LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES
2012 REQUEST FOR APPLICATIONS
COLLABORATIVE IMPLEMENTATION GRANTS

APPLICATION GUIDELINES

JANUARY 25, 2012
PROGRAM OVERVIEW

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

PURPOSE AND GRANT DESCRIPTION (page 3)
This special solicitation by the Lifecourse Initiative for Healthy Families (LIHF) of the Wisconsin Partnership Program will support strategic policy priorities identified in LIHF Community Action Plans. Funds will be primarily directed towards LIHF Collaborative activities in policy, community-level system and environmental change strategies to eliminate racial disparities in birth outcomes and improve health.

The three primary LIHF outcomes are to:
- Improve infant health and survival
- Improve the health status of African-American women
- Eliminate racial disparities in birth outcomes in the cities of Milwaukee, Racine, Kenosha and Beloit

ELIGIBILITY CRITERIA (page 4)
LIHF Collaboratives with a qualified fiscal sponsor:

- Wisconsin-based organization
- State, tribal or local governmental agencies and publicly supported charitable organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code
- Strong financial management track record
- Well-established 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 serve as fiscal sponsors

FUNDING SCOPE AND DURATION (page 5)

- Up to four Collaborative Implementation Grants
- Beginning no earlier than April 1, 2012
- Maximum award is $250,000, up to $150,000 year one and $100,000 year two

EXPECTATIONS AND ASSURANCES (page 5)

- Maintain the Lifecourse Collaborative
- Commitment to the community action plan
- Engagement with other LIHF Collaboratives
- Engagement with LIHF project grantees
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Work with the School of Medicine and Public Health and the Wisconsin Partnership Program

KEY DATES AND DEADLINES (page 6)

January 25, 2012 Request for Applications (RFA) released
February 1, 2012 Informational Webcast
January 26 and February 2012 Group and Local Training Sessions
March 23, 2012 Earliest expected notification of awards
February 1 to May 31, 2012 Acceptance of proposals
April 1, 2012 Earliest project start date

EVALUATION CRITERIA
Complete evaluation criteria can be found in the Appendix.

HOW TO APPLY (page 7)
Proposals for this solicitation must be submitted via the WPP online system using the guidelines in the RFA.
INTRODUCTION

The University of Wisconsin School of Medicine and Public Health, the Wisconsin Partnership Program and the Oversight and Advisory Committee announces the opportunity to apply for Collaborative Implementation Grants to advance the Lifecourse Initiative for Healthy Families.

The Lifecourse Initiative for Healthy Families (LIHF) aims to eliminate African-American health disparities in birth outcomes in Wisconsin. The Wisconsin Partnership Program (WPP) will invest up to $10 million over a multi-year period for this initiative. A Steering Committee, appointed by the Oversight and Advisory Committee (OAC), 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 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.

This targeted Request for Applications (RFA) is open to the four LIHF Collaboratives formed during the planning phase in Milwaukee, Racine, Kenosha and Beloit. Collaboratives may use grant funds to promote the goals of LIHF and address strategic policy priorities identified in LIHF Community Action Plans. Funds will be primarily directed towards Collaborative activities in policy, community-level system and environmental change strategies to improve birth outcomes in the community.

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 evidence-based practices including interventions leading to lasting environmental, institutional or policy change. The WPP is guided by a 2009-2014 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.

Planning Phase: In 2010, the WPP awarded 12 to 18-month Community Action Planning grants in Milwaukee, Racine, Beloit and Kenosha to generate community support and consensus for strategies and programs to eliminate racial disparities in birth outcomes and improve health. Applicants used funds to develop a Lifecourse Collaborative and create a Community Action Plan for reducing African American disparities in birth outcomes.

Implementation Phase: To develop a comprehensive and system approach to addressing disparities in infant mortality, two levels of interlinked funding will be supported during the implementation and evaluation phase: (See Attachment A)
- Project Implementation and Development Grants that focus on evidence-based and promising practice strategies and public health programs through a competitive Request for Partnerships (RFP)
- Collaborative Implementation Grants that focus on coalition-driven policy, community-level system and environmental change through a targeted Request for Applications (RFA)

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.

### COLLABORATIVE IMPLEMENTATION GRANTS

Collaborative Implementation Grant funds will support activities in LIHF Community Action Plans to accomplish the following:

- Build broad community buy-in and support for the Community Action Plan
- Demonstrate strong and strategic leadership to address infant mortality in each community
- Advance evidence-based policy, community-level systems, and environmental change strategies that emerged from Community Action Plans
- Appropriately leverage resources and connections in the community
- Work in partnership with the WPP, SMPH faculty and academic staff

To qualify for these grants, applicants will need to address their Community Action Plan priorities within the following three overarching goals:

- *Improving Healthcare for African-American Women*
- *Strengthening African American Families and Communities*
- *Addressing Social and Economic Inequities*

### ELIGIBILITY CRITERIA

This RFA is open to the four LIHF Collaboratives formed during the planning phase. Funding is contingent on OAC approval. Successful applicants will enter into a Memorandum of Understanding and Grant Agreement with the WPP. Local convening agencies funded during the planning phase are ineligible to apply for funds under this grant announcement. Applicant organizations that are not a legal entity (i.e., a governmental or tax-exempt, 501(c) (3) organization) must designate a fiscal sponsor.

### 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 WPP 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 WPP 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 LIHF Collaborative. This may include coordination, organizing or staffing roles. The WPP expects that fiscal sponsors will take an active role in the implementation and sustainability of Collaborative activities.

fiscal sponsor criteria:
- Wisconsin-based organization
- State, tribal or local governmental agencies and publicly supported charitable organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code
- Strong financial management track record
- Well-established 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 serve as fiscal sponsors.

funding scope and duration

the OAC will fund no more than four Collaborative Implementation Grants for up to $250,000 each over a two-year period up to $150,000 for year one and $100,000 for year two. A successful OAC progress review will be required for continued funding in year two. This will be determined by the degree to which the LIHF Collaborative has been successful at implementing key components of the application, the workplan and the LIHF Summary of Activities (See Attachment D). In-kind and cash funds contributions at an increasing level are required beginning in year one.

expectations & assurances

the LIHF Steering Committee will play a key role, providing overall guidance and direction for the initiative and assist with coordination in key program areas, including: public awareness, fund development, evaluation, and proposal review. The OAC expects that grantees agree to the following list of expectations and assurances:

maintain the lifecourse collaborative
Grantees are responsible for maintaining an active Lifecourse Collaborative under a shared governance model. Engagement of a broad range of key stakeholders, particularly African-American community members, will be essential to the early and long-term success of the program.

commitment to the community action plan
The Community Action Plan (CAP) should provide a conceptual framework for potential strategies and approaches to be implemented over the entire two-year project period. It is expected that the CAP, logic model, and SMART objectives will be adapted over the course of the funding period to reflect evaluation outcomes and local changes, barriers, and lessons learned.

engagement with other LIHF collaboratives
The WPP expects that staff and leadership from each Lifecourse Collaborative will actively participate in cross-community communication, networking, and learning, including participation in WPP sponsored communications or evaluation workgroups.
ENGAGEMENT WITH LIHF PROJECT GRANTEES
The WPP expects that each LIHF Collaborative will:

- Establish meaningful and effective partnerships with LIHF project grantees in their community that work towards achieving the overall CAP goals
- 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 CAP
- Serve as an information and referral source for LIHF grantees
- Provide regular updates on the progress of the Collaborative to project grantees and encourage their participation at Collaborative meetings

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 a mother before, during, and after a pregnancy. The WPP expects that each Collaborative will support outreach activities of the PRAMS Survey. Please visit their web site at http://www.dhs.wisconsin.gov/births/prams/ for further information.

SMPH/WPP TECHNICAL ASSISTANCE, COORDINATION AND PROGRAM INVOLVEMENT
The WPP will make available to each LIHF Collaborative SMPH faculty leaders, staff and other technical or academic advisors. The WPP staff and consultants, serving as a team of academic partners, will be involved in the activities of the Collaboratives beyond routine grant monitoring, including the following:

1. **Technical Assistance:** Provide training and support to grantees in the areas of evidence-based and promising practice-based approaches, and program sustainability. WPP staff will also provide assistance by connecting grantees with resources in other areas as needed.

2. **Coordination:** Convene meetings, workshops, web forums, conferences, and/or conference calls for technical assistance related to planning, implementation and evaluation, or other essential programmatic areas.

3. **Communications and Public Education:** Coordinate and implement a regional communications and public education campaign to raise awareness about health disparities in birth outcomes and to build public support for the program.

4. **Evaluation:** Coordinate cross-site evaluation activities to ensure consistency in measurement and comparability across grantees. Provide limited technical assistance and/or connect grantees to evaluation-related resources as needed. Coordinate publication of findings from cross-site evaluation activities.

SUBMISSION AND REVIEW DATES

Submission of the application is the responsibility of the Collaborative leadership and fiscal sponsor.

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<thead>
<tr>
<th>Request for Applications (RFA) released</th>
<th>January 25, 2012</th>
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<tr>
<td>Informational Webinar</td>
<td>February 1, 2012</td>
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<tr>
<td>Training Sessions</td>
<td>January 26, 2012</td>
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<td>Training Sessions</td>
<td>At least one additional session in each site will be held in February 2012.</td>
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<td>Review of application (application may be returned to applicant for revision and resubmission)</td>
<td>For up to 6 weeks after submission</td>
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<tr>
<td>Earliest expected notification of awards</td>
<td>March 23, 2012</td>
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Wisconsin Partnership Program, Oversight and Advisory Committee, Lifecourse Initiative for Healthy Families
January 25, 2012

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TRAINING AND TECHNICAL ASSISTANCE

Direction and technical assistance are provided by the WPP program office located at:

Wisconsin Partnership Program
4230 Health Sciences Learning Center
750 Highland Avenue
Madison, WI 53705-2221
(608) 265-8215
wpp@hslc.wisc.edu
http://www.wphf.med.wisc.edu

Please direct all questions or inquiries to the WPP staff:

Quinton Cotton, LIHF Program Officer, (608) 263-7870, qcotton@wisc.edu

Grant trainings will be available and posted on the website. In addition, an informational webcast for potential applicants will be posted on the WPP Web site.

Direct link to information and resources on the Lifecourse Initiative for Healthy Families:
http://www.med.wisc.edu/wisconsin-partnership-program/lifecourse-initiative-for-healthy-families/502

Direct link to information and resources on the Community-Academic Partnership Fund:
http://www.med.wisc.edu/partnership/community-academic-partnership-fund/634

APPLICATION GUIDELINES

The link to the web-based full application will be provided to the identified fiscal sponsor and key staff for each LIHF Collaborative after receipt of the finalized Community Action Plan. Submit application forms electronically via the web-based application form by 5:00PM CST no later than May 31, 2012.

EXECUTIVE SUMMARY AND NARRATIVE

The narrative portion of the full Implementation grant application includes an executive summary and narrative as described below.

**Executive Summary** - Applicants must upload the Executive Summary in electronic format, as a PDF, which may not exceed one single-spaced 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 (not including footnotes and references) must be uploaded in electronic format as a PDF, and **may not exceed 12 single-spaced one sided pages with one-inch margins.** Use a minimum 11-point font for the narrative and no less than eight-point font in tables. Number all pages. Use the evaluation review criteria as a guide (See Appendix).
Use these six (6) section headings in your narrative.

- Community Context, Needs and Assets (Scoring: 10 points)
- Capacity and Composition of the Collaborative (Scoring: 10 points)
- Plans, Activities and Strategies in Key Areas of Focus (Scoring: 20 points)
- Evaluation, Dissemination, and Sustainability (Scoring: 20 points)
- Capacity and Experience of Partners and Key Staff (Scoring: 15 points)
- Working in Partnership with the WPP (Scoring: 5 points)
- Work Plan – (See Appendix) (Scoring: 20 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.

**In-Kind and Cash Match Cost Sharing:** Applicants are required to provide partial matching of current resources or leveraging of future resources for the grant they are requesting. Matching resources may include, but are not limited to, financial or human resources, overhead and other indirect expenses, and/or expanded capacity through partners recruited. In the budget justification narrative, provide details of all other sources of cost sharing, which should include in-kind or cash match.

**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. 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 endorsement or support that speak to the ability of the applicant to perform the proposed project are optional.

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 fiscal sponsor’s prior year financial statements or current annual revenue and expense budget.

IRS DETERMINATION LETTER
Upload in electronic format, as a PDF, a copy of fiscal sponsor’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
WPP staff will review each application to assure that minimum application requirements, including a non-supplanting review, have been met. Any application that does not comply with the submission requirements will not be reviewed. Applications that do not comply with submission requirements will be returned to the applicant immediately upon review. The OAC will create a review panel which will include members of the OAC, the LIHF Steering Committee and WPP leadership. Reviewers will be required to sign Conflict of Interest and Confidentiality Statements. The OAC or LIHF Steering Committee may request that applicants provide an oral presentation prior to making awards.

GRANT 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 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
ATTACHMENT A
ATTACHMENT B

**Lifecourse Initiative for Healthy Families Logic Model**

### 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

### Implementation and Evaluation Phase

- ** LIHF Community Action Plans**
- **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

### 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

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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 Collaboratives Logic Model
7/15/11

Inputs

- Governance structure
- Staffing and leadership
- Broad-based membership
- Personal and organizational relationships
- Fund development capacity
- Understanding of local context and culture
- Funding and partnership with WPP
- CAP

Abbreviations:
AA = African American
CAP = Community Action Plan
IM = Infant Mortality
WPP = Wisconsin Partnership Program

Key Areas, Activities and Roles of the Collaboratives

- Strategic Leadership in the Community
  - Raise and maintain public awareness of IM and poor birth outcomes among AA in WI
  - Serve as an information source about IM, efforts to improve birth outcomes, Life Course model
  - Coordinate efforts to improve health of AA families
  - Develop and maintain effective, inclusive governance structure for Collaborative

- Community buy-in and commitment to CAP
  - Educate community, media, and other stakeholders about CAP
  - Advocate for implementation of programs and policies included in CAP
  - Organize and lead an annual community review process for CAP

- Policy and System-level Change
  - Identify policy and system-level changes most likely to support and amplify impacts of other local efforts
  - Lead efforts to build support for and enact these changes.
  - As part of annual review of CAP, ensure strategies reflect current priorities

Leveraging Resources

- Assess Collaborative’s capacity to leverage needed resources
- With input from stakeholders, develop fundraising plan
- Implement plan
- Regularly assess plan and revise as needed

Key Outcome Measures for each Collaborative

- Increased awareness of IM, poor birth outcomes
- Collab. is seen as key info. source
- Improved service delivery, coordination
- Increased interagency collaboration
- Involvement of AA community members
- Collab. functions efficiently and effectively
- Increased capacity of Collab. in the four key areas

Site-specific Strategies and Process Measures to be identified by each Collaborative

Local Context
Activities and strategies to be tailored to the local context in each LIHF community