***Request for Proposals***

**COMMUNITY HEALTH GRANTS**

***Promoting Academic-Community Collaboration and Positive Health Outcomes***

Final Proposals due **January 9, 2017** **by midnight**

**Key Dates:**

* Pre-Application Information Session**\*\***— October 27, 3:30 pm, Interact for Health Choice Care Room
* Letter of Intent**\*\***—November 11, 2016
* Final Proposals—January 9, 2017
* Grantees Notified — February, 2016
* Grant Project & Budget Period— March 31, 2017-March 31, 2018

***\*\*strongly encouraged, not required***

**Request for Proposals (RFP) Objective:**

This RFP is designed to elicit proposals that bring together academic researchers and community organizations/programs to improve health and well-being in community settings. Acting in partnership, researchers and community organizations are invited to submit proposals that 1) apply existing knowledge about health to real-world settings (also known as *translational research*) and 2) demonstrate shared decision-making in all aspects of research activities intended to improve outcomes for our community's children and adults.

**Grant Funding:**

Grant applicants have the opportunity to receive up to $20,000 in funding for a one-year funding period. The funds will be awarded to partnerships between academic and community organizations or physicians that translate research into practice.

*Note: all CCTST funding is for direct costs only; no facilities and administration costs are included. Funding may not be used for operating support for existing programs or salaries for existing staff. Funds may also not be used for duplicative programs or purposes.*

**Who Should Apply?**

Community programs, agencies, physician practices and other not-for-profit organizations may apply as *community partners or community principal investigators*. Faculty or affiliates of CCTST partnering institutions may be considered *academic partners or academic principal investigators*. **Each application must have at least one academic partner *and* one community partner. New or developing partnerships may want to consider applying for the Partnership Development Grant:** [www.cctst.uc.edu/community/grants-funding-opportunities](http://www.cctst.uc.edu/community/grants-funding-opportunities).

*\* All applicants are required to become a member of the CCTST at* [*http://cctst.uc.edu/about/membership*](http://cctst.uc.edu/about/membership)*. Membership is free and entitles applicants to resources to support their programs.*

**Proposal Requirements and Criteria for Review:**

The CCTST is committed to funding projects that exemplify two core factors: collaboration between academic and community partners and high quality translational research (i.e., research that applies existing knowledge to our local community). A committee of academic and community members will review all proposals and evaluate the strength of the partnership, funding requested and potential for translation and impact when making awards. Applicants that propose to work collaboratively to impact the health of individuals (children and/or adults, etc.), clearly articulate the goals of their program including related outcomes and measures, and are able to evaluate and **sustain** these efforts beyond the grant period will be most competitive.

**Proposal Requirements and Criteria for Review (cont.):**

Applicants should also consider how their projects are innovative and how these efforts will lead to impact among those served. Applications that propose to improve health are essential; however, applications that propose projects that translate evidence into practice and aligned with CCTST priority areas will be most competitive. The proposed programs and numbers served should be described relative to the dollars requested. **If your proposal is not approved for funding, it may be considered for other relevant CCTST programs.**

**Letter of Intent**

Letters of intent (not to exceed 1 page) must include: (1) name, title, and contact information of coordinating partner, (2) description of both partners (academic and community partners applying for the grant), including mission, experience and or prior evidence of impact of previous work/collaboration, and (3) reason for interest in this opportunity. Letters of Intent should be submitted to [ctsa@cchmc.org](mailto:ctsa@cchmc.org) by **November 11, 2016** at midnight.

**Application Instructions and Format**

Your application should include the following sections, two required appendices (described below), and a completed face page (one page or less). The completed application should not exceed 12 pages, including the face page, with 1 inch margins and 11 point Arial font. Include Letters of Support from **all** partners and resumes/CVs for **lead** partners with your proposal. Please limit appendices to only information that is vital for the review. Incomplete submissions may not be considered for funding.

1. **Strengths of the individual, organization or collaborative:**
   1. Highlight strengths of the applicant/organization applying for the grant
   2. Highlight strengths of the partnering applicant(s)/organizations(s)
2. **Description of proposed health program or translational research project, including key health challenges and questions that will be addressed through the project:**
   1. Describe how grant funds will be used to answer important questions about health and/or improve health in a targeted population in our community
3. **Description of the proposed partnership, impact, and the innovation of the project:**
   1. Describe the partnership and how the partnering organizations/agencies operate or work together to accomplish the proposed goals
   2. Describe the number of proposed individuals to be impacted as a result of this project
   3. Describe how the proposed partnership will be effective in impacting those served
   4. Describe how the proposed program is innovative in advancing health, health research, health quality, or translational research
   5. Provide any prior evidence of impact (quantitative or qualitative information/data) to support the feasibility of the proposed application
4. **Research and/or evaluation plan:**
   1. Describe the outcomes
   2. Describe how the impact of the project will be evaluated
   3. Describe what measures will be used
5. **Community benefits and sustainability plan:**
   1. Briefly describe how the proposed project benefits the community and improves health outcomes
   2. Describe the ways that the grant outcomes and/or impact might be sustained beyond the grant period (e.g., future grant mechanisms to fund the work, policy changes based on the research, changes in the community organization’s ability to fulfill their mission)
   3. Describe the relationship between the academic and community partners once the grant period ends
6. **Project and budget timeline:**
   1. Provide a budget for the project and timeline of activities
   2. Discuss how the grant funding will be distributed between the academic and community partners
      1. Note that this project is funded by the CCTST and all CCTST funding is to be used for direct costs only; no facilities or administration costs are to be included
   3. For applicants requesting greater than $10,000, describe how the grant will be administered with a reduced budget (i.e.: 10-25% less than proposed funding)
   4. **Appendices (required):** 
      1. Resumes/CVs from lead academic and community partners
      2. Letters of support from all partners, including other collaborating agencies or additional academic partners

**Requesting Application Materials & Submitting Final Proposals**

Application materials and FAQ document can be viewed and downloaded from the CCTST Community Engagement website ([www.cctst.uc.edu/community/grants-funding-opportunities](http://www.cctst.uc.edu/community/grants-funding-opportunities)) or they can be requested by e-mail ([ctsa@cchmc.org](mailto:ctsa@cchmc.org)). Questions can be directed to **Stacey Gomes** at **(513) 803-0917**or [ctsa@cchmc.org](mailto:ctsa@cchmc.org).

Mail or e-mail completed copy of your application packet to:

**Cincinnati Children's Hospital Medical Center**

**Attn: Lori Crosby**

**3333 Burnet Ave, MLC 8700**

**Cincinnati, OH 45220**

[**ctsa@cchmc.org**](mailto:ctsa@cchmc.org)

**CCTST Community Health Grant Face Page**

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| **TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2. COORDINATING PARTNER** | | | | **Check one:** | | | * **Academic** | | | | * **Community** |
| **2a. NAME** | | | **2b. DEGREE(S)** | | | | | | | | |
|  | | |  | |  | | | |
| **2c. POSITION TITLE** | | | **2d. ORGANIZATION/ AGENCY** | | | | | | | | |
| **3. ACADEMIC / COMMUNITY PARTNER** | | | | **Check one:** | | | * **Academic** | | | | * **Community** |
| **3a. NAME** | | | **3b. DEGREE(S)** | | | | | | | | |
|  | |  | | |  | | | |
| **3c. POSITION TITLE** | | | **3d. ORGANIZATION/ AGENCY** | | | | | | | | |
| **4. PRIORITY HEALTH AREA *(Check all that apply)*** | | | | | | | | | | | | |
| * **Childhood Asthma** | * **Obesity** | | | * **Infant Mortality** | | | | | * **Primary Care/Prevention** | | | |
| * **Mental/Behavioral Health** | * **Adult Neuroscience** | | | * **Underserved Populations** | | | | | * **Substance Abuse** | | | |
|  | | | | * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **5. PRIORITY NEIGHBORHOOD (*Check all that apply)*** | | | **6. NUMBER OF PERSONS TO BE SERVED (*Estimate)*** | | | | | | | | | |
| * **Avondale** | | * **Price Hill** | * **Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | * **Adult:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| * **Covington** | | * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | * **Special health conditions or other (please describe):** | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **7. BRIEF DESCRIPTION OF PROPOSED PROJECT/ ABSTRACT:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **8. TOTAL FUNDS REQUESTED AND BRIEF DESCRIPTION OF HOW FUNDS WILL BE USED *(Budget summary)*:** | | | | | | | | | | | |
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