LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES
2012 REQUEST FOR PARTNERSHIPS
COMMUNITY ACADEMIC PARTNERSHIP FUND
PROJECT GRANTS

APPLICATION GUIDELINES

NOTICE OF INTENT/LETTER OF INTEREST
DUE AUGUST 15, 2012
FUNDING ANNOUNCEMENT OVERVIEW

PURPOSE AND GRANT DESCRIPTION (page 3)
The Wisconsin Partnership Program of the University of Wisconsin School of Medicine and Public Health through its Oversight and Advisory Committee announces the opportunity to apply for funds to advance evidence-based, best or promising practice-based programs through the Lifecourse Initiative for Healthy Families. Funds will support interventions that improve community conditions for healthy birth outcomes among African-American women and their families.

Priority Areas:
Priority will be given to projects that are evidence-based, address LIHF Community Action Plan program recommendations and produce information on effective ways to reduce disparities. Program and services areas include:

- Develop peer or social support networks for pregnant women and new mothers and families (including, but not limited to the Birthing Project USA, Patient Navigator or Community Health Worker)
- Enhance prenatal care through a group prenatal care model (including, but not limited to Centering Pregnancy)
- Expand maternal, infant and early childhood home visitation programs in targeted areas (including, but not limited to the Nurse Family Partnership)
- Improve family access to utilization of medical homes
- Improve family supports, including an increase in fatherhood involvement and transitional and family sustaining jobs

ELIGIBILITY CRITERIA (page 4)

- Wisconsin-based organization.
- State, tribal or local governmental agency or a charitable organization that is tax-exempt under Section 501(c) (3) of the Internal Revenue Code.
- Work with a UW System academic partner.

Organizations with an explicit mission to serve racial and ethnic minority populations, and led by staff and boards representative of those racial and ethnic minority populations are encouraged to apply.

FUNDING CATEGORIES AND DURATION (page 5)

Development Grant (6-page limit)
- Partnership development awards are up to $50,000 for 1 to 2 years.
- Pilot/feasibility awards are up to $50,000 for 1 to 2 years.

Implementation Grant (10-page limit)
- Small-scale implementation awards are up to $150,000 for 2 to 3 years.
- Large-scale implementation awards are up to $400,000 for 3 years.

REVIEW CRITERIA (page 6)

- Aligns with objectives of the LIHF Program.
- Aligns with LIHF Community Action Plans.
- Enhances existing or promising community and academic partnerships.
- Uses evidence-based strategies or builds on promising practices.
- Actively engage with a LIHF Collaborative including attendance at regular meetings and active involvement in key activities, including engagement of the target population

KEY DATES AND DEADLINES (page 5)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>June 25, 2012</td>
<td>Request for Partnerships (RFP) Released</td>
</tr>
<tr>
<td>August 15, 2012</td>
<td>Notice of Intent/Letter of Interest due</td>
</tr>
<tr>
<td>October 31, 2012</td>
<td>Full application due</td>
</tr>
<tr>
<td>February 28, 2013</td>
<td>Latest notification of awards</td>
</tr>
<tr>
<td>April 1, 2013</td>
<td>Earliest project start date</td>
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TECHNICAL ASSISTANCE/CONTACT INFORMATION

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Wisconsin Partnership Program
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608-265-8215
GENERAL INFORMATION

INTRODUCTION
The Wisconsin Partnership Program of the University of Wisconsin School of Medicine and Public Health through its Oversight and Advisory Committee announces the opportunity to apply for funds to advance evidence-based, best or promising practice-based programs through the Wisconsin Partnership Program’s Lifecourse Initiative for Healthy Families.

The Lifecourse Initiative for Healthy Families (LIHF) aims to eliminate African-American health disparities in birth outcomes in Wisconsin. A Steering Committee, appointed by the Oversight and Advisory Committee, comprised of maternal and child health experts, health care professionals, community advocates, and other persons with specialized expertise provides guidance on the Lifecourse initiative’s overall direction.

The Wisconsin Partnership Program provides funding to Wisconsin community-based organizations in partnership with faculty from the UW School of Medicine and Public Health or from other UW System campuses to improve the health of Wisconsin residents. Through a competitive Community-Academic Partnership Fund Request for Partnerships (RFP), the OAC will commit up to $8 million over three years to fund evidence-based and promising practice interventions that carry forward priorities in LIHF Community Action Plans. The Lifecourse Initiative, a component of the Community-Academic Partnership Fund, supports the sustainable adoption of evidence-based solutions to critical public health problems through community and university partnerships.

BACKGROUND
The Wisconsin Partnership Program was created with funds from the conversion of Blue Cross & Blue Shield United of Wisconsin. The Wisconsin Partnership Program is dedicated to improving the health and well-being of the public through investments in research, education, community-partnerships and evidence-based practices leading to environmental, institutional or policy change. The 2009–2014 Five-Year Plan, available at wphf.med.wisc.edu, guides the work of the Wisconsin Partnership Program.

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. The purpose of the Lifecourse Initiative is to improve community conditions that support healthy birth outcomes for African-American women and their families. The Lifecourse Initiative is a two-phase, multi-year program.

Phase 1 – Community Action Planning (2010–2012)
In 2010, the WPP awarded Community Action Planning grants in Milwaukee, Racine, Beloit and Kenosha to organize community collaboratives and create a Community Action Plan for reducing African American disparities in birth outcomes.

Phase 2 – Implementation and Evaluation (2012–2014)
In 2012, two levels of funding will support a comprehensive systems approach to addressing disparities in infant mortality.

- Collaborative implementation grants focusing on coalition-driven policy, community-level system and environmental change through a targeted Request for Applications (RFA)
- Project implementation and development grants focusing on evidence-based and promising strategies and public health programs through a Request for Partnerships (RFP)

This initiative supports the public health goals and priorities in the State Health Plan, Healthiest Wisconsin 2020 (http://dhfs.wisconsin.gov/statehealthplan/) to improve health across the life span, eliminate health disparities and achieve health equity.
FUNDING PRIORITY AREAS

Project grant funds will allow eligible applicants to: (1) Support the implementation of LIHF Community Action Plans, (2) work in partnership with faculty and staff from the University of Wisconsin System and (3) adopt evidence-based programs or best-practices that can be shared or taken to scale, or develop and test innovative programs to serve as models of best practice.

All grant proposals must address one of the overall goals of (1) improving healthcare for African-American women, (2) strengthening African American families and communities and (3) addressing social and economic inequities.

Priority will be given to projects that are evidence-based, address LIHF Community Action Plan program recommendations (see “What Works for Health Policy and Program Evidence Assessment for the Lifecourse Initiative for Healthy Families”) and produce information on effective ways to reduce disparities. Program and services areas include:

- Develop peer or social support networks for pregnant women and new mothers and families (including, but not limited to the Birthing Project USA, Patient Navigator or Community Health Worker)
- Enhance prenatal care through a group prenatal care model (including, but not limited to Centering Pregnancy)
- Expand maternal, infant and early childhood home visitation programs in targeted areas (including, but not limited to the Nurse Family Partnership)
- Improve family access to utilization of medical homes
- Improve family supports, including an increase in fatherhood involvement and transitional and family sustaining jobs

EXPECTATIONS

The LIHF Steering Committee will play a key role, providing overall guidance and direction for the initiative and assisting with coordination in key program areas, including: public awareness, fund development, evaluation, and proposal review.

The OAC also expects that grantees agree to the following list of expectations:

- Actively engage with a LIHF Collaborative including attendance at regular meetings and active involvement in key activities, including engagement of the target population.
- Provide regular project updates to the LIHF Collaborative members.
- Participate in joint capacity-building WPP-sponsored activities (e.g., trainings and technical assistance).
- Actively participate in cross-community communication, networking, learning and evaluation activities, including providing information about for the CDC Pregnancy Risk Assessment Monitoring System (PRAMS) survey.
- Engage in program evaluation and/or evaluation research efforts
  - Collect and regularly report on a set of common data elements that will be developed by WPP staff and consultants, with input from grantees selected to participate on an Evaluation Working Group.
  - For programs implementing evidence-based interventions, develop a program evaluation plan which will describe program implementation, fidelity to the original tested intervention, and project outcomes.
  - For innovative programs, provide a more rigorous evaluation plan to demonstrate efficacy or effectiveness of the intervention.
ELIGIBILITY CRITERIA

To be eligible for project grants, community partners must collaborate with a qualified academic partner.

COMMUNITY PARTNER

Eligible community partners are Wisconsin-based, nonprofit, IRS tax-exempt 501(c)(3) and tribal or governmental organizations. Fiscal sponsors are allowed, but under limited circumstances (see page 12). Contact the program officer to discuss fiscal sponsorship.

ACADEMIC PARTNER (Must have Principal Investigator status with an institutional IRB of Record.)

- UW School of Medicine and Public Health tenure, Clinical/Health Sciences (CHS) and clinician-teacher track faculty.
- UW School of Medicine and Public Health academic staff and emeritus professors with approval of a UWSMPH department chair or center director using the form “Request for Approval to Serve as Principal Investigator on a Human Subjects Protocol”
- UWSMPH volunteer or adjunct faculty or other UW System faculty, including UW Extension, with Principal Investigator (PI) status with an institutional IRB of Record. If the project is selected for funding, the WPP staff will assist in making appropriate connections with the UW SMPH.

GRANT CATEGORIES AND DURATION

Applicants are strongly encouraged to select programs and strategies from an approved local LIHF Community Action Plan and the supplemental “finding the evidence section”.

DEVELOPMENT GRANTS (limit of 6 pages, single-spaced)

- Partnership Development Up to $50,000 1 to 2 years
  Community partners and UW faculty/staff seeking to form sustainable relationships to identify ways they can work together to address public health issues at the local, regional or state level.

- Pilot/Feasibility Up to $50,000 1 to 2 years
  Community partners and UW faculty/staff working together to pilot test the effectiveness or feasibility of implementing an intervention and to determine if a particular intervention is appropriate, adoptable or adaptable in a community, a geographic region or with a targeted population.

IMPLEMENTATION GRANTS (limit of 10 pages, single-spaced)

- Small-Scale Implementation Up to $150,000 2 to 3 years
  Community partners and UW faculty/staff seeking to use evidence-based and promising practice interventions on a small scale with a limited number of participants. Results of well-evaluated small-scale implementation projects can be used to seek funding for large-scale projects in the future.

- Large-Scale Implementation Up to $400,000 3 years
  Community partners and UW faculty/staff seeking to implement programs that are strongly supported by evidence and have sound evaluation plans. Large-scale implementation projects will also address problems using sustainable methods such as local policy change, system or organizational change or environmental change.

*Beginning with the 2014 funding cycle, only previously funded development grants or other active community-academic partnerships may apply for new project implementation grants. The preferred way of meeting this requirement will be to complete a partnership development grant, although the OAC will consider other demonstrated collaboration. Community groups interested in future implementation grants should take this into account when planning for future funding cycles.
SUBMISSION AND REVIEW DATES

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Request for Partnerships (RFP) released</td>
<td>June 25, 2012</td>
</tr>
<tr>
<td>Electronic Notice of Intent (NOI) available</td>
<td>June 25, 2012</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>Ongoing</td>
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<tr>
<td>Notice of Intent (NOI) DUE</td>
<td>August 15, 2012 – 4 p.m. CDT</td>
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<tr>
<td>Notification of invitation to submit application</td>
<td>September 21, 2012</td>
</tr>
<tr>
<td>Development/Implementation Full Applications DUE</td>
<td>October 31, 2012 – 4 p.m. CDT</td>
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<td>Reviews conducted</td>
<td>November 2012 – January 2013</td>
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<tr>
<td>Expected notification of awards</td>
<td>February 28, 2013</td>
</tr>
<tr>
<td>New Grantee Orientation</td>
<td>February 2013</td>
</tr>
<tr>
<td>Earliest project start date</td>
<td>April 1, 2013</td>
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NOTICE OF INTENT/LETTER OF INTEREST (two pages – due August 15)

Submission of the Notice of Intent is the responsibility of the community agency. Projects will be considered for further development based on alignment with goals and priorities of the Lifecourse initiative and local LIHF Community Action Plans. Forms are available at [http://www2.med.wisc.edu/oacprelihf/](http://www2.med.wisc.edu/oacprelihf/). Submitting a Notice of Intent does not automatically qualify the applicant organization for the full submission process. If selected, applicants will be notified by September 21, 2012.

The Letter of Interest is the narrative portion of the Notice of Intent and is part of the web-based application. The Letter of Interest must be in PDF format only, not to exceed two (2) single-spaced pages. Use a minimum of 11-point font and address the following:

- Indicate how the project aligns with a LIHF Community Action Plan.
- Describe how project partners have been involved with the LIHF collaborative during the planning period.
- Describe what the project is proposing to do, including the need for the project and the expected impact.
- Define the target audience, including geographic area.
- Explain how the project team will work with the academic partner to address the public health issue.
- Describe the applicant organization and its ability to successfully complete the project.
- Identify the evidence for project activities or intervention (use the What Works Database or other public health evidence-based sources ([whatworksforhealth.wisc.edu](http://whatworksforhealth.wisc.edu)).
- Describe how the project will measure success.

FULL PROPOSAL GUIDELINES (applicable, if invited to submit a full application)

A limited number of applicants will be invited to submit full proposals. Submission of the full application is the responsibility of the community agency. The link to the web-based full application will be provided to applicants. The full application must be submitted by 4:00 p.m. CDT October 31, 2012.

GENERAL GUIDELINES (for Implementation and Development Grants)

- All documents must be uploaded onto the online application as PDF with minimum 11-point font, and one-inch margins (single-spaced lines are acceptable)
- Narrative page limits:
  - Development proposals – 6 pages
  - Implementation proposals – 10 pages
- References are not included in the page limit.
- The logic model, work plan, appendices and optional materials are not part of the narrative page limit.
EXECUTIVE SUMMARY
The executive summary must summarize the following elements and will be used as a “stand alone” description of the project (Tip: Write this section last). Limit 1 page.

- **Required Elements (Scoring: 0 points)**
  - Brief background on the significance of the health issue or health topic
  - Goal of the project
  - Brief description of the project
  - Intended measurable outcomes
  - Funding request and timeframe
  - Indication of next steps following project completion
  - Brief statement about the impact of this project for residents in the communities that the proposed intervention will target
  - Description of how the project addresses priorities in the LIHF Community Action Plan for targeted community intervention. (Specify which plan).

NARRATIVE
The narrative (not including footnotes, references, logic model, work plan and appendices) must be submitted as a PDF. Use these six (6) section headings and instructions to write the narrative.

- **1. Project Purpose, Need and Statement of the Problem (Scoring: 15 points)**
  - Describe the purpose and need for the project and the significance of the issue being addressed.
  - Identify and describe the target population; include demographic information.
  - Use community, county, regional or state-level data to provide evidence of project need; refer to the LIHF Community Action Plan, County Health Rankings, the Wisconsin Report Card and trend data for Wisconsin.
  - *This section should incorporate current local, regional or statewide data to support the need and purpose.*

- **2. Outcomes Related to Community Action Plan (Scoring: 10 points)**
  - Describe how the project outcomes advance the goals and recommendations established by the LIHF Collaborative and addresses priorities recommended in a LIHF Community Action Plan (Specify which plan).

- **3. Coordination with LIHF Collaborative (10 points)**
  - Describe how this project will coordinate efforts with the LIHF Collaborative in the targeted community. (See Expectations section, page 4)

- **4. Goals, Objectives and Outcomes (Scoring: 15 points)**
  - Discuss the project’s goals, objectives and outcomes, along with potential activities or interventions
  - *This section should be consistent with the work plan and logic model.*
  - Summarize the evidence-base, existing knowledge or research that supports the project or program design, approach or strategy; for more information, refer to What Works for Health database at whatworksforhealth.wisc.edu.
  - Describe how the community-academic partnership contributes to the goals, objectives and outcomes of the proposed project.
  - Describe plans to include the target population in the design, implementation and evaluation of the project.
5. **Work plan (Scoring: 15 points)**

Use the template provided in the web-based application. Submit a PDF project work plan and corresponding timeframe of activities.

* The work plan should be consistent with the logic model and evaluation efforts described in the evaluation section.

6. **Evaluation, Dissemination and Sustainability Plans (Scoring: 20 points)**

**Logic Model.** Using the template provided in the web-based application, submit a logic model. The logic model should be a snapshot of all project activities and expected outcomes.

*Outcomes listed on the logic model should match the overall evaluation plan. Outcomes must be measurable. The logic model should be consistent with the work plan.

See [www.uwex.edu](http://www.uwex.edu) for more information on building a logic model.

**Describe details** of the evaluation plan (including plans to measure fidelity of implementation, project success, who will measure, what tools will be used, what will be measured and why). For innovative projects, describe your evaluation design for demonstrating effectiveness. Indicate which staff person will have designated responsibility for evaluation activities.

What evaluation methods/systems/tools are in place or will need to be created.

**Overall evaluation of LIHF.** Provide evidence of the project’s commitment to participating in and contributing to evaluation of the LIHF project as a whole. (See list of grantee expectations on page 5.)

**Dissemination.** Describe a plan for communicating project results to the public health community, other organizations and to policy-makers.

**Sustainability.** Explain how the project will continue beyond the funded period, including how the project can impact environmental, institutional and policy change.

7. **Capacity and Experience of Partners and Key Staff (Scoring: 15 points)**

Describe the community partner’s and faculty/academic partner’s capacity, history, purpose, previous experience, expertise or emerging capacity with the health issue to be addressed and communities or target population to be served.

Describe how the applicant participated in the LIHF Community Action Planning process.

List staff responsibilities and staff qualifications. Identify which staff will assume responsibility for evaluation.

Specify anticipated capacity building or training needs, if any, for this project.

Describe the role of collaborating organizations, if applicable.

*If this is a continuation/extension of a funded development or implementation grant, describe the progress made to date.
BUDGET (to be submitted with full applications only)

General Information: The project budget should clearly indicate how the grant funds will be spent. 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.

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.

Use of Funds: Complete guidelines for allowable/unallowable expenses are available for review on the Wisconsin Partnership Program website along with the 2012 Request for Partnership application materials.

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.
- Entertainment
- Lobbying
- Indirect or 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. Prior approval from WPP Director is required.
- Projects outside the state of Wisconsin
- Supplanting (see below)

ONE-PAGE RESUMES OR BIOGRAPHICAL SKETCHES
Submit in PDF, resumes or biographical sketches for the project manager and lead staff person (if different people), and the academic partner involved. Limit resumes or biographical sketches to one page each.

LETTERS OF COMMITMENT
Letters of commitment are expected from both the academic partner and the LIHF Collaborative. The letter(s) must provide evidence of collaboration, with specific details on how the collaborating organization(s) and academic partner(s) will be involved or support the project. Applicants will be asked to submit the letter(s) in the narrative section of the online application.
NON-SUPPLANTING
Supplanting means to replace, take the place of, or to supersede. The Wisconsin Partnership Program 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 must answer the non-supplanting questionnaire as part of the application process. As an ongoing check against supplanting, grant recipients will be asked annually to recertify that other funds for the proposed project have not become available or been declined. No grant can be awarded if a determination of supplanting is made.

FINANCIAL STATEMENTS
Submit in PDF, a copy of the community organization’s and/or fiscal sponsor’s (if applicable) prior year financial statements or current annual revenue and expense budget.

IRS DETERMINATION LETTER
Submit in PDF, a copy of the community organization’s (applicant agency) and fiscal sponsor’s (if applicable) IRS determination letter of tax exempt status, if appropriate.

COMPLIANCE
Answer the compliance questions in the online application. A UW-Madison Institutional Review Board (IRB) evaluates all projects involving human subjects research conducted under the auspices of the university.

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

OPTIONAL MATERIAL (PDF only)
Submit letters of support or relevant and appropriate materials such as survey forms, training materials, evaluation instruments or draft tools to help describe the work plan and activities proposed.

SUPPLEMENTAL INFORMATION

WISCONSIN PARTNERSHIP PROGRAM MISSION, VISION AND GUIDING PRINCIPLES
The Wisconsin Partnership Program is dedicated to improving the health of the public through investments in research, education, prevention practices and interventions and policy development. The goal is to show progress in improving the health of individuals, families and communities in Wisconsin.

The following mission, vision and guiding principles are the framework for forming partnerships and collaborations to make Wisconsin a healthier state for all:

Mission: The Wisconsin Partnership Program will serve the public health needs of Wisconsin and reduce health disparities through initiatives in research, education and community partnerships.

Vision: Making Wisconsin a healthier state for all.

Guiding Principles:

- Prevention: Promote health and prevent disease, injury and disability
- Partnership: Seek out, encourage and support community-University partnerships
- Enhancement: Advance and replicate innovative and transformational population health programs
- Responsiveness: Accelerate existing and stimulate new initiatives with the greatest potential to improve population health
- Effectiveness: Support the translation and application of evidence-based practices and policies
• **Sustainability**: Enhance and leverage other resources to help programs evolve and become self-sustaining

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

To accomplish the mission and vision, the Wisconsin Partnership Program will invest in a balanced portfolio of geographically and culturally diverse community partnerships, education and research initiatives and community engagement strategies, and support the transformation to an integrated school of medicine and public health.

The Wisconsin Partnership Program values the connection of the UW School of Medicine and Public Health with partners and resources statewide. Through collaboration and partnerships, the people of Wisconsin will benefit from the shared knowledge, experience and resources of the school and communities.

**FINDING EVIDENCE**

Applicants are strongly encouraged to use “What Works for Health: Policies and Programs to Improve Wisconsin’s Health.” This database is based on a wide scan of analyses assessing evidence of effectiveness and provides information on what works and does not work for many different health issues.

**COMMUNITY-ACADEMIC PARTNERSHIPS**

The Community-Academic Partnership Fund is guided by the belief that collaborations between community organizations and academic partners can yield beneficial results in improving the health of Wisconsin. Partnerships begin with a community-identified need and an academic interest. Community leaders bring an understanding of the public health needs of specific populations, access to local resources and a commitment from dedicated staff and volunteers. The University of Wisconsin brings education and research expertise and a service commitment to the state exemplified by the Wisconsin Idea.

**Community and Academic Partner Roles:** The community partner is responsible for submission of the application. The OAC expects academic partners to be actively engaged in the project from serving in an advisory or consulting role to advising on evaluation methods and design, to conducting community engaged research. A document outlining roles and responsibilities of both community and academic partners is needed and submitted as part of the online application process. The applicant must include a letter of commitment from the academic partner outlining intended roles and responsibilities.

**Finding an Academic Partner:** It is important to work with an academic partner who has experience and interest in the project idea. Resources are available to help applicants find a partner, think through project ideas or partnership plans and prepare applications. Contact the program officer if assistance is needed.

**REVIEW PROCESS**

**Notice of Intent/Letter of Interest**

- **Initial Technical and Content Review by Wisconsin Partnership Program Staff**
  
  Staff will review each Notice of Intent (NOI) and Letter of Interest (LOI) to ensure requirements, including eligibility, have been met. Any NOI that does not comply with the submission requirements will not be considered for final review. **Passing this initial technical and content review does not guarantee submission of a full proposal.**

- **Final Content Review**
  
  OAC and LIHF Steering Committee members, along with staff, will review the content of the Notice of Intent/Letter of Interest to determine if further development as a full application is warranted. Evaluation of these preliminary “notices” will be based on a combination of alignment with the LIHF program goals.
and objectives, the applicants’ presentation of clear goals, measurable outcomes, use of evidence and alignment with LIHF Community Action Plans.

Full Application

- **Technical Review by Wisconsin Partnership Program Staff**
  Staff will review each full application to ensure that minimum application requirements, 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**
  Each application will be reviewed and scored individually by external review members. Reviewers meet to discuss the proposals. Following the review, they will provide a ranked list along with a critique of each ranked proposal to the OAC. The review panel is comprised of health care professionals, LIHF Steering Committee and Collaborative representatives, and UW faculty and academic staff. The review panel is advisory to the OAC.

- **OAC Review**
  The OAC will make the final determination of awards in February 2013 based on rank, program objectives and alignment with LIHF program goals and objectives. 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.

**AWARD INFORMATION**

The OAC and program staff 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 orientation, 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 plan only through prior consultation with and written approval of Wisconsin Partnership Program staff.

By applying to the Community-Academic Partnership Fund, applicants agree and consent, without reservation, substitution or limitation, to each of the following:

- Application submission requirements and rules, and the procurement process, procedures and specifications identified in this application, including all appendices and any application forms.
- The evaluation methods, evaluation process, evaluation criteria, scoring and project budget described in this Request for Partnerships.
- The OAC’s sole, unrestricted right to reject any or all applications submitted in response to this Request for Partnerships.
- Supplanting prohibition as dictated by the Insurance Commissioner’s Order and as identified on the non-supplanting questionnaire.
FISCAL SPONSOR ROLE
A fiscal sponsor is a governmental or tax-exempt, 501(c) (3) organization that can distribute funds to organizations or groups that have not received IRS recognition of 501(c) (3) status. Fiscal sponsors must ensure adequate financial control and discretion for specific projects in furtherance of the sponsor’s own exempt purposes. A fiscal sponsor, specifically its board of directors, accepts significant financial and legal liability when it sponsors a project under its 501(c) (3) designation. The fiscal sponsor acknowledges authority over and responsibility for the project including at minimum the following:

- Receipt and disbursement of Wisconsin Partnership Program grant funds.
- Maintaining proper financial record keeping and reporting for the project based on generally accepted accounting practices consistent with the organization’s policies and procedures.
- Preparing all Wisconsin Partnership Program financial reporting requirements.
- Submitting a signed fiscal sponsor agreement with the project applicant identifying the roles and responsibilities of each partner toward the financial compliance of the project.

The fiscal sponsor may assume additional roles and responsibilities as directed and negotiated by the applicant organization. This may include coordination, organizing or staffing roles. The Wisconsin Partnership Program expects that fiscal sponsors will take an active role in the implementation of project activities.

Fiscal sponsor criteria:

- Wisconsin-based organization
- State, tribal or local governmental agency or charitable organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code

Contact Quinton Cotton, program officer, at qcotton@wisc.edu.