LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES

2013 REQUEST FOR APPLICATIONS
COLLABORATIVE IMPLEMENTATION GRANTS

APPLICATION GUIDELINES

SEPTEMBER 20, 2013
PROGRAM OVERVIEW

For complete details, refer to specific pages or sections noted below:

PURPOSE AND COLLABORATIVE GRANT DESCRIPTION (page 5)
This funding opportunity available through the Lifecourse Initiative for Healthy Families (LIHF) of the Wisconsin Partnership Program will support multi-sector Collaboratives that have a high level of readiness to implement policy, systems and environmental change strategies to achieve the following three goals:
- Improve infant health and survival
- Improve the health status of African American women
- Eliminate racial disparities in birth outcomes
Funds will be directed towards LIHF Collaboratives in the cities of Milwaukee, Racine, Kenosha and Beloit to address key policy, systems and environmental issues identified in LIHF Community Action Plans.

ELIGIBILITY CRITERIA (page 5)
Eligible applicants are Convening Agencies able to provide administrative, financial and programmatic oversight and support for LIHF Collaboratives. Convening Agencies must meet the following criteria.
- Wisconsin-based organization
- State, tribal or local governmental agencies or publicly supported charitable organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code
- Identify specific communities and neighborhoods to be served (the primary target areas for Milwaukee-based applications are the 53205, 53206 and 53210 ZIP Codes)
- Have a history of serving the target population in identified target area(s)

FUNDING SCOPE AND DURATION (page 6)
- Up to four Collaborative Implementation Grants (multi-site applications accepted)
- Up to five-year awards with annual grant renewals based on performance goals and targets
- Develop a comprehensive sustainability plan by the end of year one. By the end of year two, and in each subsequent grant year, provide an increasing combination of cash, extramural support and cost-sharing support.
- Beginning no earlier than January 1, 2014 ending March 31, 2019
- Funding Available: up to $150,000/year (Kenosha and Beloit)
- Funding Available: up to $200,000/year (Racine)
- Funding Available: up to $300,000/year (Milwaukee)

EXPECTATIONS AND ASSURANCES (page 6)
- Maintain and manage highly effective multi-sector collaborative partnerships to address Community Action Plan priorities
- Plan and implement broad-reaching high-impact strategies that utilize policy, systems and environmental change approaches to advance the goals of the Community Action Plan
- Translate and integrate data into process improvement for the collaborative and in the selection of intervention strategies and issues
- Develop and implement collaborative sustainability plan to ensure sustained partnerships and health impacts after grant ends

APPLICATION TIMELINE (page 9)
- **September 20, 2013** Request for Applications (RfA) released
- **September-December 2013** Informational webcasts available
- **October 4 (Milwaukee) and November 1, 2013** (Beloit, Kenosha and Racine) Notice of Intent due
- **October 31 (Milwaukee) to December 30, 2013** (Beloit, Kenosha and Racine) Full application due
- **December 1, 2013** Earliest expected notification of awards
- **January 1, 2014** Earliest project start date (if received by October 31, 2013, Milwaukee only)
APPLICATION REVIEW CRITERIA
Complete application review criteria can be found in the Appendix.

HOW TO APPLY (page 9)
Proposals for this solicitation must be submitted via the WPP online system. Guidelines on how to apply are listed in this RfA.

TRAINING AND TECHNICAL ASSISTANCE
Informational webcasts will be available on the Wisconsin Partnership Program website.

Completed full proposals should be sent to the address listed below.

Mailing Address
Wisconsin Partnership Program
4230 Health Sciences Learning Center
750 Highland Avenue
Madison, WI 53705-2221

Contact Information
Main Office: (608) 265-8215
Email: wpp@hslc.wisc.edu
Main Website: http://www.wphf.med.wisc.edu

Please direct all questions or inquiries to the WPP staff:
Quinton Cotton, Program Officer, (608) 263-7870, qcotton@wisc.edu
INTRODUCTION
The University of Wisconsin School of Medicine and Public Health (UW SMPH), the Wisconsin Partnership Program and the Oversight and Advisory Committee (OAC) announce the opportunity to apply for Collaborative Implementation Grants to advance the following goals of the Lifecourse Initiative for Healthy Families (LIHF).

- Improve infant health and survival;
- Improve the health status of African American women, and;
- Eliminate racial disparities in birth outcomes

This targeted (2013) Request for Applications (RfA) supports the work of LIHF Collaboratives in Milwaukee, Racine, Kenosha and Beloit. Funds will be directed towards policy, systems and environmental change strategies that lead to improvements birth outcomes in target communities.

BACKGROUND
The Wisconsin Partnership Program (WPP): Created with funds from the conversion of Blue Cross/Blue Shield United of Wisconsin, the WPP is dedicated to improving the health and well-being of the public through investments in research, education, and community partnerships including evidence-based practices and interventions leading to lasting health impact or policy change. The WPP is guided by a Five-Year Plan that describes its purpose and grant making strategies to accomplish its mission and vision. The Five-Year Plan is available at http://www.med.wisc.edu/partnership/five-year-plan/728.

The Lifecourse Initiative for Healthy Families (LIHF): Infant mortality – and specifically, the disparities in birth outcomes between whites and nonwhites – is one of the most critical health problems facing Wisconsin. In response, the UW SMPH and the WPP established the Lifecourse Initiative to address the high incidence of African American infant mortality and morbidity in the state. The purpose of the Lifecourse Initiative is to improve community conditions that support African American women and their families to have healthy birth outcomes. The Lifecourse Initiative is a two-phase, multi-year program beginning with collaborative formation and community action planning followed by implementation and evaluation (See Appendix B).

LIHF Implementation and Evaluation Phase: This phase involves the focused implementation of a comprehensive and systems approach to addressing disparities in infant mortality, two levels of interlinked funding will be supported during the implementation and evaluation phase:

- Collaborative Implementation Grants that focus on coalition-driven policy, systems and environmental change through a competitive Request for Applications (RfA)
- Development and Implementation Project Grants that focus on evidence-based and promising practice strategies and public health programs through a competitive Request for Partnerships (RfP)

Principles: The following principles will guide the implementation and evaluation phase:

- Maximize cooperation, coordination and integration of efforts among diverse agencies and stakeholders.
- Promote shared learning and mutual respect among community and statewide partners.
- Recognize the critical voice of African American families and community members.
- Build upon or expand evidence-supported models, programs and policies.
- Integrate, support and strengthen existing efforts and community strengths.
- Create new partnerships to leverage needed resources.
- Build and sustain public and political will for action.

LIHF Regional Program Office – The WPP has established a Regional Program Office (RPO) to enhance and support the work of LIHF Collaboratives. Operated and staffed by the Center for Urban Population Health located in Milwaukee, the RPO will serve as a central resource for community-based research, data analysis, evaluation, communications and information on efforts for improving birth outcomes in southeastern Wisconsin. The Office will focus its activities on supporting the work of LIHF Collaboratives by providing training, technical assistance and consultation services to assist LIHF Collaboratives to successfully meet all grant expectations.
Alignment with State Health Plan: This initiative supports the public health goals and priorities in the State Health Plan, Healthiest Wisconsin 2020 (http://dhfs.wisconsin.gov/statehealthplan/), including the Plan’s overarching goals of improving health across the life span, and eliminating health disparities and achieving health equity.

PURPOSE AND COLLABORATIVE IMPLEMENTATION GRANT DESCRIPTION
Collaborative Implementation Grants support multi-sector Collaboratives that have a high level of readiness to implement policy, systems and environmental change strategies designed to eliminate disparities in birth outcomes. These targeted high impact grants will be primarily directed towards LIHF Collaborative strategies that address key issues identified in LIHF Community Action Plans and will result in long-term sustainable health improvements in communities. Collaborative Implementation Grants support the overarching goals of the Lifecourse Initiative.

ELIGIBILITY CRITERIA
Eligible community partners (Convening Agencies) are Wisconsin-based, IRS tax-exempt 501(c)(3) non-profit organizations and tribal or governmental organizations. Applicants must identify specific communities and neighborhoods to be served (the primary target areas for Milwaukee-based applications are within the 53205, 53206 and 53210 ZIP Codes) and have a history of providing services to the target population in identified target area(s). Minority directed organizations led by staff and boards representative of the target population are encouraged to apply.

The Convening Agency will have community credibility, skilled staff and capacity to serve as the convener for the local Collaborative(s). The convening agency is expected to facilitate an inclusive community-wide effort to advance the goals and priorities of the Lifecourse Initiative and the local Community Action Plan. The primary role of the Convening Agency is to engage and coordinate participating organizations, agencies and the community in achieving the collective goal of eliminating racial disparities in birth outcomes.

The Convening Agency serves as the coordinator of the LIHF Collaborative. The Convening Agency will support the Collaborative’s leadership structure and their efforts and is responsible for helping the Collaborative achieve short and long-term outcomes. The LIHF Collaborative will work under the established structure, policies and procedures of the Convening Agency. To ensure accountability, the leadership of the Collaborative and Convening Agency will be expected to establish operating principles that clarify roles and expectations.

A successful convening agency will have experience in the follow areas:

- Maintenance and management of multi-sector partnerships, with an emphasis on engaging partners in the health and non-health fields.
- Managing, facilitating and evaluating communication within a collaborative partnership and with external partners to promote transparency, shared understanding and ownership, and shared sense of purpose and direction using a range of communication strategies.
- Identifying and effectively working with a range of community and political leaders and community residents to build a broad base of support able to effect change and leverage resources.
- Effective engagement of community members in leadership development processes that build their capacity as well as the use of shared leadership approaches to stimulate community empowerment.
- Evaluation of collaborative efforts and the use of data to support process improvement and strategy/issue selection.
- Adoption of strategies that are culturally-tailored and responsive to the unique social conditions and identified barriers that characterize the selected target population.
- Development and implementation of a sustainability plan for a multi-sector partnership.

Successful applicants will enter into a Memorandum of Understanding and Grant Agreement with the WPP.
FUNDING SCOPE AND DURATION
The OAC will fund no more than four Collaborative Implementation Grants. Multi-site applications will be accepted. Each grant will be for up to a five-year period. Funding availability by community is listed below.

- Beloit and Kenosha, up to $150,000 per year (Maximum award amount of $750,000 over five years)
- Racine, up to $200,000 per year (Maximum award amount of $1,000,000 over five years)
- Milwaukee, up to $300,000 per year (Maximum award amount of $1,500,000 over five years)

All grantees are required to demonstrate progress on the sustainability plan developed in year one. By the end of year two, and in increasing amounts in each subsequent grant year, grantees must secure a combination of cash, extramural support and cost-sharing support. (See section on Expectations and Assurances).

A successful OAC progress review will be required for continued funding each year of the grant. This review will assess the degree to which the LIHF Collaborative has been successful in implementing key components of the approved work plan, including progress toward sustainability.

EXPECTATIONS & ASSURANCES
The OAC expects that Convening Agencies in partnership with their LIHF Collaborative(s) agree to the following list of expectations and assurances:

1. Maintain and manage highly effective multi-sector collaborative partnerships to address Community Action Plan priorities.

   A. MAINTAIN THE LIFECOURSE COLLABORATIVE
   Multi-sector partnerships through community coalition-driven strategies have been shown to reduce health disparities and improve health outcomes among racial and ethnic minority populations. Grantees are responsible for maintaining an active Lifecourse Collaborative under a shared governance model.

   Engagement of key stakeholders: Engagement of a broad range of stakeholders will be essential to the success and sustainability of the Collaborative. The composition of the Collaborative as a whole should reflect a deep understanding of the issues related to poor birth outcomes and should include individuals and organizations well positioned to contribute to successful policy, systems and environmental change strategies. Collaborative member composition should be multi-sector and include local health departments, key state and local governmental representatives, community-based organizations and agencies, African American community members, funders, health systems and providers, the faith and business communities, local LIHF project grantees and other organizations needed to advance specific priorities of the Collaborative Community Action Plan and the action agenda.

   B. ENGAGEMENT WITH LIHF PROJECT GRANTEES
   The OAC expects that each LIHF Collaborative will establish meaningful and effective partnerships with both current and future LIHF project grantees in their community. LIHF Collaboratives are responsible for the following activities:
   - Provide information and training to LIHF project grantees on the Lifecourse perspective, the social determinants of health and health disparities
   - Provide an in-depth orientation and training on the Community Action Plan and Collaborative action agenda
   - Serve as an information and referral source for LIHF grantees
   - Support activities that increase support for intervention projects (secure additional funding, enact policy, systems and environmental change that will support and complement the individual and family level interventions implemented by project grantees, etc.)
• Provide regular updates on the progress of the Collaborative to project grantees and encourage their participation at Collaborative meetings

C. SUPPORT REGIONAL ENGAGEMENT

The OAC expects that staff and leadership from each Lifecourse Collaborative will actively participate in cross-community communication, networking, and learning activities. The OAC expects grantees and LIHF Collaboratives to work closely with the Regional Program Office and other LIHF Collaboratives. Activities may include but are not limited to participation in regional advocacy, communication, and evaluation activities.

2. Plan and implement broad-reaching high-impact strategies that utilize policy, systems and environmental change approaches to advance the goals of the Community Action Plan.

A. GUIDE COMMUNITY ACTION PLAN VISION AND STRATEGY

Community Action Plans (CAP) developed during the planning phase outline the local vision to improve health and address racial disparities in birth outcomes.

• LIHF Collaboratives are expected to educate stakeholders on the issue of infant mortality and promote the adoption of program and policy interventions outlined in local plans among collaborative member organizations and the broader community.

• On an annual basis, LIHF Collaboratives are expected to convene a community conversation on infant mortality to update local stakeholders on the work of the collaborative and progress towards achieving the overall goals and objectives outlined in local Community Action Plans.

B. ADVANCE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

LIHF Collaboratives are expected to identify and pursue policy, system and environmental change strategies that will result in sustained health improvements among African American women, their children and families. Among other considerations, collaborative work should complement individual and family level interventions implemented by LIHF project grantees in their community. To achieve this, LIHF Collaboratives will be expected to complete the following activities.

1. By the end of year one, conduct an Environmental Scan to assess systemic issues adversely impacting birth outcomes and identify policy, systems and environmental change opportunities in local communities. LIHF Collaboratives should refer to policy recommendations listed in local Community Action Plans and other existing reports that document community conditions, needs and assets, and consider the specific focus areas of existing LIHF project grants in the community.

2. By the end of year one, develop an action agenda based on findings from the Environmental Scan that specifies high-impact, population-based or place-based strategies that will be implemented. The action agenda should include the community vision for improving healthy birth outcomes, prioritized goals, objectives, milestones, advocacy strategies and the expected sustainable health impact that will result from implementation of the agenda.

3. Implement the local action agenda. LIHF Collaborative are expected to build political and community will by growing a base of stakeholders informed about the issues and positioned to be more deeply engaged in change strategies.

3. Translate and integrate data into process improvement for the Collaborative and in the selection of intervention strategies and issues.

A. MANAGE EVALUATION DATA COLLECTION AND ANALYSIS

Each Collaborative will be expected to participate in cross-site evaluation activities coordinated by the RPO and evaluation consultants. Cross-site evaluation activities are intended to support and
supplement individual Collaboratives’ efforts to monitor and improve their functioning and effectiveness, and to facilitate evaluation of the entire LIHF initiative. Collaboratives will be expected to participate in on-going evaluation activities such as submission of LIHF Collaborative Quarterly Activity Logs and regular Collaborative self-assessment surveys, as well as other cross-site evaluation activities developed by WPP and consultants in coordination with LIHF Collaborative staff (See Appendix B).

B. UTILIZE LOCAL, STATE AND NATIONAL DATA IN THE SELECTION OF STRATEGIES AND ISSUES
Collaborative activities should be informed by relevant local, state and national data, as well as local Community Action Plans. High-quality, population-level data should be used to identify populations most at-risk or most burdened, to characterize risk and protective factors related to birth outcomes in their community, and otherwise inform the selection of policy, systems and environmental change strategies and issues.

In addition to utilizing publicly-available data sources such as Wisconsin Division of Public Health’s Wisconsin Interactive Statistics on Health (WISH) (www.dhs.wisconsin.gov/wish/) and the County Health Rankings and Roadmaps program (www.countyhealthrankings.org), Collaboratives should also be involved with and utilize information from two key data sources:

- **WISCONSIN DIVISION OF PUBLIC HEALTH (DPH), PREGNANCY RISK ASSESSMENT MONITORING SYSTEM:**
The WPP is partnering with DPH at the Wisconsin Department of Health Services (DHS) to support the implementation of the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a survey that gathers information on the experiences of mothers before, during, and after a pregnancy. The OAC expects that each Collaborative will support outreach activities of the PRAMS Survey, and utilize PRAMS data in the selection of issue and strategies. Please visit the PRAMS web site at http://www.dhs.wisconsin.gov/births/prams/ for further information.

- **FETAL AND INFANT MORTALITY REVIEW**
Fetal and Infant Mortality Review (FIMR) is a community-based process for reviewing the circumstances surrounding infant and fetal deaths in a community, with the goal of developing policy and other recommendations related to preventing future deaths. While they are various stages of development, a FIMR team is active in each of the four LIHF communities. Collaboratives should regularly review data and recommendations developed by their local FIMR team as it becomes available, as well as connect with and explore how staff and/or leaders of the Collaborative can participate in their local FIMR team.

4. Develop and implement Collaborative sustainability plan to ensure sustained partnerships and health impacts after grant ends

A. IMPLEMENT SUSTAINABILITY PLAN
Social research shows that community collaborations require sustained resource commitments to be effective in the long term, and that funding diversity is a key predictor of sustained success. Sustainability refers to the collaborative capacity to support and maintain activities over time. This may include Collaborative continuation or sustained policies, activities and programs resulting from the Collaborative’s work.

The OAC expects that each LIHF Collaborative will develop a comprehensive sustainability plan by the end of the first grant year. A comprehensive plan will enable a Collaborative to diversify or expand the scope of its policy strategy goals, funding, and membership. Implementation of the plan may require a review of objectives, activities, resource development, as well as connections with more community leaders and funding partners. The plan should include the community’s
vision and plan for a diverse funding portfolio with new resources to continue activities and to sustain their impacts in the community over time.

B. LEVERAGE RESOURCES
Grantees are required to demonstrate progress towards leveraging resources over the grant period. Leveraged resources may include financial or human resources, and other indirect expenses and/or expanded capacity through partners recruited. By the end of year two, grantees must have secured a combination of cash, extramural support and cost-sharing support. The total amount of resources should then increase in each subsequent grant year.

The requirement to leverage resources signifies a strong community commitment to the Collaborative, promotes the adoption of high-impact strategies outlined in local Community Action Plans and demonstrates capacity for sustained impact.

APPLICATION TIMELINE

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<thead>
<tr>
<th>ACTIVITY</th>
<th>MILWAUKEE</th>
<th>BELOIT, KENOSHA AND RACINE</th>
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<tr>
<td>Request for Applications (RfA) released</td>
<td>September 20, 2013</td>
<td>September 20, 2013</td>
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<tr>
<td>Informational Webcasts</td>
<td>September-December 2013</td>
<td>September-December 2013</td>
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<tr>
<td>Notice of Intent due</td>
<td>Noon, October 4, 2013</td>
<td>Noon, November 1, 2013</td>
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<tr>
<td>Acceptance of proposal, full application due</td>
<td>4:00 pm, October 31, 2013</td>
<td>4:00 pm, December 30, 2013</td>
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<tr>
<td>Earliest expected notification of awards</td>
<td>December 1, 2013</td>
<td>March 1, 2014</td>
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<tr>
<td>Earliest project start date</td>
<td>January 1, 2014</td>
<td>April 1, 2014</td>
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Note: All applicants submitting a multi-site application must contact the WPP Program Officer prior to submission of the Notice of Intent. Multi-site Notice of intent submissions including Milwaukee will not be accepted after October 4, 2013. Existing LIHF Collaboratives may be asked to complete a report on their progress before the submission of a full proposal.

HOW TO APPLY

NOTICE OF INTENT SUBMISSION
All applicants must submit an online Notice of Intent application notifying the Wisconsin Partnership Program of their intent to submit a full proposal. Full proposal submissions will not be accepted from applicants who did not complete an online Notice of Intent application. The Notice of Intent is non-competitive and the online application is available at http://wpp.med.wisc.edu/oacprelihf/index.php.

Notice of Intent Deadline: Applicants applying to serve as the Convening Agency for the Milwaukee LIHF Collaborative must submit an online application by 12:00 pm (Noon) on October 4, 2013. Applicants applying to serve as the Convening Agency for LIHF Collaboratives in Beloit, Kenosha and Racine must submit an online application by 12:00 pm (Noon) on November 1, 2013. To encourage collaboration among local partners, a list of Notice of Intent applicants will be made available on the WPP website.
**FULL PROPOSAL GUIDELINES**
The link to the web-based full application will be provided to applicants following submission of the Notice of Intent.

**Milwaukee** applicants must submit an online application by 4:00 p.m. CDT October 31, 2013.

**Beloit, Kenosha and Racine** applicants must submit an online application by 4:00 p.m. CDT December 31, 2013.

**GENERAL GUIDELINES**
- All documents must be uploaded as part of the online application as a PDF with a minimum 11-point font for the narrative, eight-point (8) font for tables and one-inch margins (single-spaced lines are acceptable).
- The proposal narrative should not exceed 15 single-spaced pages, 12 page minimum.
- The logic model should be included as part of the uploaded narrative (as the last page) but is not included as part of the page limit. References and footnotes are not considered part of the page limit either.
- Attachments and optional materials are a separate upload and not part of the narrative page limit.
- The project work plan is a separate upload.
- Five hard copies, double-sided and fastened, must be submitted to the office of the Wisconsin Partnership Program by the deadline. See contact information on page 3 for address.

**EXECUTIVE SUMMARY AND NARRATIVE**

**Executive Summary** - Applicants must upload the Executive Summary in electronic format, as a PDF, which may not exceed a single one-sided page, using a minimum 11-point font with one-inch margins. The executive summary must summarize key elements from the narrative.

**Narrative** - The narrative must be uploaded in electronic format as a PDF (the logic model, references and footnotes are not included as part of the page limit). The narrative should be between 12 and 15 pages in length with one inch margins. Use a minimum 11-point font for the narrative and no less than eight-point (8) font in tables. Number all pages. All applicants must use the Application Review Criteria to guide their response to this funding announcement (See Appendix A).

Use these **four (4) section headings** in your narrative. Scoring information for each section of the narrative as well as the work plan is listed below.

1. **COMMUNITY CONTEXT, NEEDS AND ASSETS (Scoring: 10 points)**

2. **PLANS, ACTIVITIES AND STRATEGIES IN KEY AREAS OF FOCUS (Scoring: 40 points)**
   - Maintain and manage highly effective multi-sector collaborative partnerships to address Community Action Plan priorities
     - Maintain Lifecourse Collaborative
     - Engagement with LIHF project grantees
     - Support Regional Engagement
   - Plan and implement broad-reaching high-impact strategies that utilize policy, systems and environmental change approaches to advance the goals of the Community Action Plan
     - Guide CAP vision and strategy
     - Advance policy, systems and environmental change
   - Translate and integrate data into process improvement for the Collaborative and in the selection of intervention strategies and issues
     - Manage program evaluation data collection and analysis
     - Utilize local, state and national data in the selection of strategies and issues
• Develop and implement Collaborative sustainability plan to ensure sustained partnerships and health impacts after grant ends
  ▪ Sustainability plan
  ▪ Leverage resources

3. GOALS, OBJECTIVES AND OUTCOMES FOR EACH KEY AREA-EVALUATION PLAN (20 points)
• Goals, Objectives and measurable outcomes
• Data collection and analysis plan
• Staff capacity and responsibility for evaluation

4. CAPACITY AND EXPERIENCE OF COLLABORATIVE, PARTNERS AND KEY STAFF (Scoring: 15 points)

5. WORK PLAN (Scoring: 15 points)

BUDGET
General Information: The project budget should clearly indicate how grant funds will be spent. Expenditures must:
  ▪ Be fully justified, reasonable, and clearly related to the project’s goals
  ▪ Reflect the activities/tasks listed in the proposal
  ▪ Explain the sources and amounts of any cost sharing funds, either in-kind or cash match

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.

Budget Justification: A budget justification narrative is required for purposes of describing in detail the major budget line items: salary, fringe, 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.

Cash Contributions, Grants and In-Kind Cost Sharing: In the budget justification narrative, provide details of all other sources of funding, which should include in-kind or cash contributions or extramural grant support.

Use of Funds: Guidelines for allowable/unallowable expenses are available for review on the WPP Web site.

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 healthcare access may be funded
  ▪ Entertainment
  ▪ Lobbying
  ▪ Indirect overhead costs that cannot be directly tied to the project using an approved allocation method
  ▪ Debt reduction
  ▪ 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; WPP approval is required
  ▪ Projects outside the state of Wisconsin
  ▪ Supplanting (see below)

RESUMES AND BIOGRAPHICAL SKETCHES
Upload in electronic format, as a single PDF, resumes or biographical sketches for the lead staff persons. Limit resumes or biographical sketches to no more than two pages for each person.
LETTERS OF COMMITMENT
The letter(s) of commitment are expected from organizations providing other sources of funds including matching funds or in-kind contributions. This information should be included as part of the application in the budget section. Letters should include the type and value of the financial or other in-kind contribution and provide evidence of collaboration, with specific details on how the collaborating organization(s) will be involved or support the project. Please upload in electronic format as a single PDF.

LETTERS OF SUPPORT
Letters of endorsement or support that speak to the ability of the applicant to perform the proposed project are optional but strongly encouraged to demonstrate support, particularly from individuals and organizations of the target population.

NON-SUPPLANTING
Supplanting means to replace, take the place of, or to supersede. The WPP prohibits any funds from being awarded that will supplant funds or resources otherwise available to applicants from other sources for the proposed project.

All applicants will be required to answer the Non-Supplanting Questionnaire as part of the application process. As an ongoing check against supplanting, grant recipients will be asked to recertify that other funds for the proposed project have not become available or been declined. This recertification will take place on an annual basis. No grant can be awarded if a determination of supplanting is made.

FINANCIAL STATEMENTS
Upload in electronic format, as a PDF, a copy of the applicant’s prior year financial statements or current annual revenue and expense budget.

IRS DETERMINATION LETTER
Upload in electronic format, as a PDF, the applicant’s IRS determination letter of tax exempt status.

COMPLIANCE
All human subjects research conducted under the auspices of the University of Wisconsin Madison is evaluated by a UW Madison Institutional Review Board (IRB).

TRADE SECRET AND PROPRIETARY INFORMATION
Applicants must identify and request confidentiality of any trade secrets and/or proprietary information in their applications.

GRANT APPLICATION REVIEW PROCESS
Technical Review by Wisconsin Partnership Program Staff
WPP Staff will review each full application to ensure that minimum application requirements and eligibility, including a non-supplanting review, have been met. Any application that does not comply with the submission requirements will not advance for further review.

Expert Review Panel
The OAC will create a review panel which will include health care professionals, community and public health advocates and practitioners and UW faculty and academic staff. Reviewers will be required to sign Conflict of Interest and Confidentiality Statements. The review panel is advisory to the OAC. Each application will be reviewed and scored individually by external review members. Following the review, a ranked list along with a critique of each ranked proposal will be provided to the OAC.
OAC Review
The OAC may request that applicants provide an oral presentation prior to making awards. The OAC will make the final determination of awards based on expert review, review criteria and alignment with LIHF Community Action Plans. The OAC’s decisions are final and cannot be appealed. The OAC may also request that applicants respond to concerns prior to making a decision on the award.

GRANT APPLICATION AWARD PROCESS
The OAC will negotiate the terms of each grant with applicants and enter into contractual agreements with successful applicants prior to the distribution of any funds. Successful applicants will participate in project and fiscal monitoring activities as defined and delineated in the contract terms and conditions.

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 with award recipients. Award recipients may make justifiable modifications in the approved grant budget or project work plan only through prior consultation with and written approval of WPP staff.

By applying to the WPP, applicants agree and consent, without reservation, substitution, or limitation, to each of the following:

- Application submission requirements and rules, procedures and specifications identified in this application, including all appendices and any application forms
- The review process, evaluation criteria, scoring, and project budget described in this Request for Application
- The OAC's sole, unrestricted right to reject any or all applications submitted in response to this Request for Application
- Supplanting prohibition as dictated by the Insurance Commissioner’s Order and as identified on the Non-supplanting Questionnaire
Request for Applications

LIHF Collaborative Implementation Grants

Appendix A

Application Review Criteria
Application Review Criteria

1. Community Context, Needs and Assets (Scoring: 10 points)

- Identify and describe target communities or neighborhoods, including the target population(s) within these areas. Include information about geographical boundaries, demographic characteristics and other key information about the population(s).

- Briefly describe the impact of infant mortality in your community, particularly in terms of impacts on the African-American community. Use local, county- and/or state-level data to describe the problem.

- Briefly describe specific areas of need as well as community assets and strengths related to addressing African American infant mortality in your community. Utilize information gathered through the community assessments and your Community Action Plan wherever possible.

2. Plans, Activities and Strategies in Key Areas of Focus (Scoring: 40 points)

- Maintain and manage highly effective multi-sector collaborative partnerships to address Community Action Plan priorities.
  - Maintain Lifecourse Collaborative
    - Describe the shared governance model of the Collaborative. Briefly explain how the Collaborative and its leadership will work in partnership with and under the guidance of the Convening Agency.
    - Describe existing partnerships, networks, relationships, and how the Collaborative plans to build multi-sector partnerships with key organizations and entities. Specify how collaborative composition and member expertise will advance the action agenda and the Community Action Plan.
    - Describe any pertinent relationships or key developments that support the long-term vitality of the Collaborative.
    - Describe specific plans and strategies for increasing the involvement of new organizations/entities that will support the Collaborative’s action agenda.
    - Discuss the degree to which African American community members have been involved in the Collaborative to date. Describe specific plans and strategies for maintaining and/or increasing their involvement, including leadership development support and opportunities.
    - Describe plans to utilize team building strategies to foster trust and open communication and maintain cohesion among the Collaborative’s diverse membership.
  - Engagement with LIHF project grantees
    - Discuss how the Collaborative will build a coordinated, multi-level system approach within the community, assuring that policy, system and environmental change strategies in the action agenda align with and/or complement project grantee interventions that target individuals and families.
    - Discuss how the Collaborative will work to establish meaningful and effective partnerships with both current and future LIHF project grantees in your community. Discuss plans for fulfilling the following roles with project grantees:
      - Provide access to training and assure that the work of the LIHF project grantees is informed by an understanding of the Lifecourse perspective, the social determinants of health and health disparities.
      - Provide future project grantees with an in-depth Community Action Plan orientation.
      - Describe how the Collaborative will increase support (financial and non-financial) for intervention projects.
- Serve as an information and referral source for LIHF grantees
- Support regional engagement
  - Describe how the collaborative will work with other LIHF Collaboratives and the broader Lifecourse Initiative as a regional program, including the Regional Program Office.

### Plan and implement broad-reaching high-impact strategies that utilize policy, systems and environmental change approaches to advance the goals of the Community Action Plan.

- Guide CAP vision and strategy
  - Describe the Collaborative’s role in the promotion and adoption of program and policy interventions outlined in the Community Action Plan.
  - Describe specific plans of the Collaborative to increase awareness about the issue of infant mortality and its contributing factors.
  - Describe plans for the Collaborative to update the community on its work (action agenda) and progress on the overall goals and objectives of the Community Action Plan.
- Advocate for and advance policy, systems and environmental change
  - Describe how the Collaborative will assess policy, system and environmental change opportunities and the process to identify priorities for the action agenda. (Note: The Environmental Scan must include a power analysis that looks both externally and internally. An internal analysis should include an assessment of the relationships and networks of collaborative members and the ability of the collaborative to draw from these resources to implement its action agenda.)
  - Describe how the Collaborative would advocate for policy, system and environmental change strategies, including methods for building political and community will to move forward the action agenda.

### Integrate data into process improvement for the Collaborative and in the selection of intervention strategies

- Manage program evaluation data collection and analysis
  - Describe the Collaborative and Convening Agency’s intentions and commitment to participate in cross-site evaluation activities, including submission of quarterly activity logs (using the template provided by WPP), participation in regular Collaborative self-assessment surveys, and other activities developed by WPP staff and consultants in coordination with leaders and staff of the Collaboratives.
- Utilize local, state and national data in the selection of strategies
  - Describe plans to utilize relevant local, state and national data in the selection of policy, systems and environmental change strategies and issues for the Collaborative.
  - Note specific plans for the utilization of Pregnancy Risk Assessment Monitoring System (PRAMS) data to inform strategies and issues, as well as a commitment to participating in outreach activities related to the PRAMS survey.
  - Describe plans to interact with, and utilize reports and recommendations from, the Fetal and Infant Mortality Review (FIMR) team in your community.

### Develop and implement collaborative sustainability plan to ensure sustained partnerships and health impacts after grant ends

- Implement sustainability plans
  - Describe the process to develop a comprehensive sustainability plan for this project, including potential strategies. Describe what things will be done to assure that this project continues beyond the funded period.
- Leverage resources
  - Describe the process for documenting efforts aimed at leveraging resources and
### 3. Goals, Objectives and Outcomes – Evaluation Plan (Scoring: 20 points)

**Logic Model.** Upload in electronic format, as a PDF, a Logic Model that illustrates the Collaborative’s theory of change and how its proposed activities will lead to the achievement of its short, medium and long-term outcomes.

List goals, and specific, measurable objectives and outcomes that describe the work of the Collaborative over the next five years. Include goals, objectives and outcomes related to:

- The functioning, growth and sustainability of the Collaborative itself,
- The policy, systems and environmental change strategies and issues the Collaborative will address

Be sure to include specific benchmarks and outcomes the Collaborative will achieve by the end of each grant year. Demonstrated progress toward these benchmarks and outcomes will be a major consideration during OAC’s annual review process. Benchmarks and outcomes for each year of the grant should also be included in the project work plan. Additional benchmarks may be developed and refined in partnership with the LIHF Regional Program Office and evaluation consultants.

Discuss what data and systems will be used to monitor progress toward goals and objectives. Note where existing tools or data will be used and where new tools will be developed. Discuss why particular tools or systems are well-suited to their proposed use and any information that is known about the reliability and/or validity of proposed tools and methods.

Provide a description of the capacity of the Convening Agency and Collaborative to collect, analyze and utilize program evaluation data.

Evaluation plans discussed in this section should:

- Reflect the Collaborative’s commitment to utilizing relevant data to inform process improvement
- Incorporate cross-site evaluation activities coordinated by the Regional Program Office and evaluation consultants as well as locally-designed evaluation methods and activities.
- Include annual benchmarks and outcomes
- Emphasize specific, measurable changes and outcomes
- Be reflected in and consistent with the work plan in Section 5.

### 4. Capacity and Experience of Collaborative, Partners and Key Staff (Scoring: 15 points)

Provide an assessment of the Collaborative’s readiness to utilize a policy, systems and environmental change approach in its work to advance the goals of its CAP and the LIHF project. Describe areas of strength and potential areas of further development for the Collaborative.

Describe the Convening Agency’s capacity to support the Collaborative in the work outlined in your application. Discuss the Convening Agency’s previous experience, history, expertise, or emerging capacity that will contribute to the success of the Collaborative. Include in this section information about the Convening Agency’s history of and experience in meeting the needs of, partnering with and being responsive to the target population.

Describe proposed staffing patterns for the project and how the skills of project staff align with core functions of project work. Describe who will employ and supervise key staff. Describe tasks and staff responsible for handling the following:

- Conduct Environmental Scan and development of the action agenda
- Evaluation activities
- Advocacy and community organizing
- Development of a comprehensive sustainability plan and leveraging of resources
<table>
<thead>
<tr>
<th>Specify anticipated training needs of Collaborative leadership and staff, if any, for this project.</th>
</tr>
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<tbody>
<tr>
<td>Describe how the Collaborative and Convening Agency can effectively carry out the required activities.</td>
</tr>
<tr>
<td>Provide evidence of the Collaborative’s commitment to working in partnership with WPP, the LIHF Regional Program Office and faculty and academic staff from the UW-Madison and other UW System campuses.</td>
</tr>
<tr>
<td>Discuss how project staff and Collaborative members will support any regional workgroups or cross-community activities.</td>
</tr>
</tbody>
</table>

**5. Work Plan (Scoring: 15 points)**

Using the template provided in the web-based application, upload in electronic format, as a PDF, a project work plan and corresponding timeframe of activities. Outcomes listed on the Work Plan are short-term outcomes. As part of the work plan, define:

- Project goal(s), including sustainability
- Project objective(s)
- Person responsible
- **Measurable** outcomes (how will you measure success)
- Next steps
Request for Applications

LIHF Collaborative Implementation Grants

Appendix B

LIHF Funding Structure
LIHF Logic Model
Evaluation Scope and Responsibilities
Lifecourse Initiative for Healthy Families Logic Model*

8.1.11

PLANNING PHASE

Convening Agencies: Mobilize; Coordinate; Facilitate Understanding of Local Context, Causes of and Solutions for Health Disparities

LIHF Collaboratives:
- Effective and inclusive governance structure
- Staffing and leadership
- Broad-based membership
- Personal and organizational relationships
- Fund development capacity
- Understanding of local context and culture

LIHF Community Action Plans

Implementation of High Quality Lifecourse Programs, Policies and Strategies

Community System Change Outcomes (LIHF Collabs.)

Evidence-based/promising practice Program Outcomes (LIHF Proj. Grantees)

Widespread Change in individual-, family- and community-level Risk and Protective Factors in each Lifecourse Domain:
- Improving health care for AA women
- Strengthening AA families and communities
- Addressing social and economic inequities

Improved AA Infant Survival and Health

Improved AA Women’s Health Status

Elimination of Racial Disparities in Birth Outcomes

Assessment, Planning and Capacity Building

Wisconsin Partnership Program Resources:
- Leadership; Financial Resources; Technical, Planning and Evaluation Support; Faculty Expertise and Research Partnerships; Marketing and Communications Support

UW Foundation, External Funders and Donor Partners

Notes:
Shading key:
= planning phase
= implementation and evaluation phase
= both phases of the LIHF project.

AA = African American

*Adapted from The REACH (Racial and Ethnic Approaches to Community Health) 2010 Logic Model: An Illustration of Expected Performance, Pattie Tucker, DrPH, MPH, Youlian Liao, MD, Wayne H Giles, MD, MS, and Leandris Liburd, MPH, MA Prev Chronic Dis. 2006 January; 3(1): A21, Published online 2005 December 15. PMCID: PMC1500948
LIHF Implementation Phase: Summary of Evaluation Scope and Responsibilities 6.27.11

Who is responsible for evaluating? The LIHF Collaborative in each community

What will be measured?
- Process measures to document activities and assess the functioning of the Collaborative
- Outcomes focused on the extent to which the Collaborative is successful in:
  - Providing strategic leadership in the community
  - Developing buy-in and sustaining commitment for the Community Action Plan
  - Implementing policy, community-level and other environmental changes
  - Leveraging resources to support efforts to improve birth outcomes and health among African Americans

Who is responsible for evaluating? Individual LIHF grantees (development and implementation plans)

What will be measured?
- Program-specific process measures to assess:
  - Fidelity to the evidence-based or promising practice model
  - Outreach and recruitment efforts
  - Participant-rated satisfaction and quality
  - Increased utilization of programs and services
  - Other program monitoring measures
- Program-specific outcomes among participants and/or the target community.
  - LIHF-funded grantees must identify the specific outcomes they will achieve and the indicators they will use to assess their impact.
  - Outcomes may involve changes at the individual, family, organizational, community and/or policy levels.

Who is responsible for evaluating? Wisconsin Partnership Program staff and consultants, with input from the WPP Oversight and Advisory Committee, the LIHF Steering Committee and the LIHF Evaluation Workgroup

What will be measured?
- The cumulative impact of all of the efforts undertaken under the auspices of the LIHF project, including the individual LIHF grantee projects, the four LIHF Collaboratives, and other initiatives that emerge from the Community Action Plans. Measures will include:
  - Process measures that document activities, outputs, processes, participation and involvement of stakeholders
  - Intermediate and long-term outcomes for each of the three Lifecourse domains. These will involve “composite measures” of population-level health status indicators for African American women, infants and children, as well as indicators of environmental and systems-level changes in the four LIHF communities. Data sources will include vital statistics, the Pregnancy Risk Assessment Monitoring System (PRAMS), the Behavioral Risk Factor Surveillance System (BRFSS) and other population-level data sets.
  - The effectiveness of the entire model and process used to implement the Lifecourse Initiative for Healthy Families project will also be assessed.