

**Center of Excellence for the Elimination of Disparities at Chicago  
CEED/REACH US  
Legacy Project Request for Proposal  
Summary Announcement Page**

**Title:** Chicago CEED Legacy Project

**Issued By:** This Request for Proposal (RFP) is issued by the Center of Excellence in the Elimination of Disparities (CEED@Chicago). CEED@Chicago is a partnership of the Chicago Department of Public Health and the University of Illinois at Chicago's Great Cities/Healthy Cities Collaborative and Midwest Latino Health Research, Training, and Policy Center/Jane Addams College of Social Work. The CEED is an initiative of the Centers for Disease Control.

**Application due date:** January 5, 2009, 5:00 PM CST

**Application Submission:** Electronic mail, U.S. mail, and hand-delivery. Faxes will not be accepted.

**Eligibility:** Organizations must have an active coalition or partnership of three or more local organizations. At least one partner organization must be located in the community being served by this grant. A community-based partner must be responsible for administration of the grant. Fiscal responsibility may be held by a partner not located in the community.

**Priority Areas:** Social determinants of cardiovascular disease; diabetes; and associated risk factors (i.e., obesity, poor nutrition, lack of physical activity) with a focus on systems and policy change

**Priority Populations:** Populations vulnerable to cardiovascular disease, diabetes, and associated risk factors, particularly African Americans and Hispanics/Latinos.

**Performance Goal:** To plan, develop, implement and evaluate a linguistic, culturally and educationally appropriate intervention(s) that will contribute to the prevention and control of type 2 diabetes and cardiovascular disease among populations at greatest risk for premature death and disability due to chronic disease, specifically African Americans and Hispanics/Latinos. Applicants may choose one of two tracks: (1) transfer promising practices achieved under REACH 2010 or (2) develop best or promising practices to propose innovative approaches aimed at improving healthy eating and/or physical activity through community system change, e.g., changes of norms and practices of community institutions such as schools, churches, health care system, and the business sector.

**Funding Period:** Approximately February 2009 to September 29, 2009

**Total Number of Anticipated Awards:** Three (3)

**Funding Amount per award:** \$25,000 - \$35,000

**Funding Source:** University of Illinois at Chicago (UIC) through funding from the USDHHS Centers for Disease Control and Prevention (CDC) under the Racial and Ethnic Approaches to Community Health (REACH) US Initiative, cooperative agreement Number 1U58DP001017-01

<b>Legacy Project Proposal Technical Assistance Sessions</b>	
<p style="text-align: center;"><b>November 25, 2008 – 2 to 4 PM</b> 1<sup>st</sup> Floor Auditorium UIC - DHSP Building 1640 W. Roosevelt Rd. Chicago, IL 60608</p>	<p style="text-align: center;"><b>December 10, 2008, conference call, 3 PM</b> <b>Confirmation of participation is required.</b> Please email Sheila Castillo (srcastil@uic.edu) by 12 noon CST on December 9, 2008, to confirm your participation.</p>

**Request for Proposals**  
**Center of Excellence for the Elimination of Disparities at Chicago**  
**CEED/REACH US Legacy Projects**

## **I. Background**

In September 2007, Chicago received a five-year grant from the Centers for Disease Control and Prevention (CDC) *Racial and Ethnic Approaches to Community Health (REACH) US* initiative to establish a Center of Excellence in the Elimination of Disparities (CEED@Chicago). The CEED@Chicago builds upon preliminary work and promising interventions developed by two local Chicago community coalitions under the leadership of REACH 2010. CEED@Chicago specifically aims at promoting healthy eating and physical activity through community/system change that will ultimately reduce the burden of type 2 diabetes and cardiovascular disease (CVD) among African Americans and Hispanics/Latinos. Under CEED@Chicago, a network of local, state and regional coalitions and organizations is being formed to change community norms and practices, improve access to quality health care for the prevention and control of diabetes and CVD, provide training and technical support, and engage in policy work and the dissemination of best/promising practices. CEED@Chicago originated as a partnership between the University of Illinois at Chicago's Midwest Latino Health Research, Training and Policy Center/Jane Addams College of Social Work and Healthy Cities Collaborative/Great Cities, and the Chicago Department of Public Health.

There are 18 CEEDs across the country. Each focuses on at least one of the following racial and ethnic groups: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and Hispanic/Latino. Each CEED also focuses on at least one of the following health priority area(s): breast and cervical cancer; cardiovascular disease; diabetes mellitus; adult/older adult immunization, hepatitis B, and/or tuberculosis; asthma; or infant mortality. The CEEDs were established to be a resource for mentoring communities in processes of community mobilization, community-based participatory research, and program development and evaluation. CEEDs provide pilot funding, support, local training, and guidance to Legacy Projects to encourage them to initiate or enhance work towards the elimination of health disparities. Community organizations may apply to any CEED through a competitive application process for Legacy Project funding. The application must match the CEED's target population and health priorities. While community organizations may apply to more than one CEED for funding, they may only accept one award. Further information about the REACH US is available at: [www.cdc.gov/reach](http://www.cdc.gov/reach).

## **II. CEED@Chicago Legacy Project Grant Program**

CEED@Chicago recognizes that the involvement of the broader community is critical to the elimination of health disparities. Therefore, CEED@Chicago is funding Legacy Projects to assist communities to initiate or expand activities that contribute to the elimination of health disparities that will ultimately reduce the burden of type 2 diabetes and CVD among African Americans and Hispanics/Latinos.

**CEED@Chicago is currently seeking to fund up to three (3) Legacy Project grants.** These grants will range from \$25,000-\$35,000. Funding will end on September 29, 2009, the conclusion of the 2009 fiscal year.

Applicants may choose one of two tracks: (1) transfer promising practices achieved under REACH 2010 by the Chicago Southeast Diabetes Community Action Coalition and the Lawndale Health Promotion Project into their communities, or (2) develop best or promising practices aimed at improving healthy eating and/or physical activity through community system change. Examples of systems change include changes in the norms, policies or practices of community institutions such as schools, churches, health care system, and the business sector. *Best practices* are generally defined as programs and activities that have shown positive outcomes or results, based on evaluation and research. *Promising practices* are generally defined as activities

that have the potential to effectively impact diabetes or CVDs and their associated energy-balance risk factors such as unhealthy eating practices and lack of physical activity, as well as limited access to linguistic and culturally appropriate community health resources.

### **Eligible Project Activities**

Legacy Projects must complement the overall REACH US and CEED goals (Attachment 1). All projects must be linguistically appropriate for the communities they serve. Applicants must utilize and employ cultural strategies, health literacy, and leadership development as elements in their projects. Culturally appropriate strategies improve engagement and communication between organizations and community residents by 1) addressing linguistic and cultural factors and barriers influencing health; 2) improving systems or service delivery models; or 3) improving the effectiveness of interventions to improve health in ethnically diverse communities. Health literacy strategies increase the knowledge, skills, and systems within organizations to better communicate and provide culturally relevant, linguistically aligned information and choices to residents about healthy eating and physical activity.

Legacy funds can be used to conduct activities that may consist of, but are not limited to:

- conducting a community needs assessment, including community assets mapping;
- health impact assessment;
- training or enhancement of skills;
- initiation of relevant community-based or systems level activities (see TRACK 1 below);
- local start up activities of a community coalition, or
- the development or use of culturally appropriate assessment instruments, strategies or methodologies.

### **TRACK 1: Transfer Successful REACH 2010 Practices**

The following practices were successfully implemented in Chicago's Southeast and greater Lawndale communities. Refer to the REACH US and CEED goals as you plan to transfer these practices.

- The **Diabetes Empowerment Education Program (DEEP)** is a peer-education program that increases knowledge and self-care skills of people with or at risk of diabetes. Trained community health workers (CHW) provide education and support services in community settings and emphasize integrating reflective thinking and learning-by-doing while incorporating cultural and environmental aspects of the target populations.
- **DEEP Training of Trainers** facilitates integration of DEEP into community-based organizations, faith communities, and health care facilities by increasing the number of CHWs available to provide diabetes education. (**La Comunidad en Acción/Community in Action** is a training for partnership and leadership building and planning, mobilization and coalition-building around diabetes and cardiovascular disease. It is available to support community-based projects.)
- **Eat Healthy, South Chicago!** proposed to increase the demand for and the supply of healthy foods in Southeast Chicago communities through business (distribution, point-of purchase) and consumer-based promotional outreach activities in food stores and community organizations (food demonstrations, tasting) in partnership with the South Chicago Chamber of Commerce.
- **Family Case Management** equipped persons at risk for CVD with knowledge, skills and support to address and/or manage their condition. Trained CHWs conduct extensive outreach activities, including diabetes and CVD risk assessments and referrals, nutrition education, blood glucose, blood pressure monitoring, and promoting increased physical activity. Other supportive program activities included a neighborhood farmers' market, community exercise classes, healthy shopping tours, "5 A

*Day*” campaigns in grocery stores, and smoking cessation classes. CVD and nutrition “incubators” were started in the community and were sustained by faith and health ministries as well as beauty and barbershops.

## **Track 2: Innovative Approaches Based on Best/Promising Practices**

Innovative projects must focus on promoting healthy eating and physical activity.

- **Healthy eating** projects address obesity and poor nutrition by increasing the access, availability/supply, or consumer demand for healthy food choices that may reduce obesity and chronic diseases. For example, projects may change the current food system by creating alternative methods for low-income populations to acquire healthy food or by social marketing strategies to promote healthy eating practices.
- **Physical activity** projects address obesity by increasing opportunities for physical activity in the target area. These projects may include creating new resources and/or increasing access to and availability of existing resources. They also may include increasing the cultural acceptability and environmental sustainability of physical activity in the community.

### **Eligible organizations:**

- Applicants must be an active coalition or partnership of three or more local organizations with a history of working together for at least one year.
- At least one partner must have IRS 501(c) 3 status and be able to accept funds.
- Lead agency must have access to the Internet and e-mail.
- At least one organization of the partnership must be located in the community being served by the grant.
- At least one partner organization located in the community must be capable of administering the grant.

### **Ineligible organizations:**

- REACH US Action Community (AC) or CEED grantees.
- Organizations/partners located within the target areas of current Chicago REACH Action Communities (AC) grantees: North Lawndale, South Lawndale, South Chicago, South Deering, Hegewisch, and East Side.

## **III. Application Contents (Required)**

- 1. Legacy Project Cover Page (form enclosed)**
- 2. One page project summary suitable for publication**
- 3. Table of contents for narrative headings and list of attachments**
- 4. Narrative - Statement of the problem**
  - a. Describe the target racial and/or ethnic populations in terms of age, languages, socioeconomic status (education, income, occupation), and size.
  - b. Describe the geographic area(s) to be served or targeted.
  - c. State the priority area (diabetes, CVD, or the risk factor(s)) this project will address.
  - d. Demonstrate the need for you project.
  - e. Describe the community assessment your partnership/coalition has conducted or accessed in these areas that will prepare you to plan, develop, implement and evaluate a community-based intervention

as a REACH US/CEED@Chicago Legacy Project. What do the data say about the health disparities confronting the target population with respect to the priority areas?

- f. Please provide a list of complete references for any data you use in this application.

#### **5. Narrative -- Project Goal(s), Approaches, and Work Plan (Sample work plan/logic model attached)<sup>1</sup>**

- a. State whether you opted to implement a Track 1 or Track 2 project.
- b. Describe your project and how it will achieve its goal(s). What you expect to achieve at the end of the funding period?
- c. State the goal(s) of the project.
- d. List the specific objectives and activities that will be undertaken to achieve the stated goals. Objectives must be “Specific, Measurable, Achievable, Relevant, and Time-phased (SMART).” The objectives should relate directly to the project goal(s). Describe how the activities will be tailored or culturally adapted to the target priority population.
- e. List coalition members, partners, and contractors assigned to this project.
- f. Provide a project timeline that identifies major activities and assigns approximate dates for their initiation and completion.

#### **6. Narrative -- Organizational Capacity-Lead Organization (Inputs)**

- a. Describe the organization’s relevant experience that demonstrates leadership, capacity, and state of readiness to achieve the goal(s).
- b. Show evidence of capacity to carry out financial, administrative and management responsibilities of the project.
- c. Describe how the organization or partnership will manage the project to accomplish the stated goal(s).

#### **7. Narrative -- Partnerships and Collaboration (Inputs)**

- a. Describe briefly the history of partnership between the proposed collaborating organizations.
- b. Community stakeholders (individuals directly or indirectly affected by the problem) and community-based organizations must be involved as partners in the program, or you must have community involvement in the program via program activities, outreach, or input to program planning, development and implementation. Describe how the community will participate in this project. What community participatory approaches will be used for this project?
- c. For providers of contractual or in-kind services, provide the name(s) of the organization(s) and their roles in carrying out the proposed activities, and how progress will be monitored.
- d. Describe how the project will foster sustained community collaboration and program activities among the partners beyond this specific Legacy Project.

#### **8. Narrative -- Project Monitoring and Evaluation Plan:<sup>2</sup>**

Include an evaluation plan for your project. You may use the space provided in the attached *Sample Work Plan/Logic Model* form or you may design your own format. Projects will be required to collect and report on a set of process and outcome measures. Projects will collaborate with CEED staff to ensure that their data

<sup>1</sup> The Annie E Casey Foundation website has a Community Health Summit 2003 Toolkit. It contains a short Program Planning and Fundraising manual (pp.84-95 of the Toolkit) that has a good introduction to the use of a basic logic model.

<http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={50B59EA7-C95A-40E6-9C03-278C196D52C5}>

The University of Wisconsin Extension Website has information about logic models and an online course. <http://www.uwex.edu/ces/lmcourse/#>

<sup>2</sup> Kellogg Foundation has an evaluation handbook and logic model handbook available for downloading. You can also order it as a CD in English and Spanish at no charge, including delivery. Search under Evaluation. [www.wkcf.org](http://www.wkcf.org) CDC sites with information about evaluation:

<http://www.cdc.gov/eval/framework.htm#summary> and <http://www.cdc.gov/eval/resources.htm#manuals>

can be collected in accordance with relevant human subject protection provisions and UIC Institutional Review Board (IRB) approvals. Technical assistance will be provided to select and refine evaluation indicators during the project's initial planning period.

*If your project will collect data from people (human subjects), after you have been selected for funding your questionnaires/forms, consent forms, and procedures must be reviewed by the University of Illinois at Chicago. Your organization must establish a Federal-wide Assurance (FWA) assigning UIC as the Institutional Review Board. In addition, persons collecting and analyzing data will complete or update their IRB training. You will be provided technical assistance by CEED@Chicago staff in this area. We discourage data collection on persons under 18 since this requires a more complex and lengthy review process.*

## **9. Narrative -- Information Dissemination Plan**

The CDC requires sharing of findings from Legacy Projects. Describe your plan to share information about your project, practices, surveys and other tools you develop with other communities and organizations. Discuss the possibility of disseminating information at the county and state level. The following language must be used in any publications or materials which result from the Legacy Project awards.

*This project was funded by the University of Illinois at Chicago (UIC) through a grant from the USDHHS Centers for Disease Control and Prevention (CDC) under the Racial and Ethnic Approaches to Community Health (REACH) US Initiative, cooperative agreement Number 1U58DP001017-01*

## **10. Narrative -- Sustainability Plan**

Discuss your preliminary plan to continue and to sustain your program activities beyond the end of this grant. Plans for sustainability could include examples of institutions adopting the project, e.g., changes in health care systems providing services, permanent employment of outreach and/or program staff, organizational policy changes. Describe sources of future funding or additional support.

## **11. Budget Narrative and Proposed Legacy Project Budget (form enclosed)**

Provide a budget narrative that briefly describes the proposed project staffing, including titles, affiliations, qualifications, experience, and responsibilities of all Legacy Project staff and volunteers. Complete the Proposed Legacy Project Budget form which includes the following:

- Personnel costs: salaries and fringe benefits
- Materials and other direct costs,
- Local travel within the metropolitan area
- Subcontracts and consultants
- Indirect costs and rate (limited to 10% and exclusive of equipment costs) for one year of requested funding, and
- Other sources of grant funding, other financial contributions, and in-kind support for this project.

### **Allowable uses of funds**

- Personnel salaries and fringe benefits
- Consultants
- Essential direct costs, including data processing, local travel, general office materials and supplies, educational materials, relevant training, printing and copying, telephone and fax, postage and room rentals for project activities
- Subcontracts for these allowable costs

**Unallowable uses of funds (based on federal law)**

- Direct patient care
- Medical screening or testing (except as part of the evaluation plan)
- Purchase of medications, devices, or biologics
- Fellowship/tuition support for training purposes intended for a specific individual or institution
- Endowments
- General operating expenses
- Capital improvements
- Subcontracts for these unallowable costs

**12. Scoring Criteria.**

Proposals will be reviewed by a CEED Committee. We cannot provide technical critiques of proposals or return proposals. We reserve the right to contact applicants for further information. Program proposals will be assessed using the following criteria. Budgets will be reviewed separately.

1. Creativity and demonstrated significance of project goals and objectives (e.g., population needs, program reach, anticipated change) as they relate to reducing health care disparities.
2. Soundness, strength, and technical feasibility of the project plan; integration of critical program components and their relationship to site-specific and program goals; correspondence between financial proposal (budget) and the project plan.
3. Breadth and depth of collaborative relationships or partnerships and demonstrated ability to forge lasting linkages among collaborators/partners.
4. Experience and qualifications of applicant, personnel, and lead organization.
5. The feasibility of the sustainability plan.

<b>Technical Scoring Points</b>
Statement of the problem, community and priority area(s) – 10 points
Project goal(s), approaches, and work plan – 25 points
Organizational capacity - lead organization/staffing (Inputs) – 10 points
Partnerships and collaboration (Inputs) -- 15 points
Project monitoring and evaluation plan – 20 points
Dissemination plan – 10 points
Sustainability plan – 10 points
Budget – Not scored, but reviewed for relevancy

**IV. Elements of Collaboration****Technical Assistance**

The Chicago CEED staff will provide technical assistance to approved applicants in the following areas as appropriate.

- Assessment
- Participatory and culturally competent approaches
- Planning and intervention design
- Health literacy and communication (educational methods, materials development)
- Community mobilization/leadership
- Implementation
- Evaluation
- Dissemination
- Sustainability

**Applicants shall agree to:**

1. Be active members of the CEED@Chicago Coalition, including serving on at least one committee.
2. Participate in a learning community, including appropriate no-cost trainings on a regular basis.
3. Collaborate with the CEED staff in the planning of all data collection procedures and forms
4. Delay collecting data on human subjects until an IRB approval is received.
5. Adhere to UIC contract reporting and reimbursement requirements. Applicants are advised to review UIC contract provisions on the UIC website at <http://www.obfs.uillinois.edu/Forms/UIContract.doc>
6. Inform CEED staff of project activities and related community events one month prior to their occurrence to allow their listing in a CEED calendar.

**V. Specific Instructions**

All sections of a proposal must be submitted at the same time. Electronic submissions must be in either Word or PDF file format when sent via e-mail and the narrative must follow the guidelines below. A hard-copy (paper) proposal must also follow these guidelines.

- Narrative: 12 pages maximum excluding project summary and references
- Narrative section headings should follow the proposal narrative content guidelines
- Font size: 11 point unreduced, Arial
- 1.5 line spacing
- Paper size: 8.5 x 11 inches
- Page margin size: One inch
- Printed only on one side of page
- Number all pages
- A header on each page of the submission should have the name of the applicant and of the project.
- Paper application should be held together by binder, metal clips, or staples. Rubber bands may not be used. Paper applications should include a disc containing an electronic version of the proposal.

**VI. Required Attachments**

Additional information may be included in the application as appendices. Appendices and required forms will not be counted toward the narrative page limit. In addition to the narrative, the attachments should include:

- Legacy Project Cover Page (form enclosed)
- Legacy Project Proposed Budget form (form enclosed)
- Curricula vitae/resumes of key staff (two-page limit per document).
- Memoranda or letters of agreement or collaboration with specific reference to the parties' involvement in the project
- Bibliographic references/sources for data cited in the narrative
- IRS 501(c)3 certification for the fiscal agent
- Most recent financial audit for the partner that will serve as the fiscal agent.

**VII. Submission**

**Submit printed proposal by 5:00 PM CST no later than January 5, 2009, to**

Sheila R. Castillo - Project Manager, CEED@Chicago  
 UIC Midwest Latino Health Research, Training and Policy Center  
 1640 West Roosevelt Road, Suite 636 (MC 625)  
 Chicago, IL 60608  
 Phone: (312) 413-0507 (office)

**Submit e-mail proposal by 5 PM on January 5, 2009, CST to:**

srcastil@uic.edu  
 Subject: CEED Legacy Proposal

## **Attachment 1: REACH U.S. AND CEED GOALS**

Racial and Ethnic Approaches to Community Health Across the U.S. (REACH US) is a national program and important cornerstone of CDC's efforts to eliminate racial and ethnic health disparities in the United States. REACH US addresses the second *Healthy People 2010* goal: to eliminate health disparities among segments of the population, including differences that occur by race or ethnicity, education or income, or geographic location. It also supports CDC's strategic goals by addressing health disparities in critical life stages (infants, children, adolescents, adults, and older adults) and developing innovative approaches to improving health in communities, health care settings, schools, work sites, and after-school programs.

Centers of Excellence in the Elimination of Disparities (CEED) is one of two programs funded by REACH US. The CEEDs were established to be a resource for mentoring communities in processes of community mobilization, community-based participatory research, and program development and evaluation. Each CEED serves a specific population(s), has a defined goal(s), and identified priority areas. CEED@Chicago's goal is to prevent and reduce the burden of diabetes and CVD among the African American and Hispanic/Latino populations in Chicago and the Midwest. CEED will achieve this goal by promoting healthy eating and physical activity through community/system change that will ultimately reduce the burden of type 2 diabetes and cardiovascular disease among these populations.

Center of Excellence for the Elimination of Disparities @ Chicago/REACH US

LEGACY PROJECT PROPOSAL COVER PAGE

Submission Date: \_\_\_\_\_ Submission Time: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address \_\_\_\_\_  
(Street number, city, state, zip code)

Title of the Legacy Project \_\_\_\_\_

Priority area addressed: \_\_\_\_\_

Target/Priority population: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Information for the person to be contacted on matters involving this application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body(ies) of the applicant and the applicant will comply with the attached assurances if the grant is awarded.

\_\_\_\_\_  
Type/print name of authorized representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

## SAMPLE WORK PLAN/LOGIC MODEL<sup>3</sup>

Project Title: \_\_\_\_\_

Submitted by: \_\_\_\_\_

**Objective:** Objectives must be “Specific, Measurable, Achievable, Relevant, and Time-phased (SMART).”

**Intervention/Activity:** \_\_\_\_\_

<b>Inputs (resources)</b>	<b>Activities</b>	<b>Outputs (projected products or measures immediately resulting from project activities)</b>	<b>Effects (Short &amp; Intermediate Term Outcomes)</b>	<b>Impact (Projected Long term Outcome)</b>	<b>Evaluation</b>
The resources you have or need to do the project you propose.	The activities you expect to conduct as part of the scope of your project.	Examples: # training curriculum modules designed, # individual participants or # of organizations participating	Examples: Learning Objectives; Behavior changes expected in individual participants, policy or practice changes expected in organizations, with expected timelines – after 6 months, 1 year, etc.	Your ultimate goals – the community or system changes you hope will result from the project, even if you do not expect to measure them within the timeline of the funded project. E.g., a significant decrease in obesity among the target population in your community.	What information and indicators will you collect and/or use to determine if you met your objectives and to identify factors that helped or hindered meeting your objectives?

<sup>3</sup> Program Logic Model for Proposed Project/Intervention (following Basic Logic Model provided in WKKF [Logic Model Development Guide](#), Chapter 2 & Annie E. Casey Foundation's [Program Planning & Fundraising](#))

# CEED Legacy Project Budget Template

<b>Project Title:</b>	<b>FROM</b>	<b>THROUGH</b>	<b>CEED GRANT YEAR</b>
<b>Submitted By:</b>	_____/09	09/29/09	1

NAME	ROLE ON PROJECT	Calendar Months	Time (%)	Base Salary (\$)	Requested Salary (\$)	Fringe Rate (%)*	Fringe Benefits (\$)*	Funds requested (\$)
<b>Total Personnel Costs</b>								

SUPPLIES	Unit Price	Quantity	Subtotal
<b>Total:</b>			

TRAVEL	Unit Price	Quantity	Subtotal
<b>Total:</b>			

Fringe benefits include: retirement, health, life, dental insurance; workman's compensation; sick and vacation leave.

<b>OTHER EXPENSES</b>		Unit Price	Quantity	Subtotal			
						Total:	

<b>CONSULTANT/SUBCONTRACT</b>							
						Total:	

**Total Non-personnel Costs**

**Total Direct Costs**

<b>INDIRECT COSTS</b>		Base (\$)	Rate (%)	Total (\$)			
Facility & administration							

**Total Indirect Costs**

**Total Costs (Direct Costs + Indirect Costs)**