COMMUNITY IMPACT GRANTS PROGRAM
REQUEST FOR PARTNERSHIPS (RfP)

MAY 2015
COMMUNITY IMPACT GRANTS PROGRAM

REQUEST for PARTNERSHIPS (RfP)

I. GOAL

The overarching goal of this grant program is to improve the overall health, health equity and well-being of Wisconsin communities through support for large-scale, evidence-based, community-academic partnership initiatives. These partnerships require substantial community engagement to achieve sustained policy, system and environmental change, and must be supported by robust evaluation and effective dissemination. The Wisconsin Partnership Program (WPP) staff will provide technical assistance and training to promote program excellence and long-term sustainability in pursuit of achieving health impact.

II. BACKGROUND

The Partnership Program’s Oversight and Advisory Committee (OAC) has funded important and impactful work over the past decade; some programs that started as small development grants are now being implemented as statewide and national public health initiatives.

Learning from those WPP-funded programs that have successfully led to policy, system and environmental change—we know that being more strategic with our grant-making, and requiring community-academic partnerships to come to the table with more developed ideas, collaborations and capacity, will offer a greater chance of positive and sustained impact on health, well-being, and health equity.

The Partnership Program’s experiences working with community grantees, as well as those of other funders across the country, have informed the design of this Community Impact Grants Program.

III. AWARD

Each award is for a maximum of $1 million over a period of up to five years. The OAC anticipates making up to three awards per year. All awards will be re-evaluated during year three and funding in years four and five will depend on award progress and approval of the Partnership Program’s 2020-2025 Five-Year Plan.

IV. ELIGIBILITY

Eligibility requirements for the Community Impact Grants Program reflect the OAC’s focus on funding projects with significant potential for impact. Please see the Additional Information section for explanations and further detail.

Community Partners must:

- Be Wisconsin-based, nonprofit, tax exempt, 501(c)(3) organizations or government entities.
- Have an established community-academic partnership.
A partnership in which the community and academic partners have worked together on grants, quality improvement initiatives, publications, and/or other programming such that trust and mutual understanding have already been established.

- Actively **participate in an existing coalition or network** that is committed to helping advance the goals of the proposed initiative.
  - Research suggests collaboration and support from coalitions—multi-sector stakeholder groups usually organized around a specific broadly defined goal—may enhance dissemination and high-quality implementation of evidence-based practices by providing support and gaining buy-in from key community stakeholders. Applicants can demonstrate this connection by illustrating membership with a coalition/network, letters of commitment from the network/coalition explaining the dissemination role they will play, etc.

- Have the **financial capacity** to oversee and manage the project. For this RfP we are defining “financial capacity” as operating a current annual budget of $500,000 or more.
  - Over a decade of grant-making experience has illustrated the significant demands that a lead community organization takes on with regard to management and oversight of a large implementation grant; therefore, we are limiting eligibility for the lead community applicant for this specific RfP to organizations with annual budgets equal to or greater than $500,000.

While many organizations that engage in public health/well-being and health equity efforts may not meet the “lead community applicant” eligibility criteria for this specific funding mechanism, they may still participate in the proposed work as partners and collaborators.

Organizations that do not meet this eligibility criterion to act as lead applicants but that play an important and specific role can receive funding via a contract with the grantee organization. Opportunities for involvement in proposed Community Impact Grant initiatives might include:

- Training provision for specific skill development
- Data gathering
- Participant recruitment
- Outreach activities based on strong community understanding and connection
- Consultation regarding organizational areas of expertise vital to the overall initiative

**Academic Partners must meet one of the following criterion:**

- UW School of Medicine and Public Health tenure-track, Clinical/Health Sciences (CHS) or clinician-teacher faculty
- UW-Madison academic staff or emeritus professor with approval of a department chair or center director, and have or acquire Principal Investigator (PI) status
- Other UW System faculty, including UW Extension, with Principal Investigator (PI) status with an institutional IRB of record.
V. KEY DATES AND DEADLINES

<table>
<thead>
<tr>
<th>Request for Partnerships released</th>
<th>May 26, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance available <em>(see below for more info)</em></td>
<td>June-July 2015</td>
</tr>
<tr>
<td><strong>Stage 1:</strong> Initial proposal due</td>
<td><strong>July 28, 2015</strong></td>
</tr>
<tr>
<td><em>Invitation to next stage</em></td>
<td>August 25, 2015</td>
</tr>
<tr>
<td><strong>Stage 2:</strong> In-person presentation to the OAC</td>
<td><strong>September 16, 2015</strong></td>
</tr>
<tr>
<td><em>Invitation to the final stage</em></td>
<td>September 21, 2015</td>
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<tr>
<td><strong>Stage 3:</strong> Final proposal / detailed work plan due</td>
<td><strong>October 12, 2015</strong></td>
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<tr>
<td>Final decision by the OAC</td>
<td>November 18, 2015</td>
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<tr>
<td><em>Notification of awards</em></td>
<td><strong>November 19, 2015</strong></td>
</tr>
<tr>
<td>New grantee orientation</td>
<td>December 2015</td>
</tr>
<tr>
<td>Earliest project start date</td>
<td>March 2016</td>
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VI. SUBMISSION GUIDELINES & DEFINITIONS

WPP has created a detailed Additional Information section intended to help potential applicants determine if a proposed initiative fits the goals of this funding mechanism. All potential applicants should review this section before considering a submission.

VII. TECHNICAL ASSISTANCE OVERVIEW*

The Partnership Program recognizes that applicants may need technical assistance to support their application. The following technical assistance, provided by WPP and Healthy Wisconsin Leadership Institute staff, will be made available to applicants at the various stages of the application process.

<table>
<thead>
<tr>
<th>Stage of Application Process</th>
<th>Technical Assistance Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning May 26, 2015</td>
<td>To help ensure that applications meet the requirements of the RfP, potential applicants should review the Additional Information section for details regarding the intent of this funding mechanism.</td>
</tr>
</tbody>
</table>

In preparation for a Stage 1 Online Proposal (Due July 28)
<table>
<thead>
<tr>
<th>June 1 through July 20</th>
<th>Potential applicants must participate in an in-person or online consultation with a Partnership Program staff member to review project goals and the components of the Stage 1 proposal. A link to the online application will be provided after this consult.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In preparation for Stage 2 OAC Presentation (Invitation only, on September 16)</strong></td>
<td></td>
</tr>
<tr>
<td>August 25 through September 7</td>
<td>Applicants invited to present to the OAC are required to work with WPP and Healthy Wisconsin Leadership Institute staff in preparation for their presentations to the OAC membership.</td>
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<tr>
<td><strong>In preparation for Stage 3 Final Proposal (Invitation only, due October 12)</strong></td>
<td></td>
</tr>
<tr>
<td>September 21 through October 5</td>
<td>Applicants invited to submit a full proposal / work plan are required to meet with WPP and Healthy Wisconsin Leadership Institute staff to develop the final proposal and work plan.</td>
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</tbody>
</table>

**VIII. STAGE 1 PROPOSAL – Due July 28, 2015**

Potential applicants must participate in an in-person or online consultation with a WPP program officer before submitting the online Stage 1 proposal. Please email Senior Program Officer Andrea Dearlove (adearlove@wisc.edu) to schedule this consultation. The Stage 1 proposal is competitive and will be scored to determine which applicants will be invited to the next stage of the process. A link to the online proposal will be provided after this consultation.

The online application will ask applicants to submit the following information:

- Project Title
- Community organization information
- Academic partner information
- Primary health/well-being focus
- Primary geographic focus
- Primary community served
- Projected budget and timeline
- Bio-sketches and resumes
Please respond to the following questions:

1. What are the specific aims of your proposed initiative?

2. What evidence can you provide that this is a priority for the targeted community?

3. What is the population need for your intervention and the likely reach of your proposed initiative given this level of need?

4. What is the evidence-base that supports your approach to the proposed initiative?

5. What is the community organization’s capacity to achieve programmatic goals? Please address the following components of capacity in your response:
   - organizational mission and alignment of mission with the proposed initiative
   - previous work and accomplishments related to the proposed work
   - staff resources available for this initiative
   - organizational annual budget

6. Large-scale efforts to improve health, well-being and health equity cannot be addressed by one organization acting independently. Meaningful engagement of community-based organizations and academic partners is vital to ensuring a more holistic approach, each bringing its own expertise and constituency to the table. To this end, who are the community-based and academic partners involved in this effort and what role will each play? Please include letters of commitment from community-based and academic partners that describes their role in the proposed initiative and why they are committed to this work.

7. How will you define impact? Will you be directly measuring health and well-being improvement (e.g., health indicators, quality of life, reducing health disparities) or will you be measuring policy, system and environmental change? If you are measuring policy, system and environmental (PSE) change, what evidence do you have that PSE change will lead to positive impact on health and well-being?

8. Research of evidence-based initiatives has shown that the following components contribute significantly to success and sustainability. Please describe how your initiative will address, build and/or capitalize on each of the following components:
   - Communications infrastructure. How does/will your team communicate internally and with constituents to ensure transparency and collaboration? This can involve a dedicated website, a “box” account, “apps” that allow partners to connect via social networking, a consistent meeting schedule involving all team partners.
   - Connection to a coalition or network with shared goals. Describe your team’s relationship/connection to a coalition or network whose specific role will be to disseminate/scale up lessons learned?
   - Evaluation. What resources will you deploy to ensure consistent and effective program evaluation?
Stage 1 Proposal Review

1. **Technical Review:** WPP staff will review each Stage 1 proposal to ensure that all requirements have been met. Proposals that do not comply with the submission requirements will not be considered for the next stage of the process.

2. **Content Review:** A committee that includes OAC members, faculty, and community representatives with proposal-related expertise will review the content of the Stage 1 proposal to determine if the proposed initiative meets the criteria to move to the next stage of the application process. Applicants will receive their scores and reviewer critiques.

3. **Scoring:** Content review scores will be averaged and the highest scored will advance to Stage 2 of the application process—the presentation to OAC.

The following criteria will be used to score and evaluate Stage 1 proposals:

- Clarity of purpose and description of goals
- Viable approach to policy, system and environmental change and impact on health/well-being/equity
- Feasibility of the community-academic partnership to achieve aims of initiative
- Evidence of robust partnerships (community-academic, community-community partners, community-network)
- Potential for public health/well-being/equity impact
- Potential for sustainability

IX. **STAGE 2 IN-PERSON PRESENTATION TO THE OAC (By invitation only, September 16, 2015)**

On or before August 25th applicants chosen to move to Stage 2 will be notified and scheduled to make a presentation to the Oversight and Advisory Committee (OAC) at their September 16th, 2015 meeting. This presentation will allow applicants to describe their proposed project, respond to Stage 1 review comments, and interact with the OAC members. Each presentation will be approximately 30 minutes (15 to present and 15 to answer questions). WPP staff will provide a presentation template and questions in advance. No exceptions to this presentation date will be made.

**Stage 2 Presentation Review**

Each OAC member will score presentations based on applicant’s ability to:

- Clearly and succinctly describe aims of proposal and implications for health, well-being and health equity
- Answer the question: “Why should this effort be funded by the Wisconsin Partnership Program?”
- Provide evidence and representation of robust partnerships with well-defined roles and responsibilities
• Provide a realistic budget and timeframe
• Describe a viable approach to policy, system and environmental change and impact
• Illustrate the feasibility of achieving the initiative’s aims
• Explain the potential for sustainability
• Respond to committee questions

Committee member review scores will be averaged and the highest scored will be chosen to move to
Stage 3 of the application process – the final proposal.

X. STAGE 3 FINAL PROPOSAL & WORK PLAN (By invitation only, due October 12, 2015)

On or before September 21st applicants will be notified if they have been chosen to move to the final
proposal stage. Those moving to this stage will be required to work with WPP and Healthy Wisconsin
Leadership Institute staff in submitting:

• Executive summary
• Logic model
• Detailed work plan
• Evaluation plan
• Detailed budget
• Non-supplanting questionnaire
• Financial statements
• IRS determination letter
• Human subjects approval plans

The OAC will make final award determinations on November 18th, 2015 and grantees will be notified
soon thereafter. The committee’s decisions cannot be appealed.

XI. BUDGET GUIDELINES

The project budget should clearly indicate how the grant funds will be spent. Requests should be made
by expense type (salary, fringe benefits, travel, supplies, etc.). Provide sufficient detail for individuals
unfamiliar with the project so they can accurately review the proposal. 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 cost sharing funds, either in-kind or cash match.

Funds may be used for project-related costs such as:

• Personnel expenses, such as salaries and benefits
• Salary support for academic partners
• Consultant and contract services
• Travel

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
• Lobbying
• 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 approval is required.
• Projects outside the state of Wisconsin
• Supplanting

For additional information please see Wisconsin Partnership Program Policy on Allowable and Non-Allowable Grant Expenses (http://www.med.wisc.edu/files/smph/docs/community_public_health/partnership/wpp-allowable-not-allowable-expenses.pdf)

Budget Justification: A budget justification narrative is required for purposes of describing in detail the major budget line items: salary, fringe benefits, travel, equipment, supplies, consultants/contracts and other costs. The narrative should provide the specifics of why an expense is necessary to achieve the goal(s) and objective(s) of the project.

XII. 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
XIII. POST-AWARD OVERVIEW

The Oversight and Advisory Committee (OAC) will negotiate the terms of each grant with successful applicants, enter into contractual agreements, and confirm submission of required documents prior to distribution of funds. Successful applicants will participate in project and fiscal monitoring activities as defined and delineated in a Memorandum of Understanding.

The OAC 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 approval of Wisconsin Partnership Program staff.

This funding program requires unique post-award expectations of grantees, which include:

- Working closely with a WPP program officer throughout the duration of the grant period
- Participation in tailored technical assistance and training provided by WPP and Healthy Wisconsin Leadership Institute staff that advance community grantee capacity to deepen community engagement and impact health, well-being, and health equity. Technical assistance will be responsive to five key areas:
  - System-level change
  - Sustained change
  - Evaluation
  - Dissemination
  - Collective Impact
- Presentations to the OAC every 12-18 months to share progress
ADDITIONAL INFORMATION FOR SUBMISSION

1. **Question:** We are a past recipient of a WPP Community Academic Partnership Fund (CAPF) Development Grant and were hoping to move to the Implementation Grant stage. Does this RfP take the place of the CAPF Implementation Grants?

   **Answer:** The Community Impact Grant RfP is not the same mechanism as the previous Community Academic Partnership Fund Implementation Grants and the requirements are different from those released in the past. In particular, this specific RfP asks that applicants meet new eligibility criteria (such as those described in Question #2) and commit to a different application process.

   If after reviewing the questions included in this section you feel that your implementation project is a good fit, please contact Senior Program Officer Andrea Dearlove (adearlove@wisc.edu) to discuss your initiative in greater detail.

   Note: The Wisconsin Partnership Program, in the development of its 5-year Strategic Plan, has changed its grant-making practices and will no longer offer the “Community Academic Partnership Funds” as they have been known in the past. WPP is **fully** committed to community-academic partnerships and the implementation of effective and sustainable public health initiatives across Wisconsin. This RfP and others that may be released in the future illustrate that continued commitment with a more strategic focus on achieving impact.

2. **Question:** This RfP has eligibility requirements of applicants that past calls for proposals haven’t. Can you explain what is expected of applicants with regard to the following RfP requirements?

   **Answers:**

   a. **Established community-academic partnership.** A partnership in which the community and academic partners have worked together on grants, quality improvement initiatives, publications, and/or other programming such that trust and mutual understanding have already been established.

   b. **Financial capacity.** Annual budget of $500,000 or more. More than a decade of grant-making experience has illustrated the significant demands that a lead community organization takes on with regard to management and oversight of a large implementation grant; therefore, we are limiting eligibility for the lead community applicant **for this specific RfP** to organizations with annual budgets equal to or greater than $500,000.

   c. **Connection to an existing network or coalition** (to support dissemination). Research suggests collaboration and support from coalitions – multi-sector stakeholder groups usually organized around a specific broadly defined goal—may enhance the dissemination and high-quality implementation of evidence-based practices by providing support and gaining buy-in from key community stakeholders. Applicants can demonstrate their connection by illustrating membership, letters of commitment from the network or coalition explaining the dissemination role they will play, etc.
3. **Question**: I lead a nonprofit organization with a $300,000 annual budget and the equivalent of 5 full-time staff and was hoping to apply for WPP funds to implement a program that our community has expressed interest in. Is the Partnership Program accepting grant applications from nonprofit organizations like mine?

**Answer**: The Wisconsin Partnership Program recognizes the vital and valuable role that smaller organizations play addressing important issues of public health, well-being, and health equity. More than a decade of grant-making experience has illustrated the significant demands that a lead community organization takes on with regard to management and oversight of a large implementation grant; therefore, we are limiting eligibility for the lead community applicant for this specific RfP to organizations with annual budgets equal to or greater than $500,000.

While many organizations that engage in public health efforts may not meet the “lead community applicant” eligibility criteria for this specific funding mechanism, they may still participate in the proposed work as partners and collaborators. Organizations that play an important and specific role can receive funding via a contract with the grantee organization.

Organizations that do not meet the eligibility criteria to act as lead applicants might consider the following opportunities for involvement in health, well-being and health equity initiatives:

- Training provision for specific skill development
- Data gathering
- Participant recruitment
- Outreach activities based on strong community understanding and connection
- Consulting regarding organizational areas of expertise vital to the overall initiative

Also, please consider applying to the OAC’s Community Opportunity Grant program if your nonprofit is interested in implementing or evaluating an initiative that is highlighted in a Community Health Improvement Plan, Community Health Assessment, or other similarly-community approved plan ([http://www.med.wisc.edu/wisconsin-partnership-program/community-opportunity-grants-program/44947](http://www.med.wisc.edu/wisconsin-partnership-program/community-opportunity-grants-program/44947)). The 2015 deadline for this grant has passed but will be available again early in 2016.

4. **Question**: How do I access the online proposal for Stage 1?

**Answer**: A link to the online proposal for Stage 1 will be released by a WPP program officer after the initial consult meeting.

5. **Question**: What is the purpose of the letters of commitment from partners and what should be included in these letters?

**Answer**: Letters of commitment provide your partners with the opportunity to describe the role they will play in the overall initiative, in their own words, and reflect on the importance of the work for their constituents. These letters can be a crucial piece of an overall application.

6. **Question**: If our initiative is chosen for funding, how will the OAC decide whether or not funding will continue in years four and five?
**Answer:** The decision to continue funding in years four and five will be determined taking the following into account:

- Progress reports and financial status reports
- In-person presentation to the OAC
- Recommendation of assigned WPP program officer
- Priorities of the WPP 2020-2025 Five Year Plan

7. **Question:** Is WPP looking to fund specific health priorities? In the past, applications had to respond to one of the priorities addressed by the Healthiest Wisconsin State Health Plan.

    **Answer:** For this initial Community Impact Grant RfP, we are not asking applicants to address any specific health priority per se. Applicants will have to make the case, however, that the issue they are addressing is of interest and concern to their community stakeholders and that the community considers it a priority.

8. **Question:** How can I find out what health and well-being initiatives other organizations in my county are working on?

    **Answer:** The UW Population Health Institute has created a website dedicated to sharing information about hospitals and local health departments shared priorities for health, along with snapshots for their planned implementation strategies. This is one mechanism for finding out what other organizations are doing in your community regarding health priorities: [http://www.improvingwihealth.org/](http://www.improvingwihealth.org/)

**Other resources that may be of interest to applicants:**

- 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
- Healthy Wisconsin Leadership Institute
DEFINITIONS

- **Policy change**: The passing of laws, ordinances, resolutions, mandates, regulations, or rules

  Government bodies (federal, state, local level), schools / districts, park districts, healthcare organizations / systems, worksites and other community institutions (jails, daycare centers, senior living centers, faith institutions) all make policy change.

  Examples: Adding a tax on soda, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives, tax incentives for fresh food grocery stores, zoning ordinances for billboard restrictions, fast food densities, mixed use neighborhoods, farmers markets, land preservation, transportation policies

- **System change**: Change made to the rules, culture or operations that impact all elements of an organization, institution or system. Examples of systems include: school, transportation, and criminal justice systems.

- **Environmental change**: A change made to the physical environment. Environmental change can be simple (e.g., installing bike signage on already established bike routes) or complex (e.g., sidewalk installation to promote walking and biking).

  Example: Community development plan includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks); maintenance of foreclosed homes to maintain property values; creation of additional low income housing.

- **Evidence-base**: The best evidence that is supported by up-to-date information from relevant, valid research. Tiers of evidence (example based on What Works for Health)
  
  a. Scientifically Supported
  b. Some Evidence
  c. Expert Opinion
  d. Insufficient Evidence

- **Sustainability**: Sustainability: Long term investment and continuation of community health and well-being improvement efforts.

  Four approaches to sustainability from T. Wolff (see: Tools for Sustainability)

  1. **Institutionalization**: Initiatives are spun off to existing community institutions.
  2. **Policy Change**: Rules, regulations, laws, policies and practices, (at the organizational and community levels), are permanently altered.
  3. **Building Community Ownership**: Community-building and empowerment strategies are utilized to mobilize the community to sustain specific activities and change community norms.
  4. **Finding Resources**: Additional or continuous revenue is generated to support ongoing activities.

- **Dissemination**: the strategic distribution of information and intervention best practices
• **Implementation:** is the use of evidence-based strategies to adopt and integrate evidence-based interventions in order to change practice patterns within specific settings.

• **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, social determinants of health and the physical environment over the intermediate term, and measurable changes in health and well-being outcomes and reduction in disparities over the long-term.

• **Coalition/partnership:** A group involving multiple sectors of the community, coming together to address community needs and solve community problems. Coalitions are:
  a. Partnerships of the many sectors of community
  b. Which gather together collaboratively
  c. To solve community’s problems
  d. And guide the community’s future