

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
OFFICE OF COMPREHENSIVE HEALTH PLANNING
BETHESDA, MARYLAND 20014

TO BE COMPLETED BY PHS	
DATE RECEIVED	
PHS ACCOUNT NUMBER	
GRANT NUMBER	

APPLICATION FOR HEALTH PLANNING OR HEALTH SERVICES PROJECT GRANT

1. GRANT PROGRAM: (Section 314 (e) (1)) <u>Health Services Special Project Grant</u>			2. TYPE OF ORGANIZATION PUBLIC <input type="checkbox"/> STATE <input type="checkbox"/> INTERSTATE <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> AREAWIDE PRIVATE <input type="checkbox"/> NATIONAL <input type="checkbox"/> REGIONAL NONPROFIT <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL		
3. PROJECT TITLE: Community Development Aide Project			4. TYPE OF APPLICATION <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CONTINUATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> REVISION		
5A. PROJECT DIRECTOR (Name, Title, and Address, including Zip Code)			6. PROJECT PERIOD REQUESTED OR APPROVED FROM _____ THROUGH _____		
TELEPHONE	AREA CODE	NUMBER	7. GRANT SUPPORT REQUESTED BY BUDGET PERIOD		
5B. DEGREE	5C. SOCIAL SECURITY NUMBER		FROM	THROUGH	AMOUNT
9. APPLICANT ORGANIZATION (Name, Address-Street, City, State, Zip Code)			01		\$
			02		
			03		
			04		
			05		
			TOTAL - \$		
COUNTY	CONGRESSIONAL DISTRICT		8. INDIRECT COSTS		
Fulton and Dekalb	5		<input type="checkbox"/> NOT REQUESTED		
10. WHERE WILL THE PROJECT BE CONDUCTED?			<input type="checkbox"/> REQUESTED: RATE UNDER NEGOTIATION		
City of Atlanta			<input type="checkbox"/> REQUESTED: RATE _____ % OF _____		
			APPROVED BY _____		
			FOR PERIOD _____		
11. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Name, Title, Address, include Zip Code)			12. FINANCIAL OFFICER (Name, Title and Address, include Zip Code)		
TELEPHONE	AREA CODE	NUMBER	TELEPHONE	AREA CODE	NUMBER

13. AGREEMENT: The undersigned accept as to any grant awarded, the obligation to comply with the applicable Public Health Service grant information and policies pertinent to this program in effect at the time of the award and any special conditions that may be made a part of the award. The undersigned also certify that personnel associated with the project have no commitments or obligations, including those with respect to inventions, inconsistent with Department Regulations (42 C.F.R., Part 8). The undersigned further agree to comply with Title VI of the Civil Rights Act of 1964, (P.L. 88-352, and the Regulations issued pursuant thereto and state that the formally filed, or attached Assurance of Compliance with such Regulations (Form HEW 441) applies to this project.

SIGNATURES: SIGN ORIGINAL ONLY. USE INK. "per" signatures not acceptable.	AUTHORIZED OFFICIAL (NAMED IN ITEM 11)	DATE
	PROJECT DIRECTOR (NAMED IN ITEM 5A)	DATE

14. DETAILED BUDGET FOR THIS PERIOD
(DIRECT COSTS ONLY)

FROM		THROUGH	ANNUAL SALARY	% TIME OR EFFORT	TOTAL REQUESTED FOR PROJECT	APPLICANT SHARE	AMOUNT REQUESTED FROM PHS
			(1)	(2)	(3)	(4)	(5)
A. PERSONNEL							
			\$		\$	\$	\$
Project Director (1)			10,000	Full	10,000		10,000
Vector Control Specialist (1)			9,000	Full	9,000		9,000
Evaluation Officer (1)			9,000	Full	9,000		9,000
Operations Officer (1)			9,000	Full	9,000		9,000
Budget and Financial Officer (1)			8,000	Full	8,000		8,000
Community Health Specialist (2)			7,000	Full	14,000		14,000
Housing Inspector (2)			7,000	1/2	7,000		7,000
Sanitary Supervisor (6)			6,000	Full	36,000		36,000
Community Organizer (3)			6,000	Full	18,000		18,000
150 Aides @ \$1.65 per hour - 40 hours per week			514,500	14 wks.	138,600		138,600
100 Aides @ \$1.65 per hour - 15 hours per week			128,700	38 wks.	94,050		94,050
50 Aides @ \$1.65 per hour - 40 hours per week			173,166	38 wks.	126,540		126,540
FRINGE BENEFITS 5 %					23,960		23,960
CATEGORY TOTAL					\$ 503,149	\$	\$ 503,149
B. CONSULTANT SERVICES (include fees and travel)							
Consultation Fees					3,000	1,000	2,000
CATEGORY TOTAL					\$ 3,000	\$ 1,000	\$ 2,000
C. EQUIPMENT							
2 Movie Projectors @ \$200 each					400	200	200
2 Slide Projectors @ \$50 each					100	50	50
2 Typewriters (Rental or Purchase) @ \$300 each					600	300	300
1 Duplicating Machine (Used, Rent or Purchase)					2,000		2,000
6 Desks and Chairs @ \$150					900	450	450
1 Mixing Machine (L-800)					1,885		1,885
1 Mixing Bowl (80 Quart Capacity)					71		71
1 Packaging Machine					2,000		2,000
1 Auto Bus					3,000		3,000
50 Uniforms @ \$15 each					750	350	400
10 Model D Dusters @ \$5.20 each					52		52
CATEGORY TOTAL					\$ 11,758	\$ 1,350	\$ 10,408
SUB-TOTAL THIS PAGE (carried forward to page 3)					\$ 517,907	\$ 2,350	\$ 515,557

14. DETAILED BUDGET FOR THIS PERIOD (Continued)

FROM		THROUGH	TOTAL REQUESTED FOR PROJECT	APPLICANT SHARE	AMOUNT REQUESTED FROM PHS
			(3)	(4)	(5)
SUB-TOTAL (Brought forward from page 2)			\$ 517,907	\$ 2,350	\$ 515,557
D. SUPPLIES					
Supplies (See Detailed Explanation on Page 4A)			26,818		26,818
CATEGORY TOTAL			\$ 26,818	\$	\$ 26,818
E. TRAVEL					
Auto Expense for Staff			2,500	500	2,000
Travel Out of Town for PHS and Other Types of Meetings			2,000	500	1,500
CATEGORY TOTAL			\$ 4,500	\$ 1,000	\$ 3,500
F. OTHER EXPENSES					
Office Rental			4,200	2,100	2,100
Printing and Training and Curriculum Material			2,000	500	1,500
Other Program Supplies (Poisons, Traps, Tools, etc.)			2,000		2,000
Six Dump Trucks, one year (Rent)			8,000		8,000
CATEGORY TOTAL			\$ 16,200	\$ 2,600	\$ 13,600
G. REQUESTED FROM PHS	1. FINANCIAL ASSISTANCE (CASH AWARD)				
	2. DIRECT ASSISTANCE				
H. TOTAL DIRECT COSTS OF PROJECT			\$ 565,425	\$ 5,951	\$ 559,475
I. INDIRECT COST ALLOWANCE			FOR PHS USE ONLY		
			\$	\$	\$
J. TOTAL PROJECT COSTS			\$	\$	\$
15. SOURCES OF FUNDS FOR APPLICANT SHARE OF DIRECT PROJECT COSTS					
A. APPLICANT'S OWN FUNDS					
B. FEES TO BE EARNED BY PROJECT					
C. GRANTS FROM NON-FEDERAL FUNDS					
D. PARTICIPATION BY OTHER AGENCIES OR ORGANIZATIONS (IDENTIFY)					
E. OTHER SOURCE (EXPLAIN)					
TOTAL APPLICANT SHARE				\$	

16. ESTIMATES FOR FUTURE YEARS OF PROJECT SUPPORT (DIRECT COSTS ONLY)

	1ST BUDGET YEAR	ADDITIONAL YEARS SUPPORT REQUESTED			
		2ND BUDGET YEAR	3RD BUDGET YEAR	4TH BUDGET YEAR	5TH BUDGET YEAR
A. FINANCIAL ASSISTANCE	\$	\$	\$	\$	\$
(1) PERSONNEL	503,149				
(2) CONSULTANT SERVICES	3,000				
(3) EQUIPMENT	11,758				
(4) SUPPLIES	26,818				
(5) TRAVEL	4,500				
(6) OTHER EXPENSES	16,200				
(7) SUBTOTAL, FINANCIAL ASSISTANCE	\$ 565,425	\$	\$	\$	\$
B. DIRECT ASSISTANCE	\$	\$	\$	\$	\$
C. TOTAL PHS COSTS	\$ 559,475	\$	\$	\$	\$
D. APPLICANT SHARE	\$ 5,951	\$	\$	\$	\$
E. TOTAL PROJECT COST	\$ 565,425	\$	\$	\$	\$

REMARKS:

Line 14, D, items 3, 4 and 5

SUPPLIES

	<u>TOTAL REQUESTED FOR PROJECT</u>	<u>APPLICANT SHARE</u>	<u>AMOUNT REQUESTED FROM PHS</u>
Warfarin (.05) 6,000 lbs. @ 70¢ per pound;	\$ 4,200		\$ 4,200
D. D. T. (10% Dust) 6,000 lbs. @ 8¢ per pound;	480		480
Red Squill (500 mg. per kg. Fortified) 6,000 lbs. @ \$2.00 per pound;	12,000		12,000
Yellow Corn Meal (Coarse Ground) 180,000 lbs. @ 5¢ per pound;	9,000		9,000
Fish (Cheap Grade) 100 Cases @ \$8.16 per case;	816		816
Masking Compound (Emulsifiable Concentrate) 50 gallon drum;	122		122
Ten First Aid Kits;	100		100
Fifty 2-cell flashlights and batteries;	100		100
	<u>\$26,818</u>		<u>\$26,818</u>

(PAGE 4B)

Line 14, A, Items 11, 12 and 13

One of the major objectives of this project is to provide employment for indigenous, unemployed youth and adults in all phases of this project. The primary personnel request is to achieve that objective. Employment of 150 aides at \$1.65 an hour provides a significant number of unemployed persons with a job. It also enhances the success of this project.

Line 14, B, Consultation

This project is requesting only \$2,000 support for consultation. Many organizations and departments have agreed to provide consultation services and technical assistance as in kind contributions.