



Request for Application

Accreditation Support for Local Health Departments

Fiscal Year 2015

Illinois Department of Public Health
Office of Performance Management
69 W. Washington, 35th Floor
Chicago, Illinois 60602
Phone: 312-793-2592

Program related questions: DPH.Performancemgmt@illinois.gov

*All questions regarding this RFA must be submitted to the email address above by Thursday, September 18, 2014. All responses from questions received by this date will be posted on the Department's Funding Opportunities Page.

EGrAMS Technical Questions: DPH.Grantreview@illinois.gov

**Applications Submission deadline:
5:00 PM CST October 1, 2014**

A technical assistance conference call will be held on Friday, September 19th, 2014, at 1:00 p.m. for interested parties. To access the call, please dial 1-888-494-4032; access code 3957815861.

All instructions must be followed as stated and all sections must be completed.

Executive Summary

The Illinois Department of Public Health Office of Performance Management is accepting applications from local health departments that are currently in pursuit of national public health accreditation through the Public Health Accreditation Board (PHAB). National public health accreditation signifies the incredible efforts that a health department puts forth every day to improve and protect the health of the public. The Illinois Department of Public Health (IDPH) recognizes the financial roadblocks associated with national public health accreditation efforts and will provide financial support to local health departments able to demonstrate need and readiness.

Funding Opportunity Title: Accreditation Support for Local Health Departments

Issued By: Illinois Department of Public Health
Office of Performance Management

Application Processing: Applications for this funding opportunity must be submitted through the Illinois Department of Public Health's Electronic Grant Application Management System (EGrAMS). Both the applicant organization and an individual submitting an application on its behalf are required to obtain accounts on EGrAMS in order to submit an application. Please refer to the [Getting Started in EGrAMS Guide](#) and the [Application Entry and Submission Guide](#) for instructions on completing an application on EGrAMS.

Eligible Applicants: Local health departments with a population not exceeding 1 million. **Only health departments within the State of Illinois are eligible to compete for these funds.**

Funding Source: Center for Disease Control and Prevention's National Public Health Improvement Initiative

Funding Amount: Grant Awards are based on the Public Health Accreditation Board's accreditation fee structure for health departments. Fees will be dispersed as follows, with one health department funded from each of the 4 categories below, totaling \$92,220.00.

Health Department Category	Population Size of the Jurisdiction Served	2014 - 2015 Total Fee
Category 1	Less than 50,000	\$ 12,720
Category 2	50,000 to 100,000	\$ 20,670
Category 3	>100,000 to 200,000	\$ 27,030
Category 4	>200,000 to 1 million	\$ 31,800

Funding Period: October 31, 2014 through June 30, 2015

Background

The public health accreditation board is a non-profit, voluntary public health accreditation organization whose goal is to advance public health performance by providing a national framework of standards for tribal, state, and territorial health departments. Public Health department accreditation is defined as the development of a set of standards, a process to measure health performance against those standards, and reward or recognition for those health departments who meet the standards.

Accreditation is a mechanism to systemically improve the quality of public health programs and processes. The IDPH Office of Performance Management, a vertically integrated team of leaders and staff members, trained in continuous quality improvement techniques and processes, will lead the effort to ensure the goals and objectives to achieve PHAB Accreditation at the IDPH.

The IDPH's Timeline to Accreditation

There are 7 steps to the PHAB accreditation process. The IDPH has completed the pre-application process and the Statement of Intent was submitted to PHAB in November 2013. IDPH's application was then accepted by PHAB in May 2014. The Office of Performance Management is currently working to collect, prepare and produce documents in preparation for an external mock review that will take place in September 2014. All documentation will then be submitted to PHAB for review in October 2014.

Accreditation will benefit IDPH and local health departments by identifying performance improvement opportunities to improve management and operations. It will enhance relationships with the community, encourage and stimulate quality, performance improvement, greater accountability and transparency within the health department. In addition, competitive funding opportunities are expected. Due to these perceived benefits, IDPH is providing an accreditation funding opportunity to four local health departments to start their quest for performance and quality improvement by awarding them the PHAB application fee.

Funding Opportunity Description

The IDPH Office of Performance Management is requesting proposals from local health departments currently in pursuit of national public health accreditation. Funds provided under this grant are solely intended for the payment of PHAB application fees. Fees will be dispersed as follows, with one health department funded from each of the four health department categories listed below, totaling \$92,220.00. The proposed funding amount may be reduced in the event that the awarded health department has paid a portion of the PHAB application fee prior to application submission.

Health Department Category	Population Size of the Jurisdiction Served	2014 - 2015 Total Fee
Category 1	Less than 50,000	\$ 12,720
Category 2	50,000 to 100,000	\$ 20,670
Category 3	>100,000 to 200,000	\$ 27,030
Category 4	>200,000 to 1 million	\$ 31,800

Program Expectations

- Support four local health departments by providing funding for their PHAB application fee
- Increase the number of health departments in Illinois in pursuit of national accreditation
- Eliminate or reduce barriers which may prevent local health departments from pursuing national public health accreditation

Applicant Expectations

Applicants are expected to:

- Use funds between October 31, 2014 and June 30, 2015 to pay PHAB application fee
- Complete the accreditation project work plan checklist demonstrating progress toward fulfilling PHAB documentation requirements.

Applicant Requirements

- Applicant must be a local health department in the State of Illinois
- Applicant must use monies for PHAB application fee
- Applicant must have submitted their statement of intent (Step 1 in the accreditation process)
- Applicant must have a letter from their governing body supporting the health department's pursuit to accreditation (Requirement for PHAB application submission)
- Applicant must demonstrate need for funding to support accreditation fees

Application and Submission Process

Please ensure that all instructions are followed and all required information is submitted. All sections of the application must be completed in their entirety.

Applications shall include a detailed description of the proposed project to include a completed accreditation project work plan checklist and demonstration of need.

Program information contained within the application must include, but is not limited to the content bullet points below.

- Detailed description/information about the proposed project
- Proposed timeline
- Budget based on eligible funding category

Payment Methodology

Funds awarded to successful applicants will be provided on a fee for service basis. The applicant will document actual expenditure once the application is submitted. After review and approval of submitted documentation with proof of application submission, a voucher will be prepared and processed through the State of Illinois Comptroller for payment.

Evidence of service must be submitted to the IDPH Office of Performance Management.

Awards will be made after the IDPH grant review process. Submitting an application ensures that you will be in the pool of potential applicants considered for funding. Submitting an application is not a guarantee of an award.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR PUBLIC HEALTH GRANT

Office of Performance Management Accreditation Support for Local Health Departments FY2015

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>	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> 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	Name:	FEIN:
	Name:	FEIN:

registered during the last 3 years.	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:	
Brief Project Description: <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	
Project Period: <i>(Include start and end date)</i>	

Total Amount of Funding Requested from IDPH:	
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: Subcontractor name: Address: City, State, Zip: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY (Note: This section is for summary purposes only. A detailed budget is/may be required.)		
Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
Administrative Costs (PHAB Application Fee)		
<i>Grant Total</i>		

Section 7. GRANT SCOPE OF WORK

Proposal Narrative

- 1) Describe why national public health accreditation is important to your health department?
- 2) Describe how your health department has tried to obtain funding to support public health accreditation.
- 3) Provide a detailed description of your accreditation efforts.
- 4) Describe why your organization has a significant need for funding to support the accreditation application fee.
- 5) Identify areas within your department that will benefit from the accreditation process and describe how they will be impacted?
- 6) To demonstrate progress made toward Public Health Accreditation, please complete the Work Plan Checklist (Appendix A).

PHAB Domains

Domain Description Summary	Please describe your progress to fulfill the requirements under this domain. 3,000 character limit per domain (Note: character count in EGrAMS includes spaces).
Domain 1: Conduct and disseminate assessments	
Domain 2: Conduct timely investigations	
Domain 3: Inform and educate public	
Domain 4: Engage with community	
Domain 5: Develop	

policies and plans	
Domain 6: Review existing laws	
Domain 7: Improve access	
Domain 8: Competent workforce	
Domain 9: Evaluate and improve processes	
Domain 10: Evidence for public health decisions	
Domain 11: Operational infrastructure	
Domain 12: Engaging governing entity	

Appendix A

Accreditation Support for Local Health Departments Work Plan Checklist

Initial Checklist: Place an "X" in the "No" or "Yes" box.		
Question	No	Yes
Is the health department eligible for PHAB accreditation? <i>(see definitions below)</i>		
Does the director of the health department support the health department's seeking PHAB accreditation?		
Does the appointing authority for the health department director support the health department's seeking PHAB accreditation?		
If there is a Board of Health or other governing entity, does it support the health department's seeking PHAB accreditation?		
Has the director of the health department considered the costs of applying for PHAB accreditation and the implications for the department's budget?		
Has staff of the department reviewed the ten essential public health services and determined that the department is providing all ten?		

Local Health Department	A local health department is defined, for the purposes of accreditation, as the governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state, which is recognized in the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid, and which has primary statutory authority to promote and protect the public's health and prevent disease in humans.. The entity may be a locally governed health department, a local entity of a centralized state health department, or a regional, county or district health department.
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National Public Health Department Accreditation Readiness Checklists Version 1.0

Pre-Requisite Checklist: Complete the following to describe where your health department is currently with finalizing the PHAB prerequisites.					
Task	Responsible Staff	Not Yet Started	Underway	Complete	Date Completed
The health department has a community health assessment that is ready to submit with an application for PHAB accreditation.					
The health department has a community health improvement plan that is ready to submit with an application for PHAB accreditation.					
The health department has a department strategic plan that is ready to submit with an application for PHAB accreditation					
TOTAL PREREQUISITES COMPLETED AND CURRENT					

National Public Health Department Accreditation Readiness Checklists Version 1.0

Process Readiness Checklist

Complete the following to describe the status of your health department in implementing processes to prepare for national public health department accreditation.

Task	Responsible Staff	Not Yet Started	Underway	Complete	Date Completed
Has the department accreditation team begun to meet to discuss tasks and how to organize the work?					
Has the department established an internal electronic filing system, with a separate file for each measure, to be a repository for required documentation?					
Has a process been developed to select potential program documentation that is the most relevant for each measure and the best example for the department?					
Has the department accreditation team reviewed the Guide to National Public Health Department Accreditation?					
Has the department accreditation team reviewed the PHAB Standards and Measures?					
Has the department considered the timeframes required for each piece of documentation?					
Has the department reviewed department documents and dated and signed them, as needed?					
Has the department completed an initial "self-study" or review of the standards, measures, and required documentation to determine areas of strength and opportunities for improvement?					
Has the department developed and begun implementation of plans to address identified opportunities for improvement?					
Has the department sought and secured technical assistance to address opportunities for improvement?					
Has the department submitted a Statement of Intent to PHAB?					
Has the department submitted the application to PHAB?					
If 'Yes' to the question above, please indicate the application fees which have been paid to date.					

National Public Health Department Accreditation Readiness Checklists Version 1.0