COMMUNITY COLLABORATION
GRANTS PROGRAM
Growing Community Capacity To Improve Health Equity
Request for Partnerships (RfP)
June 2017
DESCRIPTION AND GOALS
Through the new Community Collaboration Grant, the Wisconsin Partnership Program will provide organizations with training and technical assistance to address health inequities stemming from the social determinants of health (e.g., income, employment, education, access to healthy food, housing).

To be considered eligible for this award program, organizations must have limited access to resources and face high health equity needs in their community. Grantees will receive support as they strengthen and expand their current assets and partnerships, use information to develop community-driven plans, and take action towards local policy, systems and environmental change.

The overarching goals of the Wisconsin Partnership Program through this grant program are to

• advance health equity by
• collaboratively enhancing capacity, and
• increasing and strengthening partnerships

By providing:
• training
• technical assistance
• funding

for local ability to affect policy, systems and environmental change to improve the social determinants of health.

GRANT BACKGROUND
Many complex health issues are rooted in structural and systems-driven 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 through a commitment to supporting organizations and communities that would like to address these inequities in partnership with those most affected. Much work is done every day by community members and within organizations without sufficient support to build and strengthen infrastructure for sustainability. The Partnership Program recognizes the power that local communities bring to address inequities, starting from the assets and lived experiences communities bring to this work.

We are piloting this grant program in 2017-2018 in response to feedback from the Partnership Program’s 2016 Advancing Health Equity conference, discussions with many community-based stakeholders across the state, research on successful models used by other funders nationally, and evaluation data from past Partnership Program grantees. Through this grant program, we hope to work with grantees to refine a model where we collaboratively learn how to effectively impact the social determinants of health and health inequities.
**AWARD AMOUNT**
The maximum award for this grant is $300,000, to be spent over four-years. The Partnership Program anticipates making up to four awards in 2017-2018.

**ELIGIBILITY**
This grant program brings the resources of the university to communities statewide by connecting grantees with potential academic partners, programs and resources.

Eligibility requirements for the Community Collaboration Grants Program reflect our commitment to supporting communities with significant need.

The Community Lead Organization must:

- Be either a Wisconsin-based, nonprofit, tax exempt, 501(c)(3) organization, tribe or government entity. Foundations are not eligible to apply.
- Demonstrate **limited access to resources** related to a **health equity focus** area identified or prioritized by the community.

**Limited access to resources:** rationale could include lack of foundation, funder, corporate sponsor, or government support; low number of non-profit, non-governmental organizations; lower property tax base or other socioeconomic indicators; a history of systemic marginalization; limited access to educational opportunities, employment opportunities, or health related services within the community.

**Health equity focus:** rationale could highlight inequitable health outcomes and/or the social, cultural, economic, or physical community conditions that drive inequitable health outcomes; negative health outcomes experienced by a community bound by geographic location, race, class, ethnicity, gender, sexual orientation, or other physical, cultural or social characteristics.

The community health equity focus should be supported by data (quantitative or qualitative). Examples of data sources include, but are not limited to: County Health Rankings, Survey of the Health of Wisconsin, Making Wisconsin the Healthiest State, community health needs assessments, community health improvement plans, census data, local surveys or focus groups, systematically collected qualitative data, special reporting that directly addresses equity issues (e.g., “Race to Equity” report or local equity profile).

- Identify key **partnerships** in the community; groups, organizations or institutions that could be collaborating on this work.
- Be **willing and able to commit time** to relationship and partnership building, listening, co-creating knowledge, asset-based community development, training, capacity building and technical assistance activities.

**GRANTEE TRAINING AND ASSISTANCE**
Throughout the four-year grant period, the Partnership Program will ensure grantees receive:

- **Training** on topics such as evaluation, partnership building, leading and managing teams and collaborations, asset mapping, gap analysis, advocacy, social determinants of health, authentic community engagement, health equity and developing outcomes-based initiatives.
- **Technical assistance** and tailored support to implement actions from training topics, connections to relevant resources, and guidance in developing and refining project vision, goals and scope.
- **Peer learning opportunities** and networking during the in-person events and webinars.

Grantees and key partners (up to 5 participants, as appropriate) will participate in:

- Two Madison-based retreats per year
- Two site visits per year
- Webinars, phone conferences and other correspondence as needed.

**Phase 1 (up to 1 year) – Learn & Prepare**
The Partnership Program staff will dedicate time to understanding local/community assets and opportunities to grow capacity. Grantees will focus on building technical skills, nurturing leadership, and strengthening connections with one another, the Partnership Program, and other organizations working within their community.

**Phase 2 (up to 1 year) – Plan & Strategize**
Grantees will continue capacity-building activities, tailored technical assistance, and will develop action plans (and associated budgets) to address health inequities in their communities. Plans will focus on upstream drivers of health in the identified health equity focus area and be tailored to local circumstances.

**Phase 3 (2-3 years) – Implement & Evaluate**
Grantees will begin implementation of work outlined during phase 2, conducting process evaluation and tracking movement towards outcomes. Training and technical assistance will continue.
HOW TO APPLY
The application process is completed online and consists of three steps.

Step 1: Letter of Interest
The online application will ask applicants to submit the following information:

✓ Project title and summary statement
✓ Community lead organization information:
  • Current fiscal year operating budget
  • Number of current paid staff and full-time equivalent
✓ Primary health focus
✓ Primary community focus
✓ Letter of Interest (upload into database; 300 words maximum per section)

• Community Lead Organization: Please describe your organization’s work, including how long you have had a presence with your community and your key achievements including any activities designed to improve health equity.
• Community: Please describe how you are defining your “community” including your community’s strengths, assets, needs, and opportunities.
• Health Equity Focus: Please describe the health equity focus you intend to address, including the populations most impacted. Please share any data or applicable information that speaks to disparities in health outcomes.
• Partnerships: Please describe the people or organizations who are crucial partners in this work and your history of working together. Describe any new partnerships you would like to develop through this grant.
• Access to Resources: Please describe the resources you have available to you and barriers to accessing resources.

✓ Board of Directors (if applicable)
✓ IRS determination letter (upload to database)

Step 2: Full Proposal
Applicants who are eligible and have strong alignment with the goals of this program will be invited to move on to Step 2.

The online application includes the following six components:

✓ Narrative

Note: Reviewers will have access to your Letter of Interest (LOI), so there is no need to repeat what you already shared. This section is an opportunity to provide additional detail. Be sure to address each question below; each section is limited to 500 words.

A. Community Lead Organization
In Letter of Interest, you briefly described your organization. We would like to hear more about your readiness to engage in training and technical assistance and how you can make the most of this opportunity. Why do you think you are a good fit for this model of funding and technical assistance? In what ways would you like to build organizational, collaborative, or community ability to create change through this opportunity? What assets, existing resources, or support systems do you hope to build on?

B. Community
We would like to know more about your relationship with the community. Please include how those populations most impacted by the health focus will be part of, represented, or engaged in this effort. Applicants can demonstrate engagement through board membership (history of and current community representation); current organizational leadership with strong ties to the community; and/or other examples of past or ongoing community engagement.

C. Partnerships
We would like to hear a little bit more about the nature of the partnerships you have in your community within and beyond the initial partnerships you identified. Who are the various stakeholders in the community and how would you like to engage them? Who is already working on the health focus area you’ve defined and what is your relationship to them?

D. Health Equity Focus
You identified your primary health focus area. How are these issues currently being addressed and what do you see as gaps in addressing them?

E. Goals
We would like to understand more about what you hope to change, what you need to make that change, and what you need to sustain change. What are your long-term goals for your organizations’ impact on health and health equity in your community?

✓ Brief biographies (1-2 paragraph) for key personnel that will participate in grant activities (up to 5 key personnel; can be from multiple organizations)
Community Collaboration Grant

**Budget and Budget Justification**

The costs of training and technical assistance will be incurred solely by the Partnership Program. However, we recognize that each organization involved will need time and space to participate in this initiative. Therefore, we are asking applicants to budget for staff time, travel, and supplies, and other expenses not exceeding $300,000 over the four year grant period. A draft budget should be uploaded using the Partnership Program budget template.

Requests should be made by expense type (salary, fringe benefits, travel/services, and supplies/other expenses). Please note that the Partnership Program operates under a cost reimbursement model. Expenditures must:

- Be fully justified, reasonable and clearly related to supporting the goals of this grant program;
- Reflect the activities/tasks listed in the proposal and capacity building needs identified; and
- Explain the sources and amounts of any cash-matching funds (note: matching funds are not required)

**Funds may be used for grant-related costs such as:**

- Personnel expenses, i.e., salaries and benefits
- Salary support for academic partners
- Consultant and contract services
- Travel
- Language Translation Services
- Office supplies directly related to the scope of work

**Funds may not be used for:**

- Clinical services related to treatment or follow-up for specific health conditions; however, clinical services that involve screening and education, or mobilizing resources to promote health care access may be funded.
- 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 human resource, executive, and finance personnel
- Lobbying
- Pre-award or proposal costs

- Capital expenditures costing $5,000 or more with a useful life of two (2) years or more; exceptions may be made for capital expenditures if such equipment is crucial to the primary objectives of the project; Wisconsin Partnership Program pre-approval is required.
- Projects outside the state of Wisconsin
- Taking the place of or replacing existing available funds (e.g. supplanting)


**Budget Justification:** A budget justification narrative is required for purposes of describing in detail the major budget line items. The narrative should provide the specifics of why an expense is necessary. Please describe how you arrived at your total for each category.

- Financial statements
- Non-supplanting form
- Letters of Support

Relationships, collaboration, and building collective capacity are central to this grant program. To this end, we ask that applicants submit a *minimum of three letters of support* from organizations, individuals, or community leaders that speak to applicant’s expertise, ability to work with others, understanding of the community and issues, and commitment to this effort.

At least one letter should reflect support directly from a community member impacted by the inequity you’ve identified or who has engaged with your organization or an organizational partner that works with this impacted community as constituents.

Letters should be submitted by the individual or organization **directly to the Partnership Program** (email to the Wisconsin Partnership Program, wpp@hsic.wisc.edu or mail to 750 Highland Ave, 4210 Health Sciences Learning Center, Madison, WI 53705). No template letters please.

Full proposal review scores will be averaged and the highest scored applications will be advanced to the Oversight and Advisory Committee for discussion and a vote (Step 3).

**Step 3: Discussion and Vote by the Oversight and Advisory Committee**

The program officer for this grant program will present the highest scored applications to the Oversight and Advisory Committee for discussion and a vote.
**REVIEW PROCESS**
Partnership Program staff will provide technical review at each step of the process to ensure that all requirements have been met.

The following criteria will be used to evaluate applications.

**Letter of Interest**
Did the applicant:
- Explain key achievements that illustrate the organization’s commitment to the community and overall effectiveness?
- Clearly and effectively describe their organization and key partners; health equity focus and populations most impacted; current capacity, assets, and needs?
- Make a clear and compelling case for their need for training and technical assistance to enhance their ability to address the health equity needs of the community?

**Letter of Interest Review Process**
1. Content Review: Reviewers including UW faculty/staff and community representatives will evaluate and score the Letters of Interest based on the above-mentioned criteria. All applicants will receive de-identified reviewer feedback.
2. Scoring: Content review scores will be averaged and the highest scored applications will be advanced to the Oversight and Advisory Committee for discussion and award decisions (Step 3).

**Full Proposal**
Does this proposal illustrate:

**Need**
- The compelling nature of the selected health equity focus?
- A clear articulation of a community experiencing inequity (through definition of community and through data)?
- An applicant organization for which increased capacity is the primary barrier to achieving impact?

**Readiness**
- The potential or readiness of the organization to engage with the Partnership Program in training, technical assistance, and capacity building work that the grantee would use to make the most of what the community already has?
- The presence of or potential to strengthen authentic collaboration with the community and thoughtful identification and engagement of those most impacted?

**Full Proposal Review Process**
1. Content Review: Reviewers will include UW faculty/staff and community representatives who will review and score the content of the full proposal. Applicants will receive de-identified reviewer feedback.
2. Scoring: Content review scores will be averaged and the highest scored applications will be advanced to the Oversight and Advisory Committee for discussion and award decisions (Step 3).

**Additional considerations**
We seek a final cohort of grantees reflective of diversity in size of community, demographics of community served, geographic area, and/or type of challenge identified.

The Oversight and Advisory Committee will make final award determinations in February 2018 and grantees will be notified soon thereafter. The committee’s decisions cannot be appealed.

**KEY DATES AND DEADLINES**

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<tr>
<th>Step</th>
<th>Description</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Letter of Interest Due</td>
<td>August 14, 2017</td>
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<td>2</td>
<td>Full Proposal Due</td>
<td>December 4, 2017</td>
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<td>3</td>
<td>Final decision by the Partnership Program Oversight and Advisory Committee</td>
<td>Mid-February 2018</td>
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<td>Notification of awards</td>
<td>Mid-February 2018</td>
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<td></td>
<td>Earliest start date</td>
<td>Second quarter 2018</td>
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<td>New grantee orientation</td>
<td>April or May 2018</td>
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**ADDITIONAL INFORMATION**

**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, and scoring 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**
Continued funding beyond March 2019 will depend on award progress and approval of the Partnership Program’s 2019-2024 Five-Year Plan. 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. The Partnership Program may request responses to a limited number of evaluation requests for project results and outcomes information up to five years after the grant period ends.

**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 the 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 AND RESOURCES

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.

**Assets**: Community assets can be used to improve quality of life. They are resources that currently exist in the community and can be used to help meet community needs. Community assets include organizations, people, partnerships, facilities, funding, policies, regulations, and a community’s collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

**Community Engagement**: The Centers for Disease Control and Prevention (CDC) defines community engagement as “the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being.”

**Health** is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is created in the community through social, economic and environmental factors as well as individual behaviors and biology.

**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 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** are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

RESOURCES

- County Health Rankings
- What Works? Policies and Programs to Improve Wisconsin’s Health
- [http://whatworksforhealth.wisc.edu](http://whatworksforhealth.wisc.edu)
- UW Population Health Institute: Making Wisconsin the Healthiest State
- Asset Limited, Income Constrained, Employed (ALICE) Report - Wisconsin
- GetFacts – Wisconsin’s Demographic Data and Visualization Portal
- The Community Guide
- Public Health Framework for Reducing Health Inequities

Contact

For more information or assistance please contact:

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