

Public Health Screening Training and Equipment Application for Funding

- This form should be used to request Public Health Screening (PHS) funds from Nebraska DHHS Lifespan Health Services Unit. Funds are made available to public health clinics to provide clinical training for staff and/or to purchase colposcopy equipment as a means to ensure seamless access to follow-up procedures with a colposcope after an abnormal Pap test.
 - Training approved under this opportunity consists of courses offered by the American Society for Colposcopy and Cervical Pathology (ASCCP).
 - Approved expenses are: purchase/replacement of colposcopy equipment at current market rate, ASCCP training registration fees, airfare, and ground transportation. Hotel, meals, and incidental expense will be reimbursed according to the current U.S. General Services Administration rate for the location of the training. Training recipients should be mid-level clinicians and physicians.
- Funds are provided upon a reimbursement basis only. DHHS shall reimburse only upon provision of receipts showing actual costs incurred and a copy of the Certificate of Completion for each participant who has completed the ASCCP training. In the case of personal mileage expense, actual miles traveled should be documented through an online mapping website, and provided to DHHS with other justification.
- Expense reimbursement requests, with justifying documentation, shall be submitted to DHHS no later than 60 days after payment. DHHS reserves the right to request additional documentation upon review of reimbursement request.
- The maximum amount requested may not exceed \$4,000 per training recipient. Colposcopy equipment costs are allowable up to \$15,000.
- Decisions about funding requests will be based upon availability of funds, number of requests, and strength of request to affect health outcomes. Consideration will be given to those that have strong partnerships in place and enhance future sustainability of the public health network. In the event of denial, applicants are welcome to reapply at a future time.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

APPLICATION

Date of Funding Request: _____ Amount Requested: \$ _____

Organization: _____

Project Manager Name & Title: _____

Fiscal Manager Name & Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Describe the funding request fully, and attach additional pages if necessary.

Purpose of funding request:

- Colposcopy Equipment Purchase Conference Registration/Travel/Lodging/Meals

1. **What is the target population to be impacted by use of these funds?**
2. **How many individuals do you expect to impact with use of these funds?**
3. **Procedure and Timeline?** *(A step-by-step analysis of how you intend to meet your goals, including resources that are needed and an estimated timeline of how long steps will take.)*
4. **Detailed budget and budget justification:** *(Describe your intended cost for the project. Costs may include but are not limited to registration fees, travel, lodging, type and cost of equipment, etc.)*

Submit Request for Funds to:

Nebraska Reproductive Health
ATTN: Program Manager
301 Centennial Mall South
PO Box 95026
Lincoln, Nebraska 68509-5026

This funding request for _____ has been approved in the amount of \$ _____.

Proposals or requests that are not approved will be returned to the Project Manager with a memorandum of explanation.