Time Line

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Assistance Period</td>
<td>Begins August 30, 2013</td>
</tr>
<tr>
<td>Grant Application Due</td>
<td>September 30, 2013</td>
</tr>
<tr>
<td>Award/Denial Notification Letter</td>
<td>October 15, 2013 (pending 2014 budget approval)</td>
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</tbody>
</table>

St. Tammany Parish Department of Health and Human Services staff will gladly assist applicants in the preparation of their Public Health Millage (PHM) application. Prior to the due date, any applicant may direct questions to staff members regarding the PHM or the grant application. While staff will be available to provide guidance on the grant process, the applicant is ultimately responsible for successfully completing the application. It is the applicant’s responsibility to ask questions or follow up on any issues that are not clear.

Public Health Millage Overview

The Parish’s Public Health Millage is a dedicated ad valorem tax which was renewed in the 2012 election. These funds are in place to support services that address the mental and physical wellbeing of all parish residents.

To date, PHM funds have supported the following:

- Suicide Prevention
- St. Tammany Parish Community Action Agency
- St. Tammany Community Health Centers
- LSU AgCenter Extension Services
- Emergency Preparedness
- Fire Services
- Environmental Health

Organization Requirements

All organizations applying for funds must be able meet the following requirements:

Non-Profit
Applicant organizations must be a public or private non-profit organization. Applications must be established, operating organizations as evidenced through documentation required in this application.

Faith-Based Organizations
Faith-Based Organizations are eligible to apply for funding if programming addresses a community health concern. Organizations that participate will make services available to all parish residents and may not discriminate against program beneficiaries on the basis of religion or religious belief.

Non-Discrimination
Each agency receiving funds from the Parish is required to assure that it will conduct its business in compliance with the non-discrimination requirements of the Parish, State, and Federal governments, as applicable.

Reports and Milestones
Any organization which receives PHM funding is required to maintain and report statistics of its project beneficiaries, regardless of the amount of the grant. These reports must be submitted monthly to DHHS. Milestone achievement will be established in the grant agreement in order for St. Tammany Parish to monitor the progress and success of a program. Organizations which consistently submit late reports or fail to meet milestone accomplishments may not be considered for a continuation of funding in subsequent years.
Insurance
Once an organization’s project has been approved, at the time of contract signing, the organization must provide evidence of insurance, including but not limited to, Commercial General Liability, Professional Liability and/or Malpractice Liability, Commercial Auto Liability, and Workers’ Compensation/Employers Liability. The organization must agree to have St. Tammany Parish named as an additional insured on the liability insurance policies, where possible, and the policies shall be endorsed to provide a waiver of subrogation in favor of St. Tammany Parish.

Project Requirements

Examples of Program Activities
PHM public service funding allows for eligibility of a wide range of community health relate activities including, but not limited to:

- Suicide Prevention
- Behavioral Health Counseling
- Preventative Healthcare Services
- Case Management
- Dental Care
- Community Outreach/Education
- Information/Referral Services
- Rural Healthcare Services
- Nutrition
- Group Therapy/Support Groups
- Crisis Management Services

Audits, Inspections and Monitoring
DHHS will audit and/or monitor the progress of the organization via monthly reports, telephone calls, and on-site monitoring visits. During monitor visits, the organization must make available all appropriate records, reports or policies that DHHS requests to inspect.

Application

Application Guidelines
The application packet is available on the Department of Health and Human Services website or by request. All applications should be typed and must be kept in the original format. Other than required attachments, do not add pages to the application for extended narratives. Only use the space provided for you in the application.

The application must be filled out in its entirety before submitted. Questions about the applications should be addressed to DHHS staff during the “Technical Assistance Period” only. Once the period closes, questions cannot be answered. Staff will only answer questions pertaining to the application and will not give opinions or advice on the project proposal scope of work or budget.

Application Submittal Requirement
Submit one original application and two copies per organization either through mail or hand delivery. An electronic copy of the application should be e-mailed to the Department of Health and Human Services, address shown below:

Hayley Callison, Public Health Program Manager
St. Tammany Parish Department of Health and Human Services
Physical: 21454 Koop Drive, Suite 2-E, Mandeville, LA 70471
Mailing: Department of Health & Human Services, P.O. Box 628, Covington, LA 70434
Phone: (985) 898-3074       Fax: (985) 898-3081
Email: hcallison@stegov.org
Applications are due by September 30, 2013. All applications MUST be post marked by the due date and received by DHHS three days after postmark.

Application Checklist

Be sure to include all items requested on the Application Checklist:

- Completed application packet
- Application certification signed by authorized official
- Three (3) copies of completed application
- Proof of IRS 501(c)3 status
- Proof of registration and good standing with the Louisiana Secretary of State

Sample Budget

**Proposed Budget**

Use the chart below to detail the budget for the proposed project. Be sure to include other funding sources, if applicable, to demonstrate leveraging of funds.

<table>
<thead>
<tr>
<th>Specific Cost Item/Description</th>
<th>Funding Request</th>
<th>Other Funding Source</th>
<th>Other Funding Amount</th>
<th>Total Amount PHM Funding + Other Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Program Manager</td>
<td>$17,286.26</td>
<td>LA Children’s Fund</td>
<td>$8,643.13</td>
<td>$25,929.39</td>
</tr>
<tr>
<td>2. Program Counselor</td>
<td>$12,869.83</td>
<td>LA Children’s Fund</td>
<td>$6,434.91</td>
<td>$19,304.74</td>
</tr>
<tr>
<td>3. Program Counselor</td>
<td>$12,869.83</td>
<td>LA Children’s Fund</td>
<td>$6,434.91</td>
<td>$19,304.74</td>
</tr>
<tr>
<td>4. Course Materials</td>
<td>$2,700.00</td>
<td>DHH State of LA</td>
<td>$2,700.00</td>
<td>$5,400.00</td>
</tr>
<tr>
<td>5. Program Advertising</td>
<td>$1,200.00</td>
<td>N/A</td>
<td>$0.00</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>6. Facility Expenses</td>
<td>$0.00</td>
<td>Donations</td>
<td>$40,000.00</td>
<td>$40,000.00</td>
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<td>10.</td>
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<tr>
<td><strong>TOTAL PHM FUNDS REQUESTED</strong></td>
<td>$46,925.92</td>
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<tr>
<td><strong>TOTAL PROGRAM COST (PHM + OTHER)</strong></td>
<td>$108,438.87</td>
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</table>
**Budget Justifications**
Please provide specific details as to how the requested amount for each line item was determined:

1. **Program Manager:**
   10 hours of program work per week x 52 weeks per year = 520 hours x $32.80/hour = $17,056.00 x 1.35% fringe = $17,286.26

2. **Program Counselor:**
   10 hours of program work per week x 52 weeks per year = 520 hours x $24.42/hour = $12,698.40 x 1.35% fringe = $12,869.83

3. **Program Counselor:**
   10 hours of program work per week x 52 weeks per year = 520 hours x $24.42/hour = $12,698.40 x 1.35% fringe = $12,869.83

4. **Materials** are estimated to cost $15.00 per course, only half will be budgeted to PHM
   Material cost $7.50 per student x 3 classes = $22.50/student x 120 students served = $2,700.00

5. **Program advertising** will be essential to the program for recruiting. Monthly expenses will include printing of flyers and mailers, ads in local newspapers and other media outlets. $100.00 per month x 12 = $1,200.00

**Scoring**
St. Tammany Parish to select activities in accordance with the Administrative Offices' objectives. DHHS staff will score submissions using a panel of residents with experience in public health fields to provide objective unbiased review of applications. The cumulative scores will be used to determine recommendations for funding. St. Tammany Parish has adopted standard criteria by which to judge funding requests:

1. **Capacity, Qualification, and Application Accuracy** – based on application completeness, including all required attachments and certifications, review organization history and community standing.
2. **Program Design** – based on applicant’s proposed project plan which should be reasonable and clear.
3. **Community Need** – based on the community need, as determined by STPG, for the proposed program and whether it is identified as a priority of administration.
4. **Leveraging funds** – based on applicant’s proposed funding match which will ensure financial sustainability.
5. **Impact** – based on affect the project will have on the individuals it will serve.
6. **Sustainability** – based on the applicant’s ability to successfully manage the program as evident in the proposed plan for intake, record keeping, daily management, etc.
7. **Projected and Reasonable Impact** – based on the average program cost per client.
8. **Applicant’s History** – based on applicant’s experience managing similar projects/grant funding

Questions regarding this application should be directed to:

Hayley Callison, Public Health Program Manager
St. Tammany Parish Department of Health and Human Services
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