.
- Accepted applications will be evaluated by an Objective Review Committee (ORC). Committee members are chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by the racial/ethnic minority populations in the United States.

How Applications Are Scored

Applications will be reviewed on their own merits, and will not be compared to each other. The ORC will determine how well the application meets the review criteria and if it included all the required information. The ORC will make recommendations to OMH about the funding of applications.

Review Criteria

The technical merit of applications will be assessed by the ORC considering the following 5 factors:

Note: The following factors are presented in the order in which they are addressed in the narrative.

Factor 1: Statement of Need (15%)

- Demonstrated knowledge of the problem at the local level.
- Significance and prevalence of the identified health problem(s) or health issue(s) in the proposed community and target population.
- Extent to which the applicant demonstrates access to the target community(ies) and whether it is well positioned and accepted within the community(ies) to be served.
- Demonstrated support and established linkage(s) in order to conduct the proposed model.
- Extent and documented outcome of past efforts and activities with the target population.

- For current grantees, documented outcome of activities funded under the Bilingual/Bicultural Service Demonstration Program.

Note: Currently funded Bilingual/Bicultural Service Demonstration Program grantees **must** attach a Progress Report describing project accomplishments and outcomes.

Factor 2: Objectives (15%)

- Merit of the objectives.
- Relevance to the program purpose, project outcomes, and stated problem.
- Attainability of the objectives in the stated time frames.

Factor 3: Program Plan (35%)

- Appropriateness of the proposed approach and specific activities for each objective.
- Logic and sequencing of the planned approaches in relation to the objectives and program evaluation.
- Soundness of the established

linkage(s).

- Likelihood of successful implementation of the project.

Factor 4: Evaluation Plan (20%)

- Appropriateness of the proposed data collection, analysis, and reporting procedures.
- Clarity of the intent and plans to document the activities and their outcomes.
- Potential for the proposed project to impact barriers to health care experienced by LEP minority populations.
- Potential for replication of the project for similar target populations and communities.

Factor 5: Management Plan (15%)

- Applicant organization's capability to manage and evaluate the project as determined by:
 - Qualifications and appropriateness of proposed staff or requirements for "to be

hired” staff and consultants.

- Proposed staff level of effort.
 - Management experience of the applicant.
 - The applicant’s organizational structure.
- Appropriateness of defined roles including staff reporting channels and that of any proposed contractors.
 - Clear lines of authority among the proposed staff within and between participating organizations.

Award Criteria

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health, OMH, and will take into consideration:

- The recommendations and ratings of the ORC.
- Geographic and racial/ethnic distribution.
- Health areas to be addressed.

REPORTING AND OTHER REQUIREMENTS

Public Health Systems Reporting Requirements

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS).

The PHSIS informs State and local health officials about proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions.

Submitting Needed Information

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate state and local health

agencies in the area(s) to be impacted:

- A copy of the face page of the application (SF 424).
- A summary of the project (PHSIS). The summary should be 1 page or less and include:
 - A description of the population to be served.
 - A summary of the services to be provided.
 - A description of the coordination planned with the appropriate State or local health agencies.

Note: Include **only** a copy of the cover letter with your application.

State Reviews (Executive Order 12372)

This program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

This application kit includes a listing of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. The SPOC list is also available on the Internet at the following address:

<http://www.whitehouse.gov/omb/grants/spoc.html>

Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process.

For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State.

The due date for State process recommendations is 60 days after the application deadline established by the OPHS Grants Management Officer. The OMH does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See “Intergovernmental Review of Federal Programs,” Executive Order 12372, and 45 CFR Part 100 for a description of the review process and requirements).

Post Award Requirements

If you are selected for funding, you will need to let OMH know how your project is doing by sending:

- Semi-Annual Progress Reports
- Annual Financial Status Reports
- A Final Project Report and Financial Status Report.

Grantees will be informed of the progress report due dates. Instructions and report format will be provided prior to the required due date. The Annual Financial Status Report is due no later than 90 days after the close of each budget period. A Final Project and Financial Status Report are due 90 days after the end of the project period. Instructions and due dates will be provided prior to required submission.

Uniform Data Set

The Uniform Data Set (UDS) system is designed to assist in evaluating the effectiveness and impact of grant and cooperative agreement projects. All OMH grantees are required to report program information, using the web-based UDS. Training will be provided to all new grantees on the use of the UDS system, during the annual grantee

meeting.

ADDITIONAL INFORMATION

Definitions

For purposes of this grant program, the following definitions apply:

Community-Based Organizations - Private, nonprofit organizations and public organizations (local or tribal governments) that are representative of communities or significant segments of communities where the control and decision-making powers are located at the community level.

Community-Based, Minority-Serving Organization - A community-based organization that has a history of service to racial/ethnic minority populations. (See definition of ***Minority Populations*** below.)

Cultural Competency - Having the

capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities.

Health Care Facility - A private nonprofit or public facility that has an established record for providing comprehensive health care services to a targeted, LEP racial/ethnic minority community.

A health care facility may be a hospital, outpatient medical facility, community health center, migrant health center, or a mental health center. Facilities providing only screening and referral activities are not included in this definition.

Limited English Proficient (LEP) Minority - People from **Minority Populations** (see definition below) with a primary language other than English. These individuals must communicate in their main language in order to participate effectively in and benefit from any aid, service or benefit provided by the health provider.

Minority Populations - American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander. (Revision to the Standards for the Classification of Federal Data on Race and Ethnicity, *Federal Register*, Vol. 62, No. 210, pg. 58782, October 30, 1997.)

Nonprofit Status - Any of following

serves as acceptable proof of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.
- Any of the above proof for a State or national organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Healthy People 2010

The Public Health Service (PHS) is committed to achieving the health

promotion and disease prevention objectives of Healthy People 2010, a PHS-led national activity announced in January 2000 to eliminate health disparities and improve years and quality of life.

Information on the Healthy People 2010 objectives can be found on the Healthy People 2010 web site at:

<http://www.healthypeople.gov>

Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512-1800. The cost is \$70 for the printed version or \$20 for CD-ROM. Another reference is the Healthy People 2000 Final Review-2001.

For 1 free copy of Healthy People 2010, contact NCHS:

The National Center for Health Statistics
Division of Data Services
3311 Toledo Road
Hyattsville, MD 20782

Or, telephone (301) 458-4636.

Ask for DHHS Publication No. (PHS) 99-1256.

The document may also be downloaded from the Healthy People 2010 web site:
<http://www.healthypeople.gov>

Frequently Asked Questions

1. **Where can I get more information about the program?** See the section of these Program Guidelines entitled “How to Get Help” (page 19) for federal staff contact information. You may also visit the web site <http://www.omhrc.gov>.
2. **Who is eligible to apply?** Private community-based, minority-serving organizations who are eligible to receive financial assistance must be nonprofit organizations. Public community-based organizations which address health and human services are also eligible to apply for these Bilingual/Bicultural Service Demonstration Grants. Tribal organizations, faith-based organizations and **local** affiliates of national, state-wide or regional organizations that meet the definition of a community-based, minority-serving organization are also eligible to apply. All applicants must address health and human services and provide services to a targeted LEP minority community.
3. **Who is not eligible to apply?** National, state-wide, and regional organizations; universities; and schools of higher learning are not eligible to apply for these grants.
4. **Can a religious organization**

- apply?** Yes, if the organization meets the eligibility criteria and provides proof of its non-profit status (see page 25 for acceptable evidence of non-profit status).
5. **Can a health care facility be the applicant?** As long as the facility meets the definition of a private, nonprofit community-based, minority-serving organization, and provides services to an LEP minority population, the facility may apply to this grant program. Keep in mind that a linkage must still be established with another community-based, minority-serving organization to implement the project.
 6. **My organization is both a health care facility and a community-based, minority-serving organization. Do I still need to establish a linkage with a second organization?** Yes. This demonstration grant program requires that all projects include an established linkage between two separate and distinct entities.
 7. **How much money is an applicant eligible to apply for?** Each applicant may request a budget ranging from \$75,000 to \$150,000 per year for each of three years. Matching funds are not required.
 8. **What is the CFDA Number?** The Catalog of Federal Domestic Assistance (CFDA) is a Government-wide compendium of Federal programs, projects, services, and activities that provide assistance. Programs listed therein are given a CFDA Number. The CFDA Number for this program is 93.105.
 9. **Do I budget for one year or three years?** Each applicant must submit a budget for each year support is requested. The period of support for each project is up to three years.
 10. **Can the proposed project address health areas that are not among the 12 identified Healthy People 2010 health areas?** No. The health areas listed on page 5 of these Program Guidelines have been identified as those with significant disparities in health status experienced by racial and ethnic minority populations and are the focus of the Bilingual/Bicultural Service Demonstration Program.
 11. **Can you tell me exactly which forms are required for this application?** Form PHS 5161-1, the Project Profile and the Key Personnel Form are required. The application kit for this program is available on-line at

www.omhrc.gov.

12. **How do I submit an application?**

Send an original, signed in blue ink, and 2 copies of your grant application to:

Karen Campbell
Director, OPHS Office of Grants
Management
Tower Building, Suite 550
1101 Wootton Parkway
Rockville, Maryland 20852

13. **Should my proposal be single or double-spaced?** The project summary must be double-spaced. However, the project narrative (proposal) may be single or double-spaced.

APPENDIX A**Department of Health and Human Services
Office of Minority Health****Bilingual/Bicultural Service Demonstration Program
FY 2004****MEMORANDUM OF AGREEMENT/UNDERSTANDING OUTLINE
(Sample Format)****I. Linkage Organization**

Identify the linkage organization and the individual representing it. Provide a statement which indicates that by signing the document, the organization commits to executing the activities and providing the resources as detailed in the agreement.

II. Project Activities

Summarize the activities to be carried out by the linkage organization relative to the proposed project.

III. Commitment of Resources

Delineate the resources the linkage organization will provide to the project. Also indicate the amount of grant funds, if any, the organization will receive.

IV. Term of Agreement

Indicate the specific dates of the agreement. The term of the agreement should at least endure the life of the grant. Also indicate the terms for termination of the agreement.

V. Signatures

A representative from both the applicant organization and the linkage organization must sign this document. The agreement must be signed by individuals with the authority to represent the organization (e.g., president, chief executive officer, executive director).

**Department of Health and Human Services
Office of Minority Health**

**Bilingual/Bicultural Service Demonstration Program
FY 2004**

PROJECT SUMMARY OUTLINE

INSTRUCTIONS: The Project Summary should provide a concise recapitulation of the key aspects of the application. The summary should follow the recommended format, not exceed three pages, and be typed double-spaced on one side of plain, 8 ½" x 11" white paper with 1" margin using no less than 12 point font.

PROJECT TITLE:	Full name of the project
APPLICANT:	Applicant organization's name
LOCATION:	City, State, Zip Code
PROJECT DIRECTOR:	Name of the Project Director, telephone & fax numbers, e-mail address
PROPOSED YEAR 1 BUDGET:	Total Direct/Indirect
PROPOSED SERVICE AREA:	Specify counties, cities, neighborhoods, or communities to be served by project activities
TARGET POPULATION:	Minority population(s) to be served by project

STATEMENT OF NEED:

OBJECTIVES:

PROGRAM PLAN:

PRODUCTS:

EVALUATION PLAN:

MANAGEMENT PLAN:

**Department of Health and Human Services
Office of Minority Health**

Bilingual/Bicultural Service Demonstration Program

PROGRESS REPORT OUTLINE
(Suggested)

The progress report must contain a description of the activities conducted under the current **Bilingual/Bicultural Service Demonstration Program** grant. At a minimum, each of the following items must be addressed. Additional information relevant to the program may be included.

I. PROGRAM INFORMATION

- Name of Project Director
- Grant Number as shown on the “Notice of Grant Award”
- Time period covered by the Progress Report (as applicable: **9/30/00 - 5/31/04 or 9/30/01 - 5/31/04**).

II. SPECIFIC OUTCOMES

- State the original project objectives, summarize the activities implemented to achieve and measure each objective, and summarize accomplishments of those activities with specific outcomes for each objective.
- Provide summary data on project participants (e.g., number served, race/ethnicity, gender) services provided.
- Discuss the findings of program evaluations.
- Describe all products directly related to project activities (e.g., brochures, displays, media addresses).

- Discuss staffing changes including additions/deletions of funded positions and any unfilled staff positions and their impact on the program.

III. CHANGES IN PROGRAM PLAN AS ORIGINALLY APPROVED

- Describe any changes or modifications made to the original objectives. Specifically explain the changes/modifications and their significance in conducting the project.
- Discuss problems not previously described and how they were resolved.