

PRE-APPLICATION GRANT REVIEW

Answer questions with the information you have presently.

Indicate if information is unknown or not applicable.

Office: _____ Program: _____ Program Contact: _____ Name of Grant: _____ Federal Grant ID Number: _____ Source: <input type="checkbox"/> CDC <input type="checkbox"/> HRSA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Private: _____	Review Date Submission: _____ Grant Application Due Date: _____ Phone Number: _____ Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation If a renewal or continuation, is an increase in funding available? <input type="checkbox"/> Yes <input type="checkbox"/> No Funding Opportunity Number: _____ Grant Year: _____ Effective Date: _____
Is a Match <u>required</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind Amount: _____ Source: _____ Is Maintenance of Effort <u>required</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Source: _____ Was this project previously funded by another source? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ Is MSDH currently providing these services without grant funding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list activities and current funding source(s). _____	Anticipated Annual Grant Amount: Up to _____ Total Amount over Grant Period: Up to _____ Are there goals/objectives that address health equity and health in all policies? <input type="checkbox"/> Yes <input type="checkbox"/> No Will additional staff be required? <input type="checkbox"/> Yes <input type="checkbox"/> No List the MSPB job titles and the quantity of each job title being requested. _____ Will contractors/consultants be required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will they be acquired? <input type="checkbox"/> Sole Source <input type="checkbox"/> RFP <input type="checkbox"/> Invitation for Bids Will sub-grants be awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No Will additional office space be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are support letters required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____	Who will be the partners in this project? Be specific. Internal: _____ External: _____
Is there a target population? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____	_____ _____

How does this funding opportunity align with SHIP priorities (Culture of Health, Chronic Disease, Educational Attainment and Infant Health)?

What are the goals and objectives you will achieve with this funding?

What are the strategies/activities to accomplish those objectives?

What science/evidence supports these activities and strategies? Provide link(s) or research report(s). *Please provide separate attachment, as needed.*

Do any of these strategies include communications or marketing activities such as – but not limited to – brochures, flyers, posters, reports, press releases, TV spots, radio spots, print ads, or a social media campaign? Yes No
If yes, explain:

Do any of the above strategies include the planning of a conference where materials will be developed and distributed to participants? Yes No If yes, explain:

What are the data collection and storage deliverables/requirements, if any, attached to this funding? Have you been able to confirm MSDH's ability to provide/adhere to these?

What are the IT deliverables/requirements, if any, attached to this funding? Have you been able to confirm MSDH's ability to provide/adhere to these?

What are the benefits to MSDH pursuing this funding?

What impact will this funding have on MSDH?

FOR RENEWAL APPLICATIONS ONLY

What have you already accomplished with this funding?

Specify significant changes to the grant goals, guidance, progress in delivering objectives, funding level, etc.

Approval to proceed given by:

Office Director

Date

Senior Deputy

Date

State Health Officer

Date

PRE-APPLICATION GRANT REVIEW INSTRUCTIONS
Form 1001, 02/07/2020

PURPOSE: The purpose of this form is to create a mechanism to help staff focus on the priorities of the MSDH when seeking grant funding opportunities.

INSTRUCTIONS: Grant Committee approval to proceed will be signified by the signature of the State Health Officer. Completed record should be kept with grant documents. Document should be retained according to grant requirements.

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Section 1

1. Office: The name of the MSDH office generating the request.
2. Program: The name of the MSDH program administering the grant.
3. Program Contact: The name of the person who will provide technical control and oversight of the grant application process.
4. Name of Grant: The name of grant as specified in on the grant announcement/guidance.
5. Federal Grant ID Number: The assigned number located on the grant announcement/guidance, also known as the Federal Award ID Number (FAIN).
6. Source: The name of the entity from which the funds are originating.
7. Review Date Submission: The date the program is initiating the request for the pre-application grant review process to begin.
8. Grant Application Due Date: The date (month, day, and year) the grant application is due to the funding agency.
9. Phone Number: The phone number of the program contact person.
10. Type of Grant: Check the appropriate box to identify whether the grant is a new, renewal, or continuation. If the grant is a renewal or a continuation, indicate whether additional funding is available for the grant period.
11. Funding Opportunity Number: The number the awarding entity assigns to its grant announcement
12. Grant Year: The year the funding cycle begins
13. Effective Date: The date the grant is scheduled to begin

Section 2

1. Is there a Match requirement? Indicate whether there is a match **requirement** for the grant. If so, indicate the type, amount, and source.
2. Is Maintenance of Effort required? Indicate whether there is a maintenance of effort **requirement** for the grant. If so, indicate the amount and source.
3. Was this project previously funded by another source? Are/were these activities funded through state funds, fees, or a different federal or private grant? If so, specify the source of the funding.
4. Is MSDH currently providing these services without grant funding? Are these activities funded through state funds or fees? If so, list the activities MSDH is currently providing and how those activities are funded.
5. Anticipated Annual Grant Amount: What is the total **annual** amount included in the announcement/guidance that an entity can receive?
6. Total Amount over Grant Period: What is the total amount included in the announcement/guidance that an entity can receive throughout the **entire** funding cycle?
7. Are there goals and objectives that address health equity and health in all policies?
Check the appropriate box.
8. Will additional staff be required? Indicate if additional staff will be funded by this grant to execute the grant requirements. If so, list each MSPB job title that will be needed and how many of each. For example, SPO II - 4, Acct/Auditor IV - 2. You may upload an attached list of job titles if needed. The MSPB job title is also referred to as the Class Title and can be found on the MSPB website under "Job Descriptions."
9. Will contractors/consultants be required? Indicate whether or contractor or consultant will be funded by the grant and how the contract will be acquired.
10. Will sub-grants be awarded? Indicate whether the program intends to award sub-grants. Refer to Sub-Grantee/Contractor Determination Worksheet (Form 593) for guidance on the difference between a sub-grantee and a contractor.
11. Will additional office space be needed? Indicate whether additional office space will be needed if MSDH is awarded the grant.

Section 3

1. Are support letters required? Indicate any letters of support that will need to be submitted with the grant. Letters of support issued by MSDH must route through Policy Evaluation.
2. Is there a target population? Describe the target population MSDH will serve through the funded activities.
3. Who will be the partners in this project? Please list all partners (*government, business, philanthropy, non-profit organizations and local citizens*) you plan to work with during the funding cycle who will be key players in helping to bring about significant change. Will you engage the community in the development of the goals/objectives/strategies, interventions and communication strategies?

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1. SHIP Priorities - Culture of Health, Educational Attainment, Infant Health or Chronic Disease. For additional information on SHIP Priorities, contact the MSDH Office of Performance Improvement.
2. What are the goals and objectives you will achieve with this funding? Please incorporate SMART objectives.

SMART Objectives	
Specific	What is the specific task? What exactly are we going to do for whom?
Measurable	Is the objective quantifiable and do we have the ability to measure it? A data source and baseline should be specified.
Achievable	Is the task attainable? Can we get it done in the proposed time frame with the resources we have available?
Relevant	Are sufficient resources available? Is it relevant to the mission of the agency? Does it incorporate evidence-based strategies?
Time-bound	When will this objective be accomplished?

3. What are the strategies/activities to accomplish the objectives? The strategies/activities are **how** the objective will be accomplished. One objective may have several strategies. Consider strategies/activities as defined in the funding announcement, resources, timeframes, amount of staff effort it will take, skill sets required and the practicality of the desired outcome.

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1. What science/evidence supports these activities and strategies? Provide link(s) or attach report(s) that support the activities and strategies (i.e. Healthy People 2020, PEW Research Center, Guide to Community Preventive Services)?
2. Do any of the above strategies include communications or marketing activities? Please list ANY type of communication, networking or marketing efforts that are planned. Will considerations for alternate formats be required for non or limited English proficiency or for those who are deaf/hard of hearing, blind, or with other significant disabilities?
3. Do any of the above strategies include the planning of a conference where materials will be developed and distributed to participants? Please list any conference or training events required to meet the goals and objectives. Include activities that involve social media, press releases, publication of print ads, articles, or any other type of information in any form that will be presented to conference participants or the general public. This also includes TV or radio spots.

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1. What are the data collection and storage deliverables/requirements? Does the grantor require grantees to meet certain minimum standards as it relates to collecting, storing, and reporting data obtained under the grant? Have you spoken with members of OHIT and/or Data Governance to ensure the agency can meet these requirements?
2. What are the IT deliverables/requirements? Does the grantor require certain minimum IT capabilities by all grantees? Does the grantor require grantees to submit reports and/or assessments regarding IT capabilities (e.g., security assessment plans, vulnerability reports, or standards of encryption)? Have you spoken with members of OHIT and/or Data Governance to ensure the agency can provide these deliverables or meet these standards in the given timeframe?
3. Benefits to MSDH: Will this funding help fill in service gaps or SHIP priorities?

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1. Impact on MSDH: Will these grant activities cause a strain on the physical, monetary or people resources of the agency? How will the funding have a lasting impact on the agency and public health?

FOR RENEWAL APPLICATIONS ONLY

1. Prior accomplishments with funding: List the goals that have already been achieved. What change has happened in Mississippi because of this project?
2. Changes to the grant goals, guidance, progress in delivering objectives, funding level: Because of federal decisions, will the grant application of or the project itself be changing in any way?