

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 / Tanning Program

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

Section 2. APPLICANT GRANT HISTORY	
<b>Description of Applicant Organization:</b> <i>(200 Character Maximum)</i>	
<b>Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years?</b> <b>If yes, provide the following:</b> <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:
<b>How long has Applicant been incorporated?</b>	
<b>Is the Applicant in "good standing" with the Illinois</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Office of the Secretary of State?</b>	
<b>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?</b>	<p style="text-align: center;"><input type="checkbox"/> <b>YES</b>                      <input type="checkbox"/> <b>NO</b></p> <p>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.</p>
<b>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?</b>	<p style="text-align: center;"><input type="checkbox"/> <b>YES</b>                      <input type="checkbox"/> <b>NO</b></p> <p>If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.</p>
<b>Does the applicant or any principal owe any debt to the State of Illinois?</b>	<p style="text-align: center;"><input type="checkbox"/> <b>YES</b>                      <input type="checkbox"/> <b>NO</b></p> <p>If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.</p>

<b>Section 3. APPLICANT ORGANIZATION INFORMATION</b>																			
<b>Legal Status:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Individual</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Governmental</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sole Proprietor</td> <td style="border: none;"><input type="checkbox"/> Nonresident alien</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership/Legal Corporation</td> <td style="border: none;"><input type="checkbox"/> Estate or Trust</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax Exempt</td> <td style="border: none;"><input type="checkbox"/> Pharmacy (Non-Corporation)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation providing or billing medical and/or health services</td> <td style="border: none;"><input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corporation)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation NOT providing or billing medical and/or health services</td> <td style="border: none;"><input type="checkbox"/> Limited Liability Company (select applicable tax classification)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (describe):</td> <td style="border: none;"><input type="checkbox"/> D = Disregarded Entity</td> </tr> <tr> <td></td> <td style="border: none;"><input type="checkbox"/> C = Corporation</td> </tr> <tr> <td></td> <td style="border: none;"><input type="checkbox"/> P = Partnership</td> </tr> </table>	<input type="checkbox"/> Individual	<input type="checkbox"/> Governmental	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Nonresident alien	<input type="checkbox"/> Partnership/Legal Corporation	<input type="checkbox"/> Estate or Trust	<input type="checkbox"/> Tax Exempt	<input type="checkbox"/> Pharmacy (Non-Corporation)	<input type="checkbox"/> Corporation providing or billing medical and/or health services	<input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corporation)	<input type="checkbox"/> Corporation NOT providing or billing medical and/or health services	<input type="checkbox"/> Limited Liability Company (select applicable tax classification)	<input type="checkbox"/> Other (describe):	<input type="checkbox"/> D = Disregarded Entity		<input type="checkbox"/> C = Corporation		<input type="checkbox"/> P = Partnership
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<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Nonresident alien																		
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<input type="checkbox"/> Other (describe):	<input type="checkbox"/> D = Disregarded Entity																		
	<input type="checkbox"/> C = Corporation																		
	<input type="checkbox"/> P = Partnership																		
<b>Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:</b>																			
<b>If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.</b>	<b>Name:</b>	<b>FEIN:</b>																	
	<b>Name:</b>	<b>FEIN:</b>																	
	<b>Name:</b>	<b>FEIN:</b>																	
<b>DUNS Number:</b>																			

<b>Illinois Department of Human Rights Number (if applicable):</b>	
<b>Legislative Senate District:</b>	
<b>Legislative House District:</b>	
<b>Congressional District:</b>	

**Section 4. KEY GRANT CONTACT INFORMATION**

<b>Grant Application Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Fiscal Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	

**Section 5. GRANT PROJECT PROPOSAL**

<b>Project Title:</b>	<b>Tanning Program</b>
<b>Brief Project Description:</b> <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	<b>To conduct required initial, renewal, and follow-up inspections as directed by Illinois Department of Public Health at tanning facilities that have submitted applications for permit. Other required work may include complaint follow-ups and investigations, field out-of-business facility confirmation.</b>
<b>Project Period:</b> <i>(Include start and end date)</i>	July 1, 2013 through June 30, 2014
<b>Total Amount of Estimated Award Requested from IDPH:</b>	
<b>Total Applicant Match or In-Kind Contribution:</b>	N/A
<b>If subcontractors will be used under this grant application, provide name, address and description of services.</b>	Subcontractor name: Address: City, State, Zip: Phone: Description of services:  Subcontractor name: Address: City, State, Zip: Phone:

	Description of services:
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<b>Section 6. GRANT BUDGET SUMMARY – N/A</b>		
<i>(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)</i>		
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		
<b>Grand Total</b>		
<b>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.</b>	<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 Tanning Facility grants are reimbursed on a fee-for-service basis at a rate of \$150 per initial and change-of-owner inspection and \$100 per renewal inspection. An itemized budget is not necessary.**

<b>Section 7. GRANT SCOPE OF WORK</b>
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**Detailed description/information about the proposed project and expected outcome.**

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

**Description of how outcomes will be measured.**

Local Health Departments submit all inspection reports and then IDPH logs them into the Tanning database. 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.

1. Act as the agent of the Department for the purpose of making inspections and investigations under the authority of the Tanning Facility Permit Act (210 ILCS 145/1) and the Tanning Facilities Code (77 Ill. Adm. Code 795), hereinafter referred to as "the Act and the Code."
2. Provide qualified personnel to perform inspections, investigation, surveillance, enforcement and administrative activities for the performance of this grant agreement personnel shall be IDPH trained and equipped to carry out this program.
3. Maintain a current inventory of names and addresses of all tanning facilities within its jurisdiction. The Grantee shall notify the Department within thirty days of the date the Grantee becomes aware of any change of address, ownership, out-of business facility, or other change of information originally submitted by a tanning facility on its application for a permit
4. Inspect in accordance with the Act and the Code, at least once a year, all tanning facilities in the Grantee's jurisdiction which have not otherwise been retained for inspection by the Department. The Grantee shall use the most recent inspection report form specified by the Department. All inspection remarks shall be written in accordance with the Department's specified format. The Grantee shall provide the tanning facility with the designated (yellow) copy of the inspection report at the time of inspection. The Grantee shall retain a photocopy of the inspection report for its facility file and send the complete original inspection form (white copy) to the Department's central office within fourteen (14) days of completion of an inspection. The Grantee shall follow the program policies which may be established by the Department.
5. Work with the Department to ensure that all tanning facilities which are not in compliance with the requirements of the Act and the Code at the time of inspection (including tanning facilities operating without a permit) are brought into compliance. The Grantee shall notify the owner of the tanning facility of violations of the Act and the Code and specify a uniform time for correction via the fully completed inspection report. At or within thirty days of the documented violation, the Grantee shall conduct a reinspection of the tanning facility to ensure that all violations have been corrected. The Grantee shall provide the tanning facility with the designated (yellow) copy of the reinspection report at the time of reinspection. The Grantee shall retain a photocopy of the reinspection form in its facility file and forward the complete original reinspection form (white copy) to the Department's central office within fourteen (14) days of completion of the reinspection. Such reinspection may be a joint inspection by both agencies at the option of the Department. Ensure that tanning facilities that are not brought into compliance with the Act and the Code within the time allotted by the Grantee as verified by reinspection are referred to the Department for appropriate enforcement action. The Grantee shall make available to the Department all necessary elements for enforcement which may include, but are not limited to, personnel to serve as witnesses.

6. Receive requests for and disseminate permit applications on forms provided by the Department. Applicants shall be instructed to send fully completed applications, including all required attachments along with a nonrefundable \$250 permit fee, directly to the Illinois Dept. of Public Health, Division of Food, Drugs and Dairies, 525 West Jefferson Street, Springfield, IL 62761-0001.
7. Investigate all complaints pertaining to a tanning facility within fourteen (14) days of receipt. A written tanning facilities inspection report shall be completed at the time of investigation. The Grantee shall leave the designated (yellow) copy of the inspection report with the tanning facility. The Grantee shall retain a photocopy of the original (white) copy of the completed inspection report in its facility file. The original (white) copy of the inspection report shall be forwarded to the Department's central office within fourteen (14) days of the investigation.
8. Offer and disseminate educational materials and information to tanning facilities and the public in general.
9. Inform the Department's central office of any individuals who have operated a tanning facility within its jurisdiction without a permit, or without having made application for a permit, in violation of the Act.
10. Identify a person employed by the Grantee to be the representative for the operational aspects of this grant agreement. The Grantee shall annually provide to the Department a list of all personnel who have been trained to conduct tanning facility inspections and continue to perform such inspections as employees of the Grantee. The Grantee shall ensure that no employee conducts tanning facility inspections until completion of basic inspector training provided by the Department.
11. Maintain tanning facility inspection records which include, Applications for permit to operate a tanning facility as provided by the facility, inspection forms, complaint reports and investigational findings, correspondence to and from tanning facilities, copies of permits issued by the Department, and enforcement records.
12. Upon written amendment to this Grant Agreement, may assume contractual responsibility for geographic areas outside of its jurisdiction if no local health department exists for the jurisdiction or if the local health department for the jurisdiction declines or fails to exercise a formal agreement with the Department within thirty (30) days of notification by the Department of an opportunity to execute such an agreement.
13. With prior written consent from the Department, may subcontract inspection responsibilities to full-time municipal or district health Departments within its geographic jurisdiction. The Grantee shall retain all responsibilities for a current inventory of tanning facilities within its geographic jurisdiction; inspections and re-inspections; proper report preparation and distribution; complaint investigation; enforcement activities; and interaction with tanning facilities as otherwise described in this grant agreement. All employees of sub-contracted agencies shall be trained by the Department prior to assuming inspection responsibilities.

**Proposed Timeline:** July 1, 2013 through June 30, 2014;

**By quarter, complete the objectives and tasks shown below:**

1<sup>st</sup> Quarter Objective: Conduct approximately [redacted] tanning facility inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

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

Task – Submit the Quarterly Activity Summary Form describing the totals for all activities conducted during the quarter.

2<sup>nd</sup> Quarter Objective: Conduct approximately [redacted] tanning facility inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

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

Task – Submit the Quarterly Activity Summary Form describing the totals for all activities conducted during the quarter.

3<sup>rd</sup> Quarter Objective: Conduct approximately [redacted] tanning facility inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

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

Task – Submit the Quarterly Activity Summary Form describing the totals for all activities conducted during the quarter.

4<sup>th</sup> Quarter Objective: Conduct approximately [redacted] tanning facility inspections and the required follow up work.

Task – Conduct the inspection in the required time frame and submit the inspection to IDPH within 2 weeks of completion.

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

Task – Submit the Quarterly Activity Summary Form describing the totals for all activities conducted during the quarter.

Name of Grant Program Tanning 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: \_\_\_\_\_