

Public Health Screening Training and Equipment Application for Funding

Opportunity Description and Expectations

- This form should be used to request Public Health Screening (PHS) funds from Nebraska DHHS Lifespan Health Services Unit, Adolescent and Reproductive Health Programs. Funds are made available to Nebraska clinics to provide clinical training for staff and/or to purchase equipment for colposcopy, cervical biopsy, cryotherapy, loop electrosurgical excision procedure (LEEP), and such other treatments and procedures as a means to ensure seamless access to follow-up procedures after an abnormal Pap test.
- This is a state funds grant opportunity. Funds are approved upon a *reimbursement basis only*. *Applications must be approved prior to the incurrence of any expenses for which the applicant intends to gain reimbursement*. Once an application and budget are approved, a grant will be issued. Only after this item is executed will DHHS reimburse 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.
- Training approved under this opportunity consists of the Comprehensive Colposcopy Courses offered by the American Society for Colposcopy and Cervical Pathology (ASCCP) <https://www.asccp.org/courses>. Training recipients should be mid-level clinicians and physicians.

All anticipated expenses must be included, even if as best estimates. The grants are “not-to-exceed” and overages cannot be reimbursed.

- Approved expenses include:
 - Purchase/replacement of colposcopy equipment at current market rate. Proof of pricing estimate in the form of an official quote from a vendor or a screenshot, PDF, or Word document of the webpage listing the equipment type and price. Include an estimate for shipping too.
 - ASCCP training registration fees.
 - Airfare, including any baggage fees, as applicable.
 - Ground transportation to and from the airport to place of lodging (taxi, shuttle, ride-share, etc). Personal mileage expense to travel from one’s home or office to the airport of origin is also allowable and should be documented through an online mapping website.
 - Lodging rates must be booked within the current U.S. General Services Administration rate for the destination city (www.gsa.gov). Costs above that rate will not be reimbursed.

- Meals and incidental expenses will also be reimbursed according to the current U.S. General Services Administration rate for the location of the training.
 - Note, the incidental expense is capped at \$5 typically, and is a part of the entire Meals & Incidental (M&IE) allotment.
 - Note, the partial per diem for meals on the first and last day of travel. Please follow the tables found at www.gsa.gov Per Diem Look-Up for the destination city.
 - Tips should be noted on the detailed receipts submitted and cannot exceed 20%. No reimbursement will be made for alcoholic beverages.
- Expense reimbursement requests, with justifying documentation, shall be submitted to DHHS no later than 60 days after payment and by the end of the budget period. 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

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DEPT. OF HEALTH AND HUMAN SERVICES

APPLICATION

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

Organization: _____

Project Manager Name, Title, Email: _____

Fiscal Manager Name, Title, Email : _____

Name & Email of Signatory: _____

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

Phone: (____) _____

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

Purpose of funding request (check all that apply):

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 of how long steps will take.)*
- 4. Detailed budget and budget justification:** *(Describe the intended cost for the project using the cost items discussed in the Opportunity Description and Expectations. The attached Excel budget template must be used and submitted with this application.)*

Submit Request for Funds to:

Nebraska Adolescent & Reproductive Health Programs
Michaela Jennings, Program Manager
michaela.jennings@nebraska.gov

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.