***Request for Proposals***

**PARTNERSHIP DEVELOPMENT GRANTS**

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

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

**Key Dates:**

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| **Pre-Application Session\*** | October 27, 2016; 3:30-5 PMInteract for Health (Choice Care Room) |
| **Letter of Intent\*** | November 11, 2016 |
| **Final Proposal Due** | January 9, 2017 |
| **Notification and Grant Period** | *Grantees Notified:* February 2017*Project Period:* March 31, 2017-March 31, 2018 |

**\*Strongly encouraged, but not required**

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

The purpose of the Partnership Development Grant is to facilitate collaborations between academic researchers and community organizations so they can work together on health research that benefits the community. Funding can be used to develop new partnerships or to strengthen existing partnerships. These grants will allow partnerships to conduct preliminary research activities focused on health outcomes and impact that will prepare teams to apply for research grants. Examples of possible research activities include:

* Conducting a needs assessment to better understand a health problem
* Completing an environmental scan to better understand the local context of a health issue
* Facilitating activities that assess community readiness to address a health problem
* Collecting pilot data needed to demonstrate potential impact

*Examples of activities that are not a good fit for this grant are facilitating meetings, providing health services, or hosting events.*

**Grant Funding:**

Community-academic partnerships have the opportunity to receive up to **$5,000** in funding for a one-year funding period. We expect funding will be used to support preliminary research activities. For example, funding might be used to provide incentives to participants, to pay for costs associated with evaluation, or to purchase supplies needed to engage the community in research activities. 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.

**Who Should Apply?**

The Partnership Development Grants must include **at least one community partner and at least one academic partner.** 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*. Applicants can be working together for the first time or part of an existing collaboration that is looking to take the next step in their work together.

*\* 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:**

A committee of academic and community members will review all proposals and evaluate the potential for building or strengthening a sustainable community-academic partnership, how the partnership will address community health priorities, expected outcomes, how the project will impact community health, and plans for future collaborations and the sustainability of the partnership.

We highly encourage partnerships focused on high need neighborhoods, including Avondale, Price Hill, and Covington. We also encourage partnerships focusing on asthma, mental/behavioral health, substance abuse, obesity, adult neuroscience, primary care/prevention, underserved populations, and infant mortality. However, all neighborhoods and content areas are welcomed. **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) brief description of all partners, and (3) reason for interest in this opportunity. Letters of Intent should be submitted to ctsa@cchmc.org by **November 11, 2016** at midnight.

**Application Instructions and Format**

Your application must include a completed face page (1 page or less), the following sections, plus two required appendices described below. The application itself (not including appendices) should NOT EXCEED 4 PAGES in 12 point type.

1. **Title of Partnership Project**
2. **Brief statement of purpose:** Why are you starting this partnership project? What is the community health concern or research question you hope to be able to address through this partnership?
3. **Project plan:**
	1. Description of how this project improves the ability of the partner organizations to engage in research in the community
	2. Main components of the project
	3. Timeline indicating the sequence of steps in project implementation (grant activities must be completed within 12 months; the 12 month period begins upon receipt of funds.)
	4. Budget with brief justification of how you arrived at the budget numbers.
4. **Description of outcomes and impact:**
	1. Describe the expected outcomes
	2. Describe how the impact of the project will be evaluated
	3. Briefly describe how you will measure success
5. **Plan for future collaborations and sustainability:**
	1. Briefly describe how the proposed project will lead to future collaborations between the academic and community partner(s)
	2. Describe the partnership’s options to sustain the relationship after the grant period
6. **Appendices: Two appendices are REQUIRED:**
	1. Appendix A: Community Partners: 1-2 page description of the applicant organization’s mission, history and current work in the subject area of this proposal should be appended. If there are other collaborating agencies, they should submit letters of support that acknowledge their role in the partnership.
	2. Appendix B: Academic Partners: 1-2 page biosketch of the lead academic partner must be appended. If there are additional collaborating academic partners, then please include a one to two paragraph description of the experience and interest of each relative to this proposal.
	3. Additional appendices of up to 3 pages should be included only if the appended material helps explain key elements of the proposal and has been referenced in the text of the proposal.

**Requesting Application Materials & Submitting Final Proposals**

Application materials and an 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 requested by e-mail (ctsa@cchmc.org). Questions can be directed to **Stacey Gomes** at **(513) 803-0917**or 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**

**CCTST Partnership Development 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**
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| * **Mental/Behavioral Health**
 | * **Adult Neuroscience**
 | * **Underserved Populations**
 | * **Substance Abuse**
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|  | * **Other:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| **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):**
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **7. BRIEF DESCRIPTION OF PROPOSED RESEARCH ACTIVITIES AND HOW THEY WILL BUILD/STRENGTHEN PARTNERSHIP:** |
|  |
| **8. TOTAL FUNDS REQUESTED AND BRIEF DESCRIPTION OF HOW FUNDS WILL BE USED *(Budget summary)*:** |
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