

FOR IDPH Use Only

Application No. _____

Date Received _____



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR PUBLIC HEALTH GRANT
Office of Health Protection
Division of Food, Drugs and Dairies / Summer Food Program

Section 1. APPLICANT INFORMATION	
Legal Name of Applicant: <i>(Attach copy of W-9)</i>	
Name and Title of Chief Officer: <i>(If more than one, attach a list of all officers)</i>	Name: Title: Address: Phone: Fax: E-mail:
Applicant Address:	
City, State, Zip Code:	
Telephone:	
Fax:	
E-Mail:	
Web Site:	

Section 2. APPLICANT GRANT HISTORY	
Description of Applicant Organization: <i>(200 Character Maximum)</i>	
Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years? If yes, provide the following: <i>(Add additional rows if needed)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:
How long has Applicant been	

incorporated?	
Is the Applicant in “good standing” with the Illinois Office of the Secretary of State?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.
Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant’s knowledge threatened against applicant and/or any principal that may result in any adverse change in applicant’s financial condition or materially and adversely affect applicant’s operations?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify the nature of the proceedings and how they may affect the applicant’s financial situation and/or operations.
Does the applicant or any principal owe any debt to the State of Illinois?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

Section 3. APPLICANT ORGANIZATION INFORMATION		
Legal Status:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership/Legal Corporation <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Corporation providing or billing medical and/or health services <input type="checkbox"/> Corporation NOT providing or billing medical and/or health services <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Governmental <input type="checkbox"/> Nonresident alien <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Pharmacy (Non-Corporation) <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corporation) <input type="checkbox"/> Limited Liability Company (select applicable tax classification) <input type="checkbox"/> D = Disregarded Entity <input type="checkbox"/> C = Corporation <input type="checkbox"/> P = Partnership
Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:		
If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.	Name:	FEIN:
	Name:	FEIN:
	Name:	FEIN:

DUNS Number:	
Illinois Department of Human Rights Number (if applicable):	
Legislative Senate District:	
Legislative House District:	
Congressional District:	

Section 4. KEY GRANT CONTACT INFORMATION	
Grant Application Contact/Title:	
Telephone:	
Fax:	
E-Mail:	
Fiscal Contact/Title:	
Telephone:	
Fax:	
E-Mail:	

Section 5. GRANT PROJECT PROPOSAL	
Project Title:	Summer Food Program
Brief Project Description: <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	To conduct required initial and follow-up inspections as directed by Illinois Department of Public Health. Other required work may include complaint follow-ups, investigations and out-of-business confirmation .
Project Period: <i>(Include start and end date)</i>	Project Period: May 1, 2013 through August 31, 2013 <i>(Include start and end date)</i>
Total Amount of Funding Requested from IDPH:	Estimated amount based on number of assigned sites. \$100.00 per initial inspection, \$50.00 per required follow-up inspection, and \$25.00 per site visit not found operating. Site list provided throughout the program.
Total Applicant Match or In-Kind Contribution:	
If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, State, Zip: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY N/A for “Fee for Service” Grants

(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)

Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
Personal Services <i>(Includes Salary and Wages)</i>		
Fringe Benefits (Percent use for calculation _____%)		
Contractual Services (detailed information about the contractual services amount must be submitted on the attached budget excel form)		
Travel		
Commodities/Supplies		
Printing		
Equipment		
Telecommunications		
Patient/Client Care		
Administrative Costs <i>(If applicable/allowable)</i> This line item can be removed by Program if not allowable		
Grand Total		
If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.	<input type="checkbox"/> Time Sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time allocable to grant <input type="checkbox"/> Other, please describe _____ <input type="checkbox"/> Not applicable to this grant application	

Note: The Summer Food grants are reimbursed on a fee-for-service basis at a rate of \$100 for initial inspections, \$50 for required follow-up inspections, and \$25 for visits of non-operating sites. An itemized budget is not necessary.

Section 7. GRANT SCOPE OF WORK

Detailed description/information about the proposed project and expected outcome.

The objective of this grant/project is to provide inspections for Summer Food sites throughout the Local Health Department’s jurisdiction and therefore, decrease the diseases and prolonged health issues that may occur with users of these type establishments.

Description of how outcomes will be measured.

Local Health Departments submit all inspection reports and then IDPH logs them. Complaints and reports of injuries are also gathered and the information reviewed and maintained at the state and local level.

List of goals to be accomplished during the grant period.

The (insert name of local health department) will provide the following services and agrees to act in compliance with all applicable state and federal statutes and administrative rules.

- A. During a period of food preparation, conduct inspections of food service management company food preparation facilities and serving sites designated by the Department.
- B. If food transportation to a satellite location is a part of the Summer Food Program, consider the following points:
 - a. Vehicle or holding equipment shall maintain required product temperatures throughout the entire delivery schedule. The driver shall maintain a temperature log recording product temperature of potentially hazardous food and delivery time at each site. This log shall include the temperature of foods at delivery sites and signature(s) of person(s) receiving the foods.
 - b. The transport vehicle shall be clean and maintained in good repair.
 - c. The transport vehicle should deliver food as near to serving time as possible.
- C. Before making an inspection, make arrangements to have a schedule of the route of delivery with the approximate times of delivery. Time the inspection to coincide with the delivery or serving of the food. When conducting an inspection, document potentially hazardous food temperatures on the inspection report.
 - a. Include the time of delivery if the food was prepared off-site and the time that temperatures were taken.
 - b. Check and record both hot and cold food temperatures.
 - c. Record both "proper" and "improper" food temperatures.
 - d. Check refrigerator and milk cooler temperatures and indicate whether thermometers are present.
 - e. Adequate hot or cold holding equipment must be available if food is delivered before service.
 - f. Question food handlers about procedures for handling dishes and utensils that are to be reused, storage and service of foods, and procedures for handling leftovers.
 - g. Food handlers shall have a metal-stemmed thermometer available to check product temperatures. Food handlers shall also have a log to record the time the food arrived, the type and the temperature of the foods, and the name of the person that received the food.

- D. Develop a policy for handling potentially hazardous food that has been obviously mishandled and found in a critical temperature zone during the inspection. Inform the Summer Food Program sites of this policy.
- E. Adequate hand washing and toilet facilities shall be available for the food handlers and staff.
- F. Toxic chemicals shall be labeled and safely stored away from food, utensils, and single-service items. If possible, provide the feeding site with a "Wash Your Hands" sign.
- G. Outer openings to building shall be protected to prevent insects, rodents, and other pests from entering.
- H. Dishes and utensils to be reused shall be subjected to required cleaning and sanitizing.
- I. Storage, preparation, and service areas shall be clean and cleanable. Dining tables and work areas shall be wiped down with a sanitizing solution.
- J. Food, utensils, and single-service items shall be safely stored.
- K. Adequate garbage storage facilities must be available (sufficient number and size, covered, and clean).
- L. If a central commissary prepares food for satellite distribution, this facility should have been previously inspected by the Grantee. Request a copy of the most recent inspection performed.
- M. Each Summer Food Program site shall keep an updated temperature log on foods as they are delivered and as they are served.
- N. Inspect each site once during its respective operating dates (plus any reinspection needed to correct serious violations) using the Retail Food Sanitary Inspection Report form, completing all required information and comments including the numerical score and site number as designated by the Illinois State Board of Education. At the top of all inspection reports write the words Summer Food Program
- O. Sample foods that are suspected of being mishandled or adulterated shall be submitted to the Illinois Department of Public Health Laboratory in the Grantees area through the Illinois Department of Public Health Regional Office. Tests which may be requested include aerobic plate count, coliforms, salmonella and/or extraneous material.
- P. Send **2 legible** copies of all reports within two weeks of inspection to the attention of Melissa Estes, Division of Food, Drugs and Dairies, 525 W. Jefferson St., Springfield, IL 62761.
- Q. Send **2 legible** copies of reports on all sites visited but found not operating as scheduled and mark report "Not operating as scheduled."

- R. Mark report "No violations found during this inspection" for sites where no violations are found. No other comments on site performance shall be written on the inspection form.

Proposed Timeline: May 1, 2013 through August 31, 2013;

By quarter, complete the objectives and tasks shown below:

May 1st Quarter Objective: Conduct approximately [redacted] establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame

Task – Submit the inspection to IDPH within 2 weeks of completion.

June 2nd Quarter Objective: Conduct approximately [redacted] establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame

Task – Submit the inspection to IDPH within 2 weeks of completion.

Task – Submit the reimbursement certification forms at the end of first half of program listing all inspections conducted including the name, the ID #, and the date of the inspection.

July 3rd Quarter Objective: Conduct approximately [redacted] establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame

Task – Submit the inspection to IDPH within 2 weeks of completion.

August 4th Quarter Objective: Conduct approximately [redacted] establishment inspections and the required follow up work.

Task – Conduct the inspection in the required time frame

Task – Submit the inspection to IDPH within 2 weeks of completion.

Task – Submit the reimbursement certification forms at the end of second half of program listing all inspections conducted including the name, the ID #, and the date of the inspection.

Name of Grant Program Summer Food Program

Legal Name of Applicant _____

Section 8. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

Signature

Printed Name/Title

Date

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Type of Grant Application

- Direct Appropriation
- Allocation by Administrative Rule
- Competitive Request for Application
- Statutory Board Review Required
- Formula and/or Caseload Allocation
- Non-Competitive

Funding Source:

- General Revenue Fund
- State Special Fund
- Federal

Grant Application Funding Recommendation by Division/Program:

<input type="checkbox"/>	Grant Application Disqualified/Not Eligible for Funding under this Award
<input type="checkbox"/>	Grant Application Recommended for Funding at Full Request \$_____.
<input type="checkbox"/>	Grant Application Recommended for Funding at \$_____.

Division Chief/Program Manager: _____ Date: _____

Grant Application Funding Recommendation Approved by:

Deputy Director _____ Date: _____

Grants Review Committee Score: _____ (Full review grants only)

Assistant Director _____ Date: _____