

Johnson County Empowerment Area Grant for Children's Health Insurance Outreach Program

Date of Application: April 21, 2008

Provider: Visiting Nurse Association of Johnson County  
Provider Address: 2953 Sierra Court  
Iowa City IA 52240

Contact Person: Suellen Novotny  
Phone: 319-337-9686 ext. 148  
Fax: 319-337-5566  
[novotnys@vnaic.org](mailto:novotnys@vnaic.org)

Program Name: Children's Health Insurance Outreach Program

Funding Request: The Visiting Nurse Association is seeking \$20,574 from Johnson County Empowerment and \$8000 from Johnson County Public Health for the support of the **Children's Health Insurance Outreach Program**. This program was started on July 1, 2003 through a contract between Johnson County Empowerment and the Visiting Nurse Association.

Outcome Statement: The purpose of the Children's Health Insurance Outreach Program is to increase the number of children enrolled in the hawk-i program and to increase community awareness of hawk-i benefits, eligibility and the enrollment process.

Program Name and Funding requested	Target Audience; expected # to be served	Goals of Program	Scope of Services (specific activities to be performed)	Performance Measures and Specific Measurements to be reported
Children's Health Insurance Outreach Program	Children ages birth to 5	<p>Increase the number of children enrolled in the hawk-i and Medicaid programs.</p> <p>Raise community awareness of hawk-i benefits, eligibility and the enrollment process.</p>	<p>The Visiting Nurse Association will act as fiscal agent providing salary and benefits to the Children's Health Outreach Coordinator.</p> <p>The Children's Health Insurance Outreach Coordinator will provide individualized assistance to families with children age birth to 5 in completing and tracking their hawk-i application.</p> <p>The Children's Health Insurance Outreach Coordinator will conduct community awareness activities to increase awareness of the hawk-i program.</p> <p>The Children's Health Insurance Outreach Coordinator will provide monthly reports to the Johnson County Empowerment Board Health Work Group and a complete report at the end of the program period.</p> <p>The Children's Health Insurance Outreach Coordinator will assist JCPH hawk-i Grassroots Outreach Coordinator with program planning, evaluation and in completing state reports.</p>	<p>Increase the number of children enrolled in hawk-i insurance program in Johnson County.</p> <p>Increase the number of:</p> <ul style="list-style-type: none"> <li>Children enrolled in Medicaid in Johnson County</li> <li>Contacts with health care providers</li> <li>Contacts with faith based organizations</li> <li>Health fairs attended</li> <li>Contacts with daycare providers</li> <li>Contacts with local businesses</li> <li>Contacts with family/parent support programs</li> <li>Contacts with special population, i.e. neighborhood centers, minority group meetings, etc.</li> </ul>

## Proposal Narrative:

### I. Changes to Program Description

- ◆ Describe any changes in services/activities to be provided.  
No changes anticipated
  
- ◆ Describe any changes in the target audience and/or eligibility criteria; include geographic, socio-economic, age and other demographic descriptions. Include changes in anticipated numbers of families/children to be served.  
No changes anticipated.
  
- ◆ **If current year's projections are not being met (i.e. numbers to be served, target audience) please explain why those are not being achieved and what has been done to address this.**  
**No changes anticipated.**
  
- ◆ **Any changes which would significantly change the program design or delivery may constitute a new program and may require a new grant application. If significant changes are planned, please contact Empowerment as soon as possible.**  
**No changes anticipated.**

### II. Evaluation

Describe any changes in how the program will be evaluated, including

- ◆ Outcomes to be achieved.  
No changes anticipated
  
- ◆ Changes in evaluation tools utilized; where appropriate, include as an attachment any new/updated evaluation tools, surveys, or forms.  
No changes anticipated
  
- ◆ **If current year's goals are not being met, please explain reasons behind this and what is being done to address this currently.**  
**Current goals are being met and exceeded in some months.**

### III. Provider Qualifications: Describe any changes in staff that are providing the program.

No changes anticipated

**Proposed Budget:** The budget is to be on this budget form. Budgets will be based on a program period of July 1, 2008 to June 30, 2009. Include an explanation of the budget and describe how the Empowerment funding will fit within your other sources of funding (tuition, grants, etc). Identify any involvement you may have with the Empowerment Board or its programs. Reasonable administrative or indirect costs may be included. Reasonable administrative costs are generally defined as up to 8% of total direct expenditure request.

	Total Program Cost	Empowerment Request	Other Revenue (detail chart B)
<b>Salaries &amp; Personnel</b> <small>detail chart A</small>			
a. Salaries and Benefits	21295	13295	8000
b.	0		
1. Salaries subtotal	21295	13295	8000
<b>Program Costs</b> <small>provide detail</small>			
a. Advertising/Promotion	800	800	0
b. Office rent	1800	1800	0
c. Copies/Office Supplies	480	480	0
d. Postage	500	500	0
2. Program Costs subtotal	3580	3580	0
<b>Participant Supports</b> <small>provide detail</small>			
a. Phone/Internet	720	720	0
b. Mileage and Travel	700	700	0
3. Participant Supports subtotal	1420	1420	0
<b>Equipment</b> <small>provide detail</small>			
a. Computer/Office Equipment	480	480	0
b.	0		
4. Equipment subtotal	480	480	0
<b>Other</b> <small>provide detail</small>			
a. Registration Fees	274	274	0
b.	0	0	
5. Other subtotal	274	274	0
<b>6. TOTAL DIRECT</b> <small>(total lines 1+2+3+4+5)</small>	27049	19049	8000
Administration	1525	1525	0
Other Indirect	0	0	0
<b>7. TOTAL INDIRECT</b>	1525	1525	0
<b>8. TOTAL EXPENDITURES</b> <small>(total lines 6+7)</small>	28574	20574	8000

**Detail Chart A: Salary Costs**

Job Title	% of FTE for project	Total Cost	Empowerment Request	Other Revenue
1	.63 FTE	21295	13295	8000
2				
3				
4				
5				
<b>Totals</b>		<b>21295</b>	<b>13295</b>	<b>8000</b>
Above totals should be the same as budget line 1; if these two numbers aren't the same, check the arithmetic		21295	13295	8000
		21295	13295	8000

from Chart 1 Line 1

**Detail Chart B: Other Revenue**

Source of Other Revenue	Total amount of other revenue from source
1 JCHD	8000
2	
3	
<b>Total Other Revenue</b>	<b>8000</b>

Total should be the same as budget line 8 far right column; if these two numbers aren't the same, check the arithmetic

8000 8000

from Chart 1 Line 8