Request For Application (RFA) Guidelines
For Community Health Centers

The attached application package includes various budget and other required submittal forms. A project narrative that addresses the points described below should accompany these items. The format for the narrative is flexible. Please feel free to combine, expand or change sections to suit the nature of the project(s) you are proposing. Please limit your narrative (Background, Methods, Evaluation) to 5 single-spaced pages (minimum 11-point font of your choice) and one inch margins.

I. Background

A. Briefly describe the proposed service area including basic demographics and the existing immunization system in the area.

B. For your clinic, the following information must be included: number (or estimated number) of infants and children aged 0-4 years who had one or more clinic visits in the past 12 months, the race and ethnicity composition of the patients served by the CHC, and vaccine usage of MMR for children 0-4 years old for the time period of January 1, 2005-December 31, 2005.

C. For CHCs that are not currently funded and that are planning to expand services, please estimate the number of individuals that you are proposing to serve.

D. Describe the current immunization services offered by the CHC and discuss how you will use these funds to expand and/or improve on these efforts. For currently funded CHCs please discuss how you will continue or expand on the current project.

II. Methods

A. Please describe what activities will be initiated to ensure adoption of the Standards of Pediatric Immunization Practices. If service is to be expanded, discuss the number of additional days and/or hours per week or at what new locations.

B. Please describe the tracking (reminder/recall) system to be used to ensure that the families of infants and children served by the CHCs are notified of immunizations due or past due.

C. Please describe the methods for implementation of any additional activities that would be funded by the CHC subvention contract including WIC client immunization assess and refer and follow-up activities.

III. Evaluation

A copy of the Quarterly Progress Report format is enclosed. Please describe in detail how you will collect the information needed, including the sources of this information and the instruments that will be used for its collection.

IV. Letter of Intent

Prospective applicants must submit a brief (one page maximum) Letter of Intent to submit an application to the Immunization Branch in Richmond by 5:00, February 14, 2006. EMAIL YOUR LETTER OF INTENT TO: Loneill@dhs.ca.gov

V. Budget

A. Prepare a detailed budget using the attached format. The budget should include all personnel, fringe benefits, operating expenses, supplies, travel, and other expenses associated with the proposal.

B. Types of activities which **will not** be funded include clinic operation overhead, equipment purchases exceeding $10,000, equipment rental in excess of five percent (5%) of the total dollar amount awarded, and activities, including supervisory or managerial activities, not directly related to the proposal. Indirect costs **will not** be allowed.

C. The budget justification must clearly indicate the role each of the items in the budget will play in carrying out the project.

D. Written documentation from the Federal Internal Revenue Service stating that your agency currently has non-profit status, e.g. 501(c)(3).

APPLICATIONS MUST BE POSTMARKED BY MARCH 10, 2006. APPLICATIONS POSTMARKED AFTER THE DEADLINE WILL NOT BE CONSIDERED.