

BIDDER'S COMPANY NAME

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## REQUEST FOR PROPOSAL

RFP #6259

Substance Abuse Prevention Programs (COBO and State)

**October 1, 2006 through September 30, 2008**

Prepared by:

Washtenaw Community Health Organization  
555 Towner Boulevard  
P.O. Box 915  
Ypsilanti, Michigan 48197-0915



**WASHTENAW COUNTY**

Finance Department

**Purchasing Division**

P.O. Box 8645, 220 N. Main, Ann Arbor, MI 48107-8645  
Phone (734) 222-6760, Fax (734) 222-6764

**REQUEST FOR PROPOSAL #6259**

February 14, 2006

Washtenaw County Purchasing Division on behalf of Washtenaw Community Health Organization (WCHO)'s Livingston/Washtenaw Substance Abuse Coordinating Agency is requesting proposals from potential bidders for Substance Abuse Prevention Programs (COBO and State).

**Sealed Proposals:** Vendor will deliver one (1) original cover page of the Community Grants application with an original signature and one (1) copy, along with three copies of hard copy attachments which are clearly marked as such to the following address:

**Washtenaw County  
Administration Building  
Purchasing Division  
220 N. Main St. Room B-35  
P.O.Box 8645  
Ann Arbor, MI. 48107**

**by 2:00 p.m. on May 3, 2006**

There will be a **mandatory bidder's conference** at **3:00 pm** on February 22, 2006 at the Human Services Building, 555 Towner, Room 107, Ypsilanti, MI. All potential bidders are required to attend, as no questions raised and discussed at the bidder's conference will be entertained subsequently.

**Proposals received after the above-cited time will be considered a late quote and are not acceptable unless waived by the Purchasing Manager.**

- The envelope must be clearly marked "SEALED RFP # 6259".

**All applicants are required to utilize the [www.communitygrants.org](http://www.communitygrants.org) web site for grant submission and relevant grant reporting.**

- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter at (734) 222-6760.

Thank you for your interest.

## **TIMELINE FOR RFP # 6259**

Bid to Substance Abuse Advisory Council for review January 23, 2006

Bid to WCHO Board of Directors (Organizational Operations Committee) for review February 01, 2006

Letter notifying potential contractors of bid February 8, 2006

Bid advertised in local newspapers February 12, 2006

Bid available to bidders at Purchasing Department February 14, 2006

Bidders Conference and Technical Assistance (mandatory) February 22, 2006 (3:00 pm)

Bid submission deadline and bid opening May 3, 2006 (2:00 pm)

Bidder site reviews/interviews begin May 17, 2006

Award recommendations approved by WCHO Board of Directors June 2006

Award notices July 2006

Contracts prepared by 8-2006

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## 1. Introduction

On behalf of the Livingston Washtenaw Substance Abuse Coordinating Advisory Council and the Substance Abuse Coordinating Agency, the Washtenaw Community Health Organization (WCHO) is requesting proposals from potential bidders for substance abuse prevention programs (COBO and State) to be provided in Livingston and Washtenaw counties. Staff and Advisory Council members have participated in the process, bringing together multiple perspectives on need. In preparation for this RFP, the following sources of data were reviewed:

- Feedback from 2005 Town Hall Meetings
- Surveys of local agencies and key community contacts re: unmet needs and unaddressed risk factors as well as protective factors that could be strengthened in various geographic areas of both counties
- Review of strategic plans documents prepared by the Substance Abuse Coordinating Agency and the Washtenaw Community Health Organization
- Review of Washtenaw County's Health Improvement Plan Progress Report and Livingston County's 2005 Behavioral Risk Factor Surveillance Survey data
- Review of the Michigan Alcohol and Other Drugs Survey results conducted through Safe and Drugs Free Schools funding
- Review of (regional) Michigan Substance Abuse Risk and Protective Factor Survey 2000- 2001
- Published research including internet resources on substance abuse prevention

Because the WCHO is interested in ensuring that our investment will provide the maximum benefit to the communities of Washtenaw and Livingston counties, our overarching words of direction and encouragement are:

- Use evidence-based interventions for which research has demonstrated effectiveness (for examples see <http://modelprograms.samhsa.gov/>)
- Include a combination of preventive approaches (see Prevention Strategies – pg 7). Either an environmental or community-based strategy must be a part of all proposals.
- Collaborate to deliver the programs through demonstrable partnerships with other prevention providers and/or community based organizations such as schools, health care providers, churches, coalitions and human service agencies, as appropriate to the goals of the prevention intervention.
- Demonstrate ability to achieve and report results based on the stated performance targets. (See Criteria for judging bids – pg. 8)
- Indicate how you will ensure that the evidence-based or model program is delivered in a culturally competent fashion for the population to be served (e.g. age appropriateness, ethnicity, language/translation etc.)

- Bidders are encouraged to take steps to pursue the Certified Prevention Specialist (CPS) or the Certified Prevention Consultant (CPC) credentials through the Office of Drug Control Policy. These certifications will become mandatory in the near future. The Prevention Academy provides relevant coursework and a portfolio and exam are also a part of this credentialing process.

2. The WCHO will appropriate state and COBO funds as follows:

- Approximately \$708,605 to be invested in Washtenaw County
- Approximately \$357,914 to be invested in Livingston County
- One DYTUR agency will be funded in each county in the range of \$25,000 - \$40,000 (included in the totals above)
- \$30,000 - \$75,000 grant range, with more grants awarded in mid-range

Funding allocations will be made to align with the state requirements of no more than 35% of investments for school-based programming and 65% of investments for community-based programming.

Beginning in Fiscal year 2007, the WCHO will issue the RFP for all PREVENTION SERVICES on a two year funding cycle, regardless of funding source. As with all public funding, continuation is subject to availability of funds. Determination of funding source will be at the discretion of the WCHO, and may be based upon meeting state and federal priorities, as well as local needs.

## **Program Assumptions**

### **Primary Prevention Programs**

Proposals must focus on Primary Prevention Programs defined by SAPT federal block grant regulations CFR 96.121, as “those directed at individuals who have not been determined to require treatment for substance abuse.” Prevention programming is intended to prevent the onset and reduce the progression of substance abuse in youth and adults and reduce youth access to alcohol and tobacco. It is conceptualized as an ordered set of steps along a continuum to promote individual, family and community health, prevent mental and behavioral disorders, support resiliency and recovery, and to prevent relapse. Prevention programming ranges from:

- deterring substance abuse dependence and behaviors that contribute to it, to
- delaying the onset of dependence and mitigating the severity of symptoms, and to
- reduce related problems in affected communities.

Evidence based prevention consists of programs, strategies and activities that are based on a credible body of research demonstrating positive results, designed to prevent the use/abuse of alcohol, tobacco and other drugs. To achieve similar outcomes to evidence-based programs requires maximum program fidelity, implementing the program consistent with prescribed protocols (see glossary).

SAMHSA Model Programs are preferred, and will be given higher consideration, although applicants can present other sources of evidence-based programming. See SAMHSA website <http://www.samhsa.gov/center/csap/modelprograms>

### **Rensselaerville Institute Investment Outcome Model**

We continue to use the outcome based funding framework developed by the Rensselaerville Institute. Applicants unfamiliar with the Investment Outcome Model may refer to the glossary for definitions or to The Rensselaerville Institute's web page <http://www.Rinstitute.org>

Investment targets for state and COBO prevention funds should focus on one or more of the following:

A. Increase school-based prevention programming using the Life Skills program or another comparable program. Schools with the highest need will receive priority. Bidders are required to document high risk / high need in their application.

B. Increase the use of community / environmental programming to change community norms and attitudes related to ATOD use in both Washtenaw and Livingston counties.

- Proposals that address sustainability for Reality Check in schools and the overall community will be prioritized. <http://www.myrealitycheck.org>
- Proposals that sustain or increase the use of "Communities Mobilizing for Change Against Alcohol" in both counties will be prioritized collaborative proposals between two or more qualified agencies are encouraged.

C. Decrease underage drinking among youth ages 19 and under.

D. Decrease youth access to tobacco through performance of required activities of (1) DYTUR agency in each county in compliance with the Youth Tobacco Act (including SYNAR enforcement, updating of tobacco retailer list and merchant education).

E. Decrease the negative consequences associated with ATOD (other drugs specifically of concern are Marijuana, Heroin, Methamphetamines and Prescription Drugs abused by Youth and Seniors) for one or more of the high risk populations identified below:

- Children of substance abusers
- Delinquent / violent behavior
- Economically disadvantaged youth / adults
- Homeless / runaway youth
- People using substances
- People with disabilities
- People with mental health problems / suicidal
- Physically / emotionally abused people
- Pregnant women or pregnant teens
- Children exposed prenatally to ATOD
- School dropouts / academic failures
- Youth / minors and their families

- Other special populations for which you can demonstrate high risk factors

3. Prevention services must be delivered through a combination of the six prevention strategies listed below. Addressing multiple strategies will enhance the effectiveness of prevention, but at a minimum the proposal must address either a community based or an environmental strategy. Proposals must also reflect the projected time to be spent in any/all of the following strategies. Strategies (defined in the Glossary of Terms) are:

- Community Based
- Environmental
- Education
- Alternatives
- Problem Identification and Referral
- Information Dissemination (not considered a priority by the Coordinating Agency)

4. Risk and protective factors should be addressed, along with interventions that will decrease risk factors and increase protective factors to meet proposed goals. Risk and protective factors are defined in the glossary.

5. There are degrees of collaboration ranging on a continuum from little contact with other providers, to fully integrated projects, with communication, coordination and collaboration falling in between. Proposals that demonstrate more collaboration will be given higher consideration. (See Glossary for definition of “collaboration”.)

### **Issuing Office**

The Washtenaw Community Health Organization issues this Request for Proposal. The WCHO is utilizing the services of the Washtenaw County Purchasing Department to assist in the issuing of this RFP. All questions regarding procedures with bidding should be directed to the Washtenaw County Purchasing Department and all questions regarding the technical services detailed in the RFP should be directed to the Washtenaw Community Health Organization. You may call the Washtenaw Community Health Organization at (734) 544-3000 or e-mail at [wchopru@ewashtenaw.org](mailto:wchopru@ewashtenaw.org).

### **Mandatory Bidders Conference**

A mandatory bidders conference will be held on February 22, 2006 at 3:00 pm at the Human Services Building, 555 Towner, Room 107, Ypsilanti, MI. All potential bidders are required to attend.

The bidders conference is an opportunity to ensure that all perspective bidders have the same understanding of the requirements for successfully submitting a bid. The WCHO is requiring attendance to avoid any possible misunderstandings that compromise the procurement process. It is expected that the dialogue between the WCHO and prospective bidders will facilitate a better understanding of the specific requirements for awarding a contract. Therefore, bids will only be accepted from entities attending the bidders conference.

It is required that bidders use the Common Grant Application and on-line application process that has been established. Trainings for this application and process are available through the NEW Center website <http://www.new.org>

### **Proposal Due Date**

An original hard copy of the proposal cover sheet from the online grants application with signature and required attachments and one copy of the cover sheet with three copies of hard copy attachments must be submitted in a sealed envelope to the Washtenaw County Purchasing Department by May 3, 2006 at 2:00 pm.

Late proposals and proposals that are not in compliance with RFP guidelines will not be considered.

### **Criteria for Judging Bids**

The Washtenaw Community Health Organization reserves the right to reject all bids, to waive or not waive informalities or irregularities in bids or bidding procedures, and to accept any bid determined through the review process to represent the best interest of Washtenaw Community Health Organization and its customers. Bids will be scored based on pre-established criteria, as listed below.

- All bids must be submitted through the Community Grants website using their online application.
- DO NOT BIND OR PLACE THE ATTACHMENTS IN A HARD COVER.
- Specifications for attachments and the order of those attachments are noted later in this RFP.

Please note the insurance requirements set forth on page 14 of this RFP (“Requirements for Grantees”). Insurance certificates verifying that an agency complies with these insurance requirements must be submitted prior to a contract being issued.

If a current provider is not in compliance with their contractual agreement at the time of RFP submission, their RFP will not be considered. Proposals that do not meet a minimum of 5 points in the financial section will not be read.

The Washtenaw Community Health Organization will retain responsibility for balancing the proposals/outcomes to meet the community of needs in both Livingston and Washtenaw Counties. The WCHO reserves the right to consider, in addition to the score, other criteria such as community needs, geographical needs, priority populations, efforts to reduce duplication of services. This means that some proposals that score higher may not be funded.

A committee of WCHO staff, designees, and/or Board members will evaluate all bids using the following criteria:

#### Total Application = 100 points

-Basic Requirements including prevention license (bid not accepted if incomplete): 0 points

- History of the Bidder: 20 total points  
(10 pts for written application and letters of support + 10 pts for the interview questions related to history of the bidder)
- Finance (proposals must meet at least 5 points to be read): 10 points
- Program Specific (online) Application: 60 total points
- Interview: 10 points

Each provider that is **not eliminated** after the Basic and Finance sections of the application are scored will be interviewed. The interview team will consist of representatives from the Substance Abuse Advisory Council and WCHO Board as well as staff and community representatives.

### **Reporting**

The Washtenaw Community Health Organization, in coordination with the local Boards that issue the contract, will stipulate reporting requirements. Bidder must be able to meet reporting requirements as required by the WCHO and local boards. Exact ongoing requirements will be outlined and made part of the contract. Contact the WCHO Provider Relations Unit for a sample contract.

### **Directions for Application Submission**

Your application package must be in the following order:

1. Signed cover sheet from the online grant application (original and one copy).
2. The following attachments

Attachments:

- .. PROGRAM BUDGET SUMMARY (submitted online)
- .. PROGRAM BUDGET/COST DETAIL (submitted online)
- .. A COPY OF THE BOARD'S LAST FISCAL AUDIT (hard copy – submit 3 copies)
- .. ORGANIZATIONAL CHART (submitted online)
- .. LETTERS OF SUPPORT – The WCHO is particularly interested in letters indicating collaborative efforts. (Signed hard copies – submit 3 copies of each letter)

Instructions for Attachments:

Ensure that you have included each required attachment. Please make sure the attachments are clearly labeled, separated by cover sheets and in the following order. Please note that any attachment submitted in addition to those listed below will not be read by the review team.

## Glossary of Terms

### **Collaboration**

Collaboration is defined as a process to reach goals that cannot be achieved acting singly. Collaboration includes all the following elements:

- Jointly developing and agreeing to set of common goals and directions;
- Sharing responsibility for obtaining those goals and
- Working together to achieve those goals, using the expertise of each collaborator (Michigan Department of Mental Health paper on collaboration.)

Collaboration means more than either communication or coordination. Communication can help people do their jobs better by providing more complete information, but it does not require any joint activity, but allows individuals to maintain their own sets of goals, expectations and responsibilities. In contrast, collaboration requires the creation of joint goals to guide the collaborators' actions. (Bruner)

### **Fidelity**

The extent to which the delivery of a prevention program conforms to the curriculum, protocol, or guidelines for implementing that program.

A program delivered exactly as intended by its originator has high fidelity. A program delivered quite differently than intended by its originator has low fidelity. Because programs delivered with high fidelity are more likely than those with low fidelity to achieve their original intended results – results that identify them as effective – fidelity is important for prevention practice.

### **Prevention Strategies:**

#### **Community-Based Process**

Community-based process strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking. *Types of services conducted and methods used for implementing this strategy include the following: Accessing services and funding, assessing community needs, community/volunteer services, community teams, community team activities, training services, and technical assistance.*

#### **Environmental**

The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service-and action-oriented initiatives. *Types of services conducted and methods used for implementing this strategy include the following: Environmental consultation to communities; preventing underage sale of tobacco and tobacco products-Synar amendment; preventing underage alcoholic beverage sales; establishing*

*ATOD-free policies; changing environmental codes, ordinances, regulations, and legislation; and public policy efforts.*

### **Information Dissemination**

Information dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. *Types of services conducted and methods used for implementing this strategy include the following: Clearinghouse/information resource centers, health fairs, health promotion, materials development, materials dissemination, media campaigns, speaking engagements, and telephone information services.*

### **Education**

Substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interacting between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities. *Types of services conducted and methods used for implementing this strategy include the following: Children of substance abusers groups, classroom educational services, educational services for youth groups, parenting/family management service, peer leader/helper programs, and small group session.*

### **Alternatives**

Alternatives provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances. *Types of services conducted and methods used for implementing this strategy include the following: alcohol, tobacco and other drug-free social/recreational events, community drop-in centers, community drop-in center activities, community services, and youth/adult leadership functions.*

### **Problem Identification and Referral**

Problem identification and referral aims to classify those who have indulged in illegal or age-inappropriate use of tobacco and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment. *Types of services conducted and methods used for implementing this strategy include the following: employee assistance programs, student assistance programs, and DUI, DWI and MIP programs.*

## **Terms on the Application (from Rensselaerville Framework):**

### **Customer**

Customers are people who directly interact with an organization's product and its implementers. This interaction is intended to result in a change in customer behavior or condition in line with organizational outcomes and mission. The outcome framework prefers the term customer rather than client because customers have a choice about participation whereas clients do not. Even those people who are required to participate in a program can choose not to, or can participate marginally so that no gain is made. Implementers need to think about how to appeal to the group they are working with as if that group is a customer.

### **Key People**

Experience in result attainment offers one powerful lesson: the right people are just as important as the right program! A large part of the probability that an investment will lead to its intended return lies in the energy and capability of the people who do the work. Of special note are the people who actually meet and work with customers. These are the key people.

### **Milestone:**

A critical point that customers must reach to ensure that a project is on course to achieving its performance target.

### **Performance Target**

Performance targets are the specific result that an implementer commits to achieve. It is tangible in the sense that it can be verified and narrow enough to be directly achieved by the implementer. It almost always represents a change in behavior or condition for the customer of a program. A target includes these elements:

- The area of change or condition
- Degree of change...how much, how long, etc.?
- Baseline...what happens if there is no intervention?
- A number...how many will change?

### **Product**

A program or service with specific core features that is offered to a customer. In target setting, a product is described in terms of benefit or value to a customer. A set of core features is developed.

### **Program Outcome**

The end-state that everyone is working toward. The establishment of a compelling outcome statement sets a vital tone for effective outcome thinking. It becomes the core of organizational leadership and a prelude to high performance. For example, "A community where the schools are drug-free and youth from 12-18 are alcohol and drug free."

## Requirements for Grantees

In the event that the proposal submitted for the RFP is funded, all applicants must be able to comply with the following requirements:

1. Insurance: A copy of the applicant's insurance certificate will be mailed to the WCHO prior to a contract being issued. Insurance requirements are as follows:
  - A. Workers' Compensation Insurance with the Michigan statutory limits and Employer's Liability Insurance with a minimum of \$1,000,000 each accident.
  - B. Comprehensive General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily and property damage. The policy shall include contractual liability and personal injury coverage. **Washtenaw Community Health Organization must be named as 'Additional Insured'**.
  - C. Automobile Liability Insurance covering all owned, hired, and non-owned vehicles with personal protection insurance and property protection insurance to comply with the provisions of the Michigan No Fault Insurance Law, including residual liability insurance with a minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.
  - D. Professional Liability Insurance coverage with a minimum of \$1,000,000 each occurrence. **Washtenaw Community Health Organization must be named as "Additional Insured"**.
  - E. Staff Fidelity Bonding.
2. Subcontracting: The Applicant promises that it has not employed or retained any company or person, other than bona fide employees working solely for the Applicant, to solicit or secure this contract and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Applicant, any fee, commission, percentage, brokerage fee, gifts or any other considerations contingent upon or resulting from the award or making of a contract.
3. Non-Discrimination: The Applicant does not discriminate against any employee or applicant for employment because of race, creed, color, sex, sexual preference, national origin, physical handicap, age, height, weight, marital status, veteran status, religion or political belief.
4. Conflict of Interest: The Applicant promises that it has no interest and will not acquire any interest, which would conflict with the performance of services required by this contract.

5. Records and Accounts: The Applicant agrees to maintain records and accounts including property, personnel, and financial records, as are deemed necessary by the Coordinating Agency to assure a proper accounting for all project funds. Such records shall be retained for three (3) years after the expiration of this agreement unless permission to destroy them is granted by the Coordinating Agency.
6. Performance Reports: The Applicant agrees to complete a performance report, provided by the Coordinating Agency, which will delineate the activities conducted in accordance with the market population and targets/milestones. The report will describe the extent to which the projected outcomes of the project were met.
7. Audits: The Applicant agrees to at least one compliance audit during the course of the contract year.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET SUMMARY

DCH-0385 3/01  
Replaces FIN-110

Page      of     

PROGRAM	CODE	BUDGET PERIOD	DATE PREPARED
		to	
CONTRACTOR		BUDGET FOR ORIGINAL AGREEMENT OR AMENDMENT #	
ADDRESS	CITY	STATE	ZIP CODE
			PAYEE IDENTIFICATION

	EXPENDITURE CATEGORY				TOTAL BUDGET
1.	Salaries and Wages				
2.	Fringe Benefits				
3.	Travel				
4.	Supplies and Materials				
5.	Contractual (Subcontracts)				
6.	Equipment				
7.	Other Expenses				
8.	TOTAL DIRECT EXPENDITURES				
9.	Other Cost Distributions				
10.	TOTAL EXPENDITURES				

**SOURCE OF FUNDS**

11.	Fees and Collections				
12.	State Agreement				
13.	Local				
14.	Federal				
15.	Other				
16.	TOTAL FUNDING				

COMPLETION IS A CONDITION OF FUNDING

## PROGRAM BUDGET SUMMARY FORM PREPARATION

The Budget Summary is utilized to provide a standard format for the presentation of the financial requirements for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule. General instructions are as follows:

- a. **Page \_\_ of \_\_.** Enter the page number of this and the total number of pages comprising the complete budget package.
- b. **Program** – Enter the title of the program
- c. **Code** – not applicable
- d. **Budget Period** – Enter the inclusive dates of the budget period.
- e. **Date Prepared** – Enter the date prepared.
- f. **Contractor** – Enter the name of your agency.
- g. **Original or amended** – Check whether this is an original budget or an amended budget. The budget submitted with the contract at the time it was signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the number of the amendment to which the budget is to be attached.
- h. **Address** – Enter the complete address of the Agency.
- i. **Employer Identification Number** – Enter Federal Identification Number/
- j. **Category Column**

### Expenditures

1. **Salaries and Wages** – This category includes the compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This does **not** include contractual service, professional fees or personnel hired on a private contract basis. Subcontractor services are recorded in the Contractual expenditure category line 5 and Vendor services are recorded in the Other Expenses expenditure category Line 7.

**The salaries and wages line must be supported on the Program Budget-Cost Detail which lists each type of position description, number of positions assigned to the program and the budget amount. This applies**

**only to those positions within the contractor, not to personnel of subcontractors.**

2. **Fringe Benefits** – This category is to include the employer’s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program. **Specific fringe benefits provided must be checked on the Cost Detail Schedule.**
  
3. **Travel** – Use only for travel costs of permanent and part-time employees assigned to the program. This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conference and other approved travel costs incurred by the employees for the conduct of the program. Travel of consultants is reported under Other Expenses – Consultant Services Line 7. Specific detail on the DCH-0386 form should be provided if this expenditure category total exceeds 10% of total expenditures, Line 11.
  - a. **Supplies and Materials** – Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. Specific detail on the DCH-0386 form should be provided if this expenditure category total exceeds 10% of total expenditures, Line 11.
  
  - b. **Contractual (Subcontracts)** – Use for written contracts or agreement with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with state and federal grant requirements is delegated to the subrecipient contractor. Vendor payments such as auditing and accounting services, janitorial services, stipends and allowances for trainees, consulting fees, etc. are to be identified in the Other Expenses category Line 7.
  
  - c. **Equipment** – This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category.**

**All equipment items summarized on this line must be detailed on the Program Budget-Cost detail Schedule (DCH 0386).** The schedule must include item description, quantity and budgeted amount. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit.

- d. **Other Expenses** – This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under Line 7. If all other expenses can not be identified in the space provided under Line 7. **Specific detail on the DCH-0386 should be provided if this expenditure category total exceeds 10% of total expenditures, Line 11.**
- i. **Consultant Services** – There are costs for consultation services related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
  - ii. **Space Cost** – Costs of building space, rental of equipment instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space privately owned facilities in the general locality.
  - iii. **Communication Costs** – Cost of telephone, telegraph, data lines, etc., when related directly to the operation of the program.
  - iv. **Other** – All other items purchased exclusively for the operation of the program and not previously included.
- e. **Total Direct Expenditures** - Enter the sum of the direct expenditures lines 1 – 7.
- f. **Indirect Costs** – Not allowable.
- g. **Other Cost Distributions** – Not allowable.
- h. **Total Expenditures** – Enter the total expenditures budgeted for the program. This is the sum of lines 8, 9, and 10.

### **Source of Funds**

12. **Fees and Collections** - Enter the total fees and collections estimated. The total fees and collections represent funds, which the program earns through its operation and retains for operation purposes. This would include fees for services, and other collections.
13. **State Agreement** – Enter the amount of State funding allocated for support of this program. State percentages are not required.
14. **Local** – Enter the amount of local contractor funds utilized for support of this program. Local percentages are not required. In-kind and donated services fro

other agencies/sources should not be included on this line. If in-kind and donated services are allowed by Department, record the total amount of these services in the Other Funding category, Line 16. COBO grants report funds here.

15. Federal – Enter the amount of any federal grants received directly by the Contractor in support of this program and identify the title of grant received.

16. Other – Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. **In-kind and donated services should not be included unless specifically requested by the Department.**

17. Total Funding – The total funding amount is entered on line 17. This is determined by adding lines 12 through 16 and must equal line 11 – Total Expenditures.

K. Total Budget Column – The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “Total Budget” column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET - COST DETAIL

DCH 03863/01  
REPLACES FIN-116

Page

of

PROGRAM	CODE	BUDGET PERIOD	DATE PREPARED
LOCAL AGENCY	ORIGINAL BUDGET	TO AMENDED BUDGET	AMENDMENT NUMBER
<b>1. SALARY &amp; WAGES – POSITION DESCRIPTION</b>	POSITIONS REQUIRED	TOTAL SALARY	COMMENTS
<b>L TOTAL SALARIES AND WAGES</b>			
<b>2. FRINGE BENEFITS:</b>			
(Specify)	FICA _____	LIFE INS. _____	DENTAL INS. _____ COMPOSITE
	UNEMPLOY INS. _____	VISION INS. _____	WORK COMP. _____ RATE:
	RETIREMENT _____	HEARING INS. _____	
	HOSP. INS. _____	OTHER: _____	<b>TOTAL FRINGE BENEFITS</b>
<b>3. TRAVEL (Specify if any items exceed 10% of Total Expenditures)</b>			
			<b>TOTAL TRAVEL</b>
<b>4. SUPPLIES AND MATERIALS (Specify if any item exceeds 10% of Total Expenditures)</b>			
			<b>TOTAL SUPPLIES AND MATERIALS</b>
<b>5. CONTRACTUAL (Subcontracts)</b>			
			<b>TOTAL CONTRACTUAL</b>
<b>6. EQUIPMENT (Specify):</b>			
			<b>TOTAL EQUIPMENT</b>
<b>7. OTHER EXPENSES (Specify if any item exceeds 10% of Total Expenditures)</b>			
			<b>TOTAL OTHER EXPENSES</b>
<b>8. TOTAL DIRECT EXPENDITURES (Sum of Totals of lines 1-7)</b>			
<b>9. INDIRECT COST CALCULATION</b>			
Rate #1: Base	x RATE	TOTAL INDIRECT COSTS: RATE #1	
Rate #2: Base	x RATE	TOTAL INDIRECT COSTS: RATE #2	
<b>10. OTHER COST DISTRIBUTIONS (LOCAL HEALTH DEPARTMENTS ONLY)</b>			
			<b>TOTAL OTHER COST DISTRIBUTIONS</b>

COMPLETION IS A CONDITION OF FUNDING (AUTH. P.A. 368 OF 1978)

PROGRAM BUDGET-COST DETAIL SCHEDULE  
FORM PREPARATION

Use the Program Budget-Cost Detail Schedule (DCH-0386) supplied by the Michigan Department of Community Health through the CA. An example of this form is attached (see Attachment) for reference.

- A. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program – Enter the title of the program.
- C. Code – Enter the program code if applicable.
- D. Budget Period – Enter the inclusive dates of the budget period.
- E. Date Prepared – Enter the date prepared.
- F. Contractor – Enter the name of your agency.
- G. Original or amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number.
- H. Salary and Wages – Position Description – List all position titles or job descriptions required to staff the program.
- I. Position Required – Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- K. Comments – Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward.
- L. Total Salary and Wages – Enter a total in the Position Required column and the Total Salary column. The total salary amount is transferred to the Program Budget Summary – Salaries and Wage Category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total amounts.

- M. Fringe Benefits – specify if fringe benefits are applicable with an “x” for staff position. Check type of fringe benefits that apply, enter composite fringe benefit rate and total amount of fringe benefits.
- N. Travel – Enter cost of employee travel (mileage, lodging, registration fees). A specific description is required if this expenditure category exceeds 10% of total expenditures, line 11 on the DCH-0385.
- O. Supplies and Materials – Enter cost of supplies and materials (medical, office, postage). A specific description is required if this expenditure category exceeds 10% of total expenditures, line 11 on the DCH-0385,
- P. Contractual (Subcontractors) – Identify subcontractor(s) by name working on this program, including subcontractor(s) address, amount by subcontractor and total of all subcontractor(s).
- Q. Equipment – Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. All equipment listed must cost \$5,000 or more.
- R. Other Expenses – Enter amounts by type of other expenses and total for all types.
- S. Total direct Expenditures – Enter the sum of the total of lines 1-7.
- T. Indirect Cost Calculations – Not allowable.
- U. Other Cost Distributions – This category is only for the use of local public health departments.
- V. Total Expenditures – Enter the sum of the total of lines 8, 9, and 10.