COMMUNITY CATALYST GRANTS PROGRAM
2017-2018 Request For Partnerships (RfP)

MAKING WISCONSIN A HEALTHIER STATE FOR ALL
The Wisconsin Partnership Program represents a far-reaching commitment by University of Wisconsin School of Medicine and Public Health to improve the health and well-being of Wisconsin residents through investments in research, education and community partnerships. The Wisconsin Partnership Program administers competitive research and community grant programs and supports strategic initiatives aimed at improving the well-being of Wisconsin residents through investments in research, education, prevention practices and interventions and policy development. The Partnership Program is guided by its 2014-2019 Five-Year Plan, which describes its purpose and grant making strategies.

GRANT PROGRAM PURPOSE AND GOALS
The overarching goal of the Community Catalyst Grant program is to provide catalyst funding to support creative health equity approaches designed with the goal of actively reducing gaps in access, outcomes or opportunities.

Catalyst grants are intended to support:
• Projects with a clear focus, audience and an innovative plan to reduce inequities.
• Projects in early stages of development.
• Opportunities to implement new innovative ideas to impact health equity.

GRANT BACKGROUND
Many of the complex health issues the Partnership Program seeks to address are rooted in structural/systemic inequities that affect the health status of a group by their geographic location, race, class, ethnicity, gender, sexual orientation, and other characteristics. One way the Partnership Program advances health equity is by supporting ideas that address these inequities, and are developed and implemented in authentic partnership with those who are most affected by them (individual community members or entities that represent and include the perspectives of community members).

The Wisconsin Partnership Program’s Oversight and Advisory Committee (OAC) currently oversees three community grant programs: 1) Community Impact Grants; 2) Community Collaboration Grants; and 3) Community Catalyst Grants. Whereas the Impact and Collaboration grants provide resources and technical assistance to achieve policy, systems and environmental (PSE) changes, this grant program is designed to recognize shorter-term opportunities for health equity impact.

AWARD AMOUNT
Maximum award amount is $50,000 for a maximum grant duration of two years. Up to ten awards will be made.

ELIGIBILITY
The applicant for this grant program must:
• Be a either a Wisconsin-based, nonprofit, tax exempt, 501(c)(3) organization, tribe or government entity.

Foundations are not eligible to apply for this award. Applicants can only apply for one Catalyst Grant at a time.
KEY DATES AND DEADLINES – 2017-2018

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<td>Request for Partnerships</td>
<td>June 23, 2017</td>
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<tr>
<td>Application due</td>
<td>October 2, 2017</td>
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<td>Review period</td>
<td>October - November</td>
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<td>Final decision by the WPP Oversight and Advisory Committee</td>
<td>November 15, 2017</td>
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<td>Notification of awards</td>
<td>November 16, 2017</td>
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<td>Earliest project start date</td>
<td>January, 2018</td>
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APPLICATION
The application process for the Community Catalyst grant involves completing a brief on-line application with seven narrative questions, a budget and budget justification.

The online application asks for the following information:

- Project title and summary statement
- Start and end dates
- Community organization information
- Primary health focus
- Primary community focus
- Narrative
- Budget and Budget Justification
- Financial statements
- IRS determination letter
- Non-supplanting form

Examples of Community Catalyst Application Ideas

The following are hypothetical examples that may help you consider ways that you could use a Community Catalyst Grant to address a community need or opportunity.

Example 1
Community A has no sidewalks, playgrounds or safe places for children to run around and exercise. A nonprofit dedicated to increasing physical activity for children has heard about the success of “portable playgrounds” that offer free recreational activities for children who don’t have easy access to these places, or who don’t have the opportunity to attend summer camp due to lack of transportation or income. The organization hopes to use the Community Catalyst funds to pilot the use of the portable playground in their community, and brings together community leaders (including public health, schools, businesses, parks, etc.) to plan how this model would be supported annually once grant funding is spent.

Example 2
Community B has one of the largest concentrations of poverty in the county. The residents who live here live almost a decade less than the typical Wisconsin resident. Poverty, unemployment and other social determinants of health have created this gap in health equity. An arts-based nonprofit proposes using trained artists to engage residents, policy-makers, health care institutions and other nonprofits to identify their health priorities and unearth complex issues through often difficult conversations – and ultimately use art to pioneer new relationships through collective creativity that leads to more culturally responsive health services.

Narrative (upload into database; 500 word maximum per question)

1. Describe the problem.
   - Provide a brief description of the health equity issue you seek to address as well as its urgency/importance. Please provide data to support this.
   - What barriers does your approach seek to overcome? In other words, what gaps exist in reaching the individuals who are supposed to benefit?

2. Describe your idea.
   - What is your proposed idea for addressing the above-mentioned problem?
   - Have other communities tried this approach with success? If so, please share what lessons you will apply from their work.

3. Describe the positive aspects and assets of your community and organization that will support the proposed work.
   - What community assets and resources will you build on as you advance your project?
   - What other organizations are you partnering with and how will they help address this health equity gap?
   - Why is yours an ideal organization to be doing this work? This question is intended to better understand your connection to the community (trust), your organizational capacity, and your past successes in other efforts.
4. Describe community interest and commitment.
   • Who will be impacted by this work?
   • How are those most impacted part of the work and why is this work important to you and them?

5. Describe your goals – short, medium and long-term vision.
   • You are promoting an idea intended to be more effective, equitable and/or sustainable than existing approaches. What “success” do you hope to see:
     - Short term (within the time-period of the grant, up to 24-months);
     - Medium term (within two years of the grant’s end) and
     - Long-term (more than two years of the grant’s end)?
   • What will be different in your community because of this work? What does success look like to you? How will this work empower the community?

6. Learning
   • How will you document successes, milestones, and lesson learned towards achieving your goals?
   • How will you collect and use this information to improve your process or the overall impact of your project?

7. Lasting impact
   • What are your thoughts regarding how this work will continue to be supported after the term of this award?

Budget & Budget Justification
The project budget should indicate how the grant funds will be spent using the Partnership Program budget template. Expenditures must:
• Be fully justified, reasonable and clearly related to project goal(s);
• Reflect the activities/tasks listed in the proposal; and
• Explain the sources and amounts of any cash-matching funds, if available.
Funds may not be used for:
• General overhead expenses, i.e., General administrative support, office space, and cost-allocations for expenses not directly related to the project
• Indirect costs, such as high-level human resource, executive, and finance personnel
• Lobbying
• Pre-award or proposal costs
• Projects outside the state of Wisconsin
• Taking the place of, or replacing existing available funds (e.g. supplanting)

Please see the link for comprehensive information on allowable and unallowable grant expenses: http://www.med.wisc.edu/files/smph/docs/community_public_health/partnership/wpp-allowable-not-allowable-expenses.pdf

REVIEW PROCESS
Initial review. Reviewers (who include university and community member representation) will review applications and score based on stated criteria. We may request additional information at this stage. All applicants will receive de-identified reviewer feedback.

OAC review. Highest scored applications will advance to the Oversight and Advisory Committee, which then makes the final decision. Staff notifies the applicant organization.

Estimated time from application to decision = approximately 6 months.

REVIEW CRITERIA
When reviewing the applications, reviewers will take into consideration:
1. Does the proposed idea address a health equity need that is not currently or effectively addressed? Does the applicant convincingly describe that equity gap and their thoughts about why it exists?
2. Does the proposed idea illustrate evidence of being able to fill that health equity gap?
3. Is the plan thoughtful, realistic and does it engage a project team that is suited well to the proposed work?
4. Is there strong evidence of community engagement? Are community voices part of the proposal?

PRE-AWARD OVERVIEW
By applying to the Wisconsin Partnership Program, applicants agree and consent, without reservation, substitution or limitation, to each of the following:
• Proposal submission requirements, rules, procedures and specifications identified in this announcement, including all appendices and application forms
• Review process, evaluation criteria, scoring and project budget described in this request for partnerships
• The Oversight and Advisory Committee’s sole, unrestricted right to reject any or all proposals submitted in response to this request for partnerships
• Supplanting prohibition as dictated by the order of the commissioner of insurance and as identified on the non-supplanting questionnaire
POST-AWARD OVERVIEW

The Partnership Program will negotiate the terms of each grant with successful applicants, enter into contractual agreements, and confirm submission of required documents prior to reimbursement of funds. Successful applicants will participate in project and fiscal monitoring activities as defined and delineated in a memorandum of understanding. The Oversight and Advisory Committee reserves the right to establish award amounts and to authorize budget items, program goals, and other terms of the proposal prior to entering into an agreement. Award recipients may make justifiable modifications in the approved budget or work plan only through prior consultation with and written pre-approval of Wisconsin Partnership Program staff.

ADDITIONAL ITEMS – POST-AWARD

Compliance with rules and regulations

The recipient agrees to comply with all federal, state and local rules, guidelines and regulations applicable to this agreement. The recipient also agrees to comply with all applicable University of Wisconsin System Board of Regents and University of Wisconsin-Madison policies and procedures. In addition, the recipient agrees to obtain the necessary approvals, including, but not limited to those noted below.

The recipient agrees to abide to the terms and conditions of the Wisconsin Partnership Program, as defined by the application process for which the recipient’s scope of work was submitted.

A. Supplanting

Funds received may not be used to supplant other funds available to the recipient. The recipient has been informed of this requirement and completed the non-supplanting questionnaire. In order to maintain continued assurance that supplanting has not occurred, the recipient must complete the non-supplanting attestation included on the financial status report. The recipient must also complete the non-supplanting questionnaire on an annual basis. If, at any time, the Wisconsin Partnership Program becomes aware of supplanting by the recipient, funding for the project will be terminated. Supplanting violations will result in termination of future funds and may result in recoupment of monies provided under this grant award.

B. Health insurance portability and accountability act (HIPAA) compliance

This project may involve information that falls under the federal HIPAA privacy rules, a set of federal regulations protecting the privacy of an individual’s health information used in clinical practice, research and operation of health care facilities.

The recipient shall agree to use and disclose protected health information in compliance with the standards for privacy of individually identifiable health information (“privacy rule”) (45 c.F.R. Parts 160 and 164) under HIPAA. The definitions set forth in the privacy rule are incorporated by reference into this agreement (45 c.F.R. §§ 160.103 And 164.501). The recipient shall agree to employ appropriate administrative, technical, and physical safeguards to protect the confidentiality, integrity, and availability of the electronic protected health information it creates, receives, maintains or transmits pursuant to this agreement, in compliance with the HIPAA security rule (45 c.F.R. Part 164, subpart c).

The recipient by signing this grant agreement is certifying that it is knowledgeable and compliant with HIPAA. If the recipient does not currently comply with this requirement, the Wisconsin Partnership Program must be notified and shall provide advice regarding compliance.

C. Human subjects compliance

This project may require approval of a University of Wisconsin-Madison Institutional Review Board (IRB) or, at the discretion of a University of Wisconsin-Madison IRB, may be deferred to another institution’s IRB for human subjects compliance. All approved projects involving human subjects in research at the University of Wisconsin-Madison must be reviewed and approved or deemed exempt by a University of Wisconsin-Madison IRB before the research project begins. To ensure that research projects supported by the Wisconsin Partnership Program conform to ethical and regulatory standards governing the conduct of human subjects research, the recipient agrees to obtain approval or exemption from a University of Wisconsin-Madison IRB for any research activities that involve human subjects. The SMPH academic partner and the Wisconsin Partnership Program staff will assist in facilitating the IRB review. Documentation of the UW IRB review including the final review decision will be required before funds can be expended and/or disbursed. The recipient with the assistance of the SMPH academic partner is required to submit documentation of continued renewal approval by the IRB throughout the period of the agreement.

Intellectual property

The recipient and Wisconsin Partnership Program recognize that activities under this agreement may lead to the development of patentable and unpatentable works. Inventorship will be based on the relative contributions of the parties and in accordance with U.S. Patent law.

Trade secret and proprietary information

The Partnership Program is required to operate in accordance with Wisconsin’s open meetings and public records laws. Under the public records law, applications or certain portions of them may be considered public records subject to release upon request. Applicants should identify and request confidentiality for any trade secrets and/or proprietary information in their applications.
**DEFINITIONS**

The following definitions used by the World Health Organization and the National Association of City and County Health Officers capture our work and approach well.

**Health** is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

**Health disparities** are population-based differences in health outcomes (e.g., Women have more breast cancer than men do). Although the term “disparities” is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual’s ability to achieve good health.

**Health equity**: equity in health is the absence of disparities in health, or in the major social determinants of health between groups with different levels of underlying social advantage/disadvantage. Inequities in health put groups of people who are already socially disadvantaged at further disadvantage with respect to their health; which is essential to wellbeing and to overcoming other effects of social disadvantage. Health equity can be achieved when every person has the opportunity to “attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health equity can be achieved by addressing social determinants of health and social determinants of health inequity or structural determinants.

**Health improvement** is defined in two ways: improving health and well-being indicators, quality of life, and reducing health disparities. Progress will be determined through effective policies, interventions and practices over the short-term, through improvements in health care, health behaviors, physical environment, social determinants of health, and social determinants of health inequity over the intermediate term, and measurable changes in health and well-being outcomes and reduction in disparities over the long-term.

**Health inequities** are differences in health status between more socially advantaged and less socially advantaged groups, caused by systematic differences in social conditions and processes that effectively determine health; health inequities are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.

**Social determinants** of health: the circumstances in which people are born, grow, live, work, and age and the wider set of forces and systems shaping the conditions of daily life (including economics; social policies such as education and housing; and politics including power and decision-making) that effectively enhance or impede access to opportunities for health, based on social hierarchies of advantage and disadvantage (e.g., Race/ethnicity, class, gender).

[http://www.who.int/social_determinants/corner/SDHDP2.pdf](http://www.who.int/social_determinants/corner/SDHDP2.pdf)

The Commission on Social Determinants of Health conceptual framework (World Health Organization)

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**CONTACT**

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