

December 9, 2009

Governor's Office of Community Service
1301 Lockey Ave. 3rd Floor
P.O. Box 200801
Helena, MT 59620-0801

Dear Mr. Tony Dean,

Thank you for the opportunity to submit an application under the Montana 2010 AmeriCorps Notice of Funding Opportunity. Below you will find the responses to each point of clarification. The correlating adjustments have been made in the application.

Budget Narrative

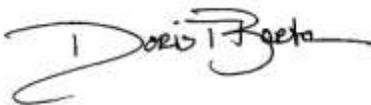
- 1) Staff Travel: Please include daily rate for per diem and lodging to not exceed maximum amount under the State of Montana's travel policy. <http://doa.mt.gov/doatravel/default.mcp> **This has been revised per Montana's travel policy**
- 2) Staff Training: Per Diem rate for meals exceeds maximum amount allowed under the State of Montana's in state travel policy. **This has been revised per Montana's travel policy.**
- 3) Other Operating Costs: Please move Directors time to personnel expenses section. **The Grants Division Director's time has been shifted to personnel, thus impacting fringe benefits as well.**
- 4) Financial Survey: Grant RO1 HSO15459-01, Research on Healthcare Costs Quality and Outcomes is listed under Corporation for National and Community Service. Please elaborate on this grant from CNCS. **A heading has been provided, indicating that this funding was acquired through Agency for Healthcare Research and Quality.**

Note

- 1) Administrative/Indirect Costs: Section III costs are allowable. If you would like to adjust your budget to include indirect costs please refer to page 29 of the 2010 Application Instructions listed on the web at http://serve.mt.gov/?page_id=621 **We have chosen to continue to count our indirect costs toward the match for the planning grant.**
- 2) Background Checks: AmeriCorps regulations require that grant funded staff who have recurring access to vulnerable populations, i.e., children, the elderly, disabled, etc. receive background checks. These costs are allowance and can be included in the budget under Other Program Operating Costs. **We have one proposed grant-funded staff. Our Human Resources Department will pay for the estimated \$50.00 background check.**

Please make sure all items are addressed and applications are returned (via email) no later than December 11, 2009. Please contact me if you have any questions.

Sincerely,



Doris T. Barta, Director-Grants Division

St. Vincent Healthcare's Healthy Futures AmeriCorps Planning Project

A. Rationale and Approach

Proposed Focus

This planning grant will explore a project focused on Healthy Futures through Health Education and Health Screening, specifically honing in on Health Literacy.

Service Area

The St. Vincent Healthcare's proposed AmeriCorps program would serve a seven-county area that includes: Big Horn, Blaine, Carbon, Musselshell, Yellowstone, Golden Valley, Rosebud, and three Indian Reservations: Northern Cheyenne, Crow, and Ft. Belknap. The area served is extensive, covering 21,958 square miles. The program office would be based in Yellowstone County, an urban area with an estimated population of 110,000. The other counties are considered frontier with less than 7 persons per square mile. Population for the area totals 173,506. 20.37% of the children under 18 live below the federal poverty level. -The identified counties all fall within St. Vincent Healthcare's service area, and were chosen because of several factors including: 1) the extreme rurality of the counties (except Yellowstone); 2) the high poverty rate of those communities, and 3) the significant work that is already being conducted through outreach services like the *Breast Health Education Project* and the *Foster Grandparent Program*.

Need

Montana's sparse population impacts resident's access to daily resources and health care. In Montana there are 6.3 individuals per square mile, with 45 frontier counties, 10 rural and 1 urban, which can obviously be a barrier to care. In fact, in 2006 19.9% of the population lacked access to primary care, 40% lacked access to mental health services, and 21% lacked dental health care access. Most recent federal designations list 41 of the 56 counties as a primary care Health Professional(s) Shortage Area (HPSA) with approximately the same number of counties having a Medically Underserved Designation (MUA). *(Statistics taken from: MT DPHHS; county health profiles; MT Health Care in Perspective, 2007, Health care in the "Treasure State" by Morgan Quitno Press, Kathleen O'Leary Morgan and Scott Morgan, Editors; Montana Department of Justice)*

According to 2006 County Health Profile Data some of the health issues facing some of the counties we have identified for this project in east central Montana include: lack of adequate prenatal care sought, especially in the first trimester; lack of mental health services being received; lower rates of 2 yr-olds who are fully immunized; and high incidents of death due to traumatic injuries, cancer and heart disease. These issues are exacerbated by higher rates of motor vehicle accidents involving alcohol; higher unemployment rates; and lower per capita incomes for those who are employed. These trials are not facing every county, but characteristics named exist in some of the service area identified.

In addition, American Indians, both urban and those living on the reservations face some of their own unique challenges. Seven federally recognized Indian reservations reside in MT that house 11 tribes. Three of these have been identified as part of this proposed project's service area. American Indians comprise the largest diverse group in Montana, (approximately 60,000) representing 6.4% of the state's population (*US Census*). Due to cultural, economic and familial hardships, life circumstances prevalent among American Indians often include poverty,

low self-esteem, alcoholism, and substance abuse; all of which can interfere with their ability to seek preventive health care. Another barrier to seeking preventive care is the location of screening facilities. Most are located far from Indian communities and lack culturally sensitive providers, thus discouraging American Indians from returning for care. American Indians are an underserved population in Montana, with many living in remote rural areas far from educational resources and lacking transportation to health and education facilities. They experience disproportionately higher rates of chronic disease and death or serious injury due to accidents than any other racial group in the state; they do not typically practice preventative health care and they tend to seek medical attention only when something is “bothering them.”

The socio-economic status of Montana’s American Indian population directly affects their health (MT Tribes are ranked third poorest in the US). Approximately 45% of Montana’s American Indians live at or below the poverty level and unemployment rates are as high as 70% in some reservation communities. Almost half of all households are headed by females with a median household income of about \$14,000 per year compared to \$44,958 for non native households (US Census).

Families living in poverty are more likely to suffer from poor health, have poor nutrition, be under-educated, live in sub-standard housing and are less likely to seek medical attention until a problem develops to the chronic stage. They face numerous daily hardships that cause great harm to their health and overall well-being.

In five of the seven counties proposed, the percent of the population below the Federal Poverty Level is higher than the rates in the state of Montana. As you can see, there are varying characteristics present in each of these counties—whether that is the presence of a tribe, or the availability of healthcare resources. We would like to explore these variations as part of our assessment of the provision of AmeriCorps services in our focus area. We feel this will provide a true understanding of where services will be most valuable and most effective, giving us a clear vision for our potential project.

Healthy People 2010, Health Communication Terminology defines Health Literacy as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. According to Health Resources and Services Administration (HRSA) a patient’s health literacy may be impacted if they have: health care providers who use words that patients don’t understand; low educational skills; cultural barriers to health care; or limited English Proficiency. HRSA has also found that limited health literacy is more prevalent among older adults, minority populations, those who are poor and medically underserved people. Patients who have limited health literacy may have difficulty: Locating providers and services; Filling out complex health forms; Sharing their medical history with providers; Seeking preventive health care; Knowing the connection between risky behaviors and health; Managing chronic health conditions; or Understanding directions on medicine. (<http://www.hrsa.gov/healthliteracy/> 11/11/09)

What Members Will Do

As mentioned, the proposed AmeriCorps Planning Grant will focus on the issue area of Health/Nutrition with the service categories of Health Education/Literacy and Health Screening.

The intent of this grant will be to explore the gaps in health literacy/health education and health screenings in the urban center of Billings as well as rural, frontier and tribal communities located in the counties identified. Population focuses will include: youth, elderly, impoverished, underserved, veterans, and minorities. Potential venues for programming could include senior centers, schools, churches, community events, social service organizations, or club/fraternal/service organizations, among others. AmeriCorps members could seek partnerships with [County Health Departments](#), public health nurses, community health representatives, [Indian Health Services](#), government workers, teachers, service providers, school nurses, other community leaders, parish nurses, as well as existing Corporation for National and Community Service programs, such as the Foster Grandparents who are mentoring children in the schools within the identified service area.

Members will seek to increase awareness, understanding and participation of community populations in such areas as: healthcare programs for which they may be eligible; hearing, dental, vision, and other preventive screenings; preventive measures such as physical activity and healthy diet; healthy behaviors such as smoking cessation and disease management; and access to care. Members could also assist in linkages between patients and providers for screenings as well as direct health care delivery.

ByAs previously stated, the selected service area selection will allow for a comparison of different types of service environments (tribal, urban, frontier, impoverished, more affluent) giving the planning team and Coordinator a sense of what may work or be helpful in different environments. A focus on urban centers also allows for more individuals to be served and for those who fly “under the radar” to be brought into focus, e.g. the seasonally employed in Red Lodge. Also, by choosing the same service area served by the St. Vincent Healthcare Foster Grandparent Program we are not only allowing for ease in management but are opening the door to collaboration including the potential for assigning AmeriCorps members to work with the Foster Grandparent program. These members could assist Foster Grandparents by ensuring the health and well-being of the recruited members through health literacy education and referral, while training them to promote health education with the children Foster Grandparents serve in addition to supporting the recruitment, retention and placement of its members. This will assist in the advancement of health literacy in two generations.

With an introduction to health literacy and education, AmeriCorps members, as well as individuals impacted by the members’ work, could be introduced to greater “health knowledge” benefiting their health status and the well-being of their families. This project could also introduce members and communities to opportunities for careers in the healthcare field.

Senator Byron Dorgan, Chairman of the Senate Committee on Indian Affairs, noted in a paper issued by the Democratic Policy Committee, Feb. 2009, titled “The American Recovery and Reinvestment Act of 2009” that “Tribal communities suffer an average unemployment rate of 50 percent and have faced longstanding infrastructure needs.” Healthcare is an opportunity on all three reservations, however: Indian Health Service hospitals and clinics are available in both Big Horn and Rosebud Counties, and the Fort Belknap Reservation, in Blaine County, hosts both Indian Health Service Facilities and Community Health Centers.

Planning Process

In order to gain a clear examination of the need and program capacity a community group called the Planning Team will be recruited and engaged in community assessment and program formation efforts throughout the grant cycle. This team will help in determining current availability of services in their field and/or geographic area; potential collaborations; gaps and needs for service; and what steps will need to be taken moving forward. The Planning Team may include individuals from the communities we are serving including representatives from the Community Health Centers, clinics and/or hospitals in the counties we will be serving as well as individuals from the schools, community leaders and lay health professionals. The make-up of the Advisory Council will be developed through the outreach and planning phase of the project based upon community interest, existing Planning Team membership, and existing community advocacy relationships.

The timelines for the planning process is detailed below by month. Major steps in this process will include:

- Personnel identification and training
- Data gathering and exploration
- Need identification
- Potential partner identification
- Orientation, training, and technical assistance development for sites and members
- Project proposal research and writing
- Project proposal submission.

These components will use our Volunteer Services Department and Foster Grandparent Program as key resources as well as utilizing the identified planning team and other AmeriCorps program models.

In the Volunteer Services Department at St. Vincent Healthcare, volunteer opportunities are available for: Adults - The cornerstone of the program; Teenagers - Student volunteers & job shadows; College Students - Job shadows & internships; Homebound – Giving from the comfort of your home.

~~Adults—The cornerstone of the program~~

~~Teenagers—Student volunteers & job shadows~~

~~College Students—Job shadows & internships~~

~~Homebound—Giving from the comfort of your home.~~

To become a volunteer, an application is submitted and an interview is completed. As an adult volunteer, you have the opportunity to choose from several volunteer areas in your application. Individuals are selected and asked to attend training and meet other pre-volunteer requirements. Once these steps are completed, volunteers begin at St. Vincent Healthcare.

Volunteers play an important role in the healing ministry at St. Vincent Healthcare, where the goal is to offer superior service to our patients and visitors while providing a meaningful and rewarding experience for our volunteers. This program will certainly provide an outline for the planning of an AmeriCorps project.

~~This program will certainly provide an outline for the planning of an AmeriCorps project.~~

The identified Coordinator will attend the quarterly Commission meetings, trainings, and events as requested. As we are uncertain of the exact dates of these activities, they are not included on the timeline; however four activities have been included in the budget.

Timeline

February

- An AmeriCorps Planning Grant Coordinator will be hired by the Volunteer Services Department.
- Orientation and training will be provided to the Coordinator introducing the Coordinator to St. Vincent Healthcare, the Volunteer Services Department, the Corporation for National and Community Service, Montana Commission on Community Service, and AmeriCorps
- The Coordinator will be introduced to the Foster Grandparent program managed by St. Vincent Healthcare and will be provided access to the Director for any on-going program management questions.
- The Coordinator will be introduced to St. Vincent Healthcare Foundation, Grants Division and oriented on the fiscal management and coordination of the planning grant.

March

- The Coordinator will identify current Corporation for National and Community Service and Montana Commission on Community Service programs throughout the region and state that may be of assistance during the planning period.
- The Coordinator will collect current data available on the targeted geographic area and services available through various means.
- The Coordinator will recruit and secure ~~planning team~~Planning Team members guided by the planning grant application, researched services, geographical service area, and ~~insight provided by our current Foster Grandparent Director~~stakeholders.

April

- The Coordinator will create a process for selecting operating and service sites that will ensure the most appropriate and capable organizations are selected. This will be modeled after our existing Foster Grandparent program and existing AmeriCorps programs in the region.
- The selection process will be reviewed with the ~~planning team~~Planning Team members and St. Vincent Healthcare staff.
- The Coordinator will begin visiting communities within the service area assessing need and current capacity
- The Coordinator will begin meeting with potential partners and potential AmeriCorps member sites.

May

- The Coordinator will continue visiting communities within the service area assessing need and current capacity

- The Coordinator will continue meeting with potential partners and potential AmeriCorps member sites.
- The Coordinator will identify gaps in services related to the proposed project.

June

- The Coordinator will compile and prepare all data to be presented to the ~~planning team~~Planning Team.
- The Coordinator will meet with the ~~planning team~~Planning Team to assess status of findings throughout the service area, specifically focused on gaps in service related to the proposed project.

July

- The Coordinator will draft a plan for orientation and training for operating and service sites. Our existing Foster Grandparent program and existing AmeriCorps programs in the region will be called on as resources. Also, St. Vincent Healthcare’s existing outreach and education program will serve as models.
- The Coordinator will draft an orientation and training plan for AmeriCorps members. Our existing Foster Grandparent program and existing AmeriCorps programs in the region will be called on as resources. Also, St. Vincent Healthcare’s existing outreach and education program will serve as models.
- Orientation plans will be reviewed by the ~~planning team~~Planning Team and St. Vincent Healthcare staff.

August

- The Coordinator will develop a plan to provide or secure effective technical assistance as needed.
- The Coordinator will determine, with the assistance of the ~~planning team~~Planning Team, whether an application should be submitted for an AmeriCorps*State program.

September

- If the ~~planning team~~Planning Team chooses to apply, the Coordinator will meet with St. Vincent Healthcare’s Grants Department to begin outlining the application.
- If the ~~planning team~~Planning Team chooses not to apply, the Coordinator will inform all parties engaged of decision and thank them for their efforts.

October

- If the ~~planning team~~Planning Team chooses to apply, the Coordinator will secure potential AmeriCorps member sites in communities within the identified service area, assuring them of the provisional status, pending project approval.
- The Grants Department and the Coordinator will work together to write the application consulting with Commission staff for assistance.

November

- The Grants Department and the Coordinator will continue to work together to write and submit the application consulting with Commission staff for assistance.

- The ~~planning team~~Planning Team will meet to approve the proposed application prior to submission
- All engaged parties will be informed of the submission.

December

- The Coordinator will secure potential AmeriCorps member sites in communities within the identified service area, assuring them of the provisional status, pending project approval.
- The Coordinator will continue to build relationships to ensure placements and partnerships for AmeriCorps members, pending notice of funding for a new AmeriCorps*State program

January

- The Coordinator will continue to build relationships to ensure placements and partnerships for AmeriCorps members, pending notice of funding for a new AmeriCorps*State program
- The Coordinator will begin to formulate a list of potential Advisory Council members based on the Planning Team membership, interested parties, geographical service area, stakeholders, and advocacy relationships.

B. Member Outcomes and Outputs

 N/A

C. Community Outputs and Outcomes

 N/A

D. Organizational Capability

Brief History and Capacity

St. Vincent Healthcare was founded by the Sisters of Charity of Leavenworth in 1898. St. Vincent Healthcare is a regional healthcare facility that serves over 400,000 patients annually and has a staff of about 2,500. We have a fully functioning human resources department, a volunteer services department, a finance department and a marketing department. In addition, we have a well rounded foundation that provides grants management expertise insuring grant compliance regarding all reporting aspects and expenditures of funds received by federal, foundation, corporate and/or private funding sources.

St. Vincent Healthcare, as a potential sponsor has the capacity to provide sound programmatic and fiscal oversight. St. Vincent Healthcare Foundation reports more than \$500,000 annually in federal expenditures so it is required to conduct an annual A-133 Audit. As part of that auditing process, the Foster Grandparent program was audited two years ago by Ernst and Young, the independent auditing firm that completes all of the A-133 Audits for the Sisters of Charity of Leavenworth, the parent corporation for St. Vincent Healthcare. There were no findings.

The mission of St. Vincent Healthcare is to offer the best and most compassionate of care, with particular concern for those who are poor and underserved. To fulfill this mission,

actions are guided by two key strategies that relate directly to the goals of the AmeriCorps: To take a leadership role within the region in serving community needs and developing healthier communities, and to improve the health status of our communities with special concern for the poor and underserved.

Organizational Experience

St. Vincent Healthcare, the identified sponsor for this potential project has a good track record in successfully managing volunteer programs, including impact-based programming.

Here are program examples that give you a taste of St. Vincent Healthcare's experience with community service, community health, senior citizens, youth, underserved, impoverished, and minority populations.

First it should be noted that St. Vincent Healthcare has sponsored the region's Foster Grandparent Program for 38 years. Annually, Foster Grandparents offer in excess of 55,000 hours to meet the special needs of youth.

Hear Below are program summaries from several other St. Vincent Healthcare initiatives:

Enhancing the Health and Well-Being of Rural Elders Program was a partnership project with Montana State University in Bozeman. The overall goal was to enhance the health and well-being of rural elders so that they can remain in their own homes for as long as possible. Supporting objectives were to: a) improve the level of health literacy and health-related decision-making; b) support and encourage improved personal responsibility for overall health care self-care management; and c) engage and empower family members, friends, and other community members with the knowledge and skills, for appropriate care/support services. Six rural communities, two of which will be American Indian reservation communities, participated. The local Senior Centers in each community were the central facilities where the training and education took place. This project implemented three well-established evidence-based best practice programs to improve health literacy, enhance self-care management, and empower those providing care and support for the rural elderly. **The resources identified in this project will be paramount to the development of the AmeriCorps project.**

The recently implemented *Montana Pediatric Project*, a program of St. Vincent Healthcare has several goals designed to increase the access and level of care for children of our region. One of the goals, specifically related to the proposed AmeriCorps project is its intent to provide outreach education and support to Montana Healthcare facilities regarding pediatric trauma care and services available through the Montana Pediatric Project. This outreach education is underway and demonstrates St. Vincent Healthcare's current regional relationships, educational capacity and the desire of our organization to provide opportunities for better health outcomes for children in the region.

Kohl's Care for Kids on the Move project is a grant program of St. Vincent Healthcare Foundation supported by the local Kohl's store. This program works in local Title I Schools to present a physical activity education and engagement program with a goal of teaching and showing children and their families' ways to incorporate more activity into their daily lives.

Launched in 2001, the *Ronald McDonald Care Mobile* is a partnership between St. Vincent Healthcare and Ronald McDonald House Charities. The Ronald McDonald Care Mobile improves health outcomes and provides a point of care for under-served children through provision of free or low-cost mobile dental, medical, and educational services directly provided to children from birth to age 18 (age 19 if they are pregnant). The Ronald McDonald Care Mobile is a self-contained, wheelchair accessible pediatric medical/dental clinic containing two exam rooms, a laboratory, pharmacy, reception, and medical records areas. The Ronald McDonald Care Mobile currently operates clinics in Roundup (Musselshell), Lewistown (Fergus), Harlowton (Wheatland), Miles City (Custer), Winnett (Petroleum), Big Timber (Sweet Grass) and Yellowstone County.

Breast Health Education Project, funded by the Avon Foundation, is a grant program of St. Vincent Healthcare. Its intent is to provide American Indian women, incarcerated women, underserved women (including Migrant or Seasonable Farm Worker women) and elderly women age 65+ with breast cancer screening; to provide women who have been diagnosed with breast cancer health system navigation services; and to provide individual, comprehensive breast cancer early detection and prevention educational programs through age and culturally sensitive wellness and screening celebrations and art wellness workshops. This project has been in existence since 2001.

Organizational Management and Staff Structure

Project Oversight will be provided by Linda Varela who is the Director of the Volunteer Services Department at St. Vincent Healthcare, where the AmeriCorps project would be housed. An AmeriCorps Planning Grant Coordinator, who will be hired as a part-time contract employee at the beginning of the grant and will report to Linda. This Coordinator and Linda will collaborate to recruit a planning team, of which members will be identified to potentially formulate a future advisory board if a project is formed. The Volunteer Services Department also houses St. Vincent Healthcare's Foster Grandparent Program.

The Grants Division will collaborate with the Coordinator and Volunteer Services to manage the planning grant and to potentially write and submit the application for an AmeriCorps project. Doris Barta is the Director of the Grants Division of the St. Vincent Healthcare Foundation and oversees the financial management of the program. Mary Bolender is the Foundation accountant. St. Vincent Healthcare Foundation is the grants management office for St. Vincent Healthcare and is fiduciary responsible to ensure all CNCS guidelines are adhered to in operating any grant. The Executive Director of St. Vincent Healthcare Foundation, David Irion, reports to the St. Vincent Healthcare Foundation Board of Directors.

Proposed Agencies and Organizations to be involved

As we are currently managing the Foster Grandparent program in the region we will look at its successes as a place to start. ~~Current members of the Foster Grandparent Advisory Council represent schools, government, senior centers, tribal programs, United Way and also include Foster Grandparent representation. Many of the same agencies and organizations may be asked to engage in the planning and development of this program considering that these entities understand the needs of their communities and understand the model of community service. If a~~

~~proposal for a program is submitted and approved, the AmeriCorps program's advisory council will be formulated using the planning team analyzing the agencies they currently have engaged and determine whether any of the same parties should be at the table as part of the planning team. These agencies include schools, government, senior centers, tribal programs, and the United Way.~~

~~Additional partners~~Identified agencies and organizations will be asked to engage in the planning and development of this program and bring to discussion their understanding the needs of their communities and community service. Planning Team members will be recruited from this list of agencies and will be identified from each of the mentioned counties.

~~Partners~~ to consider ~~will be~~include:

- Ronald McDonald Care Mobile
- St. Vincent Healthcare Oncology Services-Mobile Digital Mammography
- ~~Riverstone~~County Health ~~Departments~~
- Indian Health Services
- Montana Wyoming Tribal Leaders Council
- Council on Aging/Retired Senior Volunteer Program
- Head Start
- Existing Montana Commission on Community Service and Corporation for National and Community Services programs in the region
- Medicare Offices/Public Assistance Offices
- Food Banks
- After-School Programs
- Veterans Affairs

~~If a proposal for a program is submitted and approved, the AmeriCorps program's Advisory Council will be formulated using the Planning Team as well as other key individuals.~~

E. Cost Effectiveness and Budget Adequacy

The budget reflects the costs of a part time contract person, who could potentially be given the opportunity to become a full-time employee, should the AmeriCorps program ~~get funded~~~~.be pursued and receive funding.~~ It also reflects the travel to quarterly commission trainings/events as well as the travel necessary to explore partnerships and services in the identified service area. Two trips per site are planned for each county to be served, one in the beginning to develop relationships and identify potential partners, and the second trip towards the end of the planning year to confirm relationships and finalize the plan for the complete application. Costs also reflect supplies such as a laptop and office supplies for planning team meetings such as copies and folders necessary for adequate communication and facilitation during the planning team meetings and community meetings.

The match requirement for this grant will be met through the Administrative support of the Director of Volunteer Services and the Director of Grants Management. The Director of the Volunteer ~~services~~Services will dedicate 10% of her time to the planning grant efforts, and the ~~director~~Director of the Grants Division will also dedicate 5% of her time to this project. In addition, cash match includes some of the travel costs ~~and~~ , supplies ~~costs, and background check expenses~~ associated with this Budget. We will also provide the federally negotiated Indirect Cost ~~rate~~Rate (IDC) of 23.1% as an in-kind contribution to the project. This IDC rate includes

all overhead costs including, building and facilities overhead, fax, phone, utilities, human resources, finance, and marketing departments as well.

The identified planning team will help identify resources in the community that will enhance the program through recognition, management, and support. Resources may include: in-service speakers, training space, and in-kind donations. Further fund development will be explored by the Coordinator during the planning grant period. The Coordinator, Planning Team, and ultimately the Advisory Council will be assisted by St. Vincent Healthcare Foundation staff, as seasoned fundraising professionals. Current support for other Foundation-funded programs stems from a variety of sources including: individuals, corporations, private foundations, State, and Federal Grants.

F. Evaluation Summary or Plan

 N/A

G. Amendment Justification

 N/A

H. Clarification Information

 N/A

I. Continuation Update

 N/A

I. New applicant

Contact Info:
Doris Barta, Director-Grants Division
St. Vincent Healthcare Foundation
175 N. 27th Street, Suite 803
Billings, MT 59101
Phone 406-237-3602 Fax 406-237-3615

II. Applicant Info

Start Date: February 1, 2010 End Date: January 31, 2011
Program Model-Community Corps; Rural Corps Program Design-Intermediary Organization
Program Location-Both; High Unemployment Rates
Program Focus-Native American community; At-risk Youth; Seniors; Low Income Communities
Program Director: Doris Barta and Linda Varela

III. Continuation Update N/A

~~N/A~~

IV. Performance Measures

 N/A

A. Service Categories

The proposed AmeriCorps Planning Grant will focus on the issue area of Health/Nutrition with the service categories of Health Education/Literacy and Health Screening.

V. Documents _____ **N/A**
~~N/A~~

VI. Budget-Attached

Budget Narrative: St. Vincent Healthcare – Volunteer Services

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Director, Volunteer Services – Provide Project oversight and management	1	\$70,000	10%	\$7,000	\$0	\$7,000
Director, Grants Division – Grant Management Activities	1	\$80,000	5%	\$4,000		\$4,000
Totals				\$711,000	\$0	\$711,000

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Fringe includes FICA, Retirement, Health Insurance, Medicare and Medicaid	25% x 25% x \$7000 (total personnel)	\$42,750	\$0	\$42,750
Totals		\$42,750	\$0	\$42,750

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Travel to potential work sites for planning purposes 2 times in 12 months (7 counties, average mileage 350, round trip = 7 x 2 x 350 x .55)	Mileage: (.55 x 350 miles x 14 days): Per Diem: (\$23 per day, 14 days): Lodging: (\$77 per night, 4 nights):	\$2,695 \$ 756,322 \$ 250,308	\$2,000 \$ 459,322 \$ 125,308	\$ 695,441 \$ -2970 \$ -1250
Totals		\$3,701,325	\$2,584,884	\$1,117,441

C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
NA	NA	\$0	\$0	\$0
Totals		\$0	\$0	\$0

D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
NA	NA		\$0	\$0	\$0
Totals			\$0	\$0	\$0

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Computer, paper, pens, printing costs, mailing costs	\$50.00/month for general office supplies. \$2,500 for computer and software	\$3,100	\$600	\$2,500
Totals		\$3,100	\$600	\$2,500

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNC Share	Grantee Share
Project Coordinator	Contracted Project Coordination services @ .5 FTE	NA	\$25,000	\$25,000	\$0
Totals			\$25,000	\$25,000	\$0

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNC Share	Grantee Share
Quarterly Commission meetings and Staff Training	Travel to Helena @ 500 miles round trip (500 x 4 x .55) Hotel @ 125 81 x 4; Per diem at \$ 54 23 x 4		\$1,100 \$ 500 324 \$ 216 92	\$1,100 \$ 500 324 \$ 216 92	\$0
Totals			\$1,846516	\$1,846516	\$0

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNC Share	Grantee Share
NA	NA	NA	\$0	\$0	\$0
Totals			\$0	\$0	\$0

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNC Share	Grantee Share
NA	NA	NA	\$0	\$0	\$0
Totals			\$0	\$0	\$0

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	CNC Share	Grantee Share
Grants Management Costs— Grant Management Activities Background Checks	Director of Grants Department 5% of time \$50.00 each x 1 employee	NA	\$4,00050.00	\$0	\$4,00050.00
Totals			\$4,000	\$0	\$4,000

Subtotal Section I:	Total Amount	CNC Share	Grantee Share
	\$46,367741	\$30,000	\$16,367741

J. Source of Match

Source(s), Type, Amount, Intended Purpose

	Private	State and/or Local	Federal	Sources
In-kind	\$ 13,750	\$0	\$0	St. Vincent Healthcare
Cash	\$ 3,6172.991	\$0	\$0	Volunteer Services – St. Vincent Healthcare
Total	\$16, 367741	\$0	\$0	

Section II. Member Costs

A. Living Allowance

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)				\$0	\$0	\$0
Half Time (900 hrs)				\$0	\$0	\$0
1st Year of 2-Year Half Time				\$0	\$0	\$0
2 nd Year of 2-Year Half Time				\$0	\$0	\$0
Reduced Half Time (675 hrs)				\$0	\$0	\$0
Quarter Time (450 hrs)				\$0	\$0	\$0
Minimum Time (300 hrs)				\$0	\$0	\$0
Totals				\$0	\$0	\$0

B. Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
			\$0	\$0	\$0
Totals			\$0	\$0	\$0

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
	\$0	\$0	\$0
Subtotal Sections I + II:	\$0	\$0	\$0

C. Source of Match

Source(s), Type, Amount, Intended Purpose,
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In-kind	Private \$0	State and/or Local \$0	Federal \$0	Sources
Cash	\$0	\$0	\$0	
Total	\$0	\$0	\$0	

Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage Method

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
NA	NA	\$0	\$0	\$0
Totals		\$0	\$0	\$0

B. Federally Approved Indirect Cost Rate Method

	Cost Type	Basis	Calculation	Rate	Rate Claimed
SVHF Share	IDC		\$30,000	23.1%	\$6,930
Commission Share					
Totals					

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share
	\$53, <u>297,671</u>	\$30,000	\$23, <u>297,671</u>