



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

OVERSIGHT AND ADVISORY COMMITTEE

COMMUNITY IMPACT GRANT PROGRAM REQUEST FOR PARTNERSHIPS (RFP)

JULY 2021

The Wisconsin Partnership Program was established at the UW School of Medicine and Public Health in 2004 through a generous endowment gift from Blue Cross Blue Shield United of Wisconsin's conversion to a stock insurance corporation. The Partnership Program's mission is to bring about lasting improvements in health and well-being and advance health equity in Wisconsin through investments in community partnerships, education and research. Our annual grant programs are a primary mechanism for implementation of our [2019-2024 Five Year Plan](#); therefore, all applicants should be familiar with our plan in advance of applying for any grant.

GOAL OF THIS GRANT PROGRAM – Health Equity and Systems Change

Social determinants of health—economic stability, social and community context, access to health services and healthcare, neighborhoods and the built environment and education—have a strong and scientifically proven impact on human health and well-being. The structures, policies, systems and environments that guide our daily lives shape these determinants and thereby enhance or impede our health. As such, many of the complex health issues we face are rooted in structural inequities that affect the health status of a group due to their race, geographic location, income, ethnicity, gender, sexual orientation and other characteristics.

The Partnership Program advances health equity through a commitment to supporting initiatives that address these inequities and their root causes, and that are informed and implemented by those who are most affected by them. The Wisconsin Partnership Program also believes that bridging the expertise and resources of the university with the lived experiences and expertise of communities strengthens our ability to successfully address and influence health and advance health equity.

The overarching goal of the Community Impact Grant program is to advance health equity in Wisconsin communities through support for large-scale, evidence-informed, community-academic

partnership initiatives that address the social determinants of health. These partnerships require substantial and authentic community leadership to make progress towards sustainable systems change and must be supported by robust evaluation.

IMPORTANT NOTE: Our world has changed significantly since the onset of the COVID-19 pandemic; the impact of the virus has hurt some communities far greater than others. Data illustrating this impact is still emerging but we do know that those communities hardest hit include families who have experienced deaths from COVID-19, adolescent populations who are experiencing social and emotional health challenges at high rates, rural communities that tend to have higher rates of cigarette smoking, high blood pressure, and obesity as well as less access to healthcare and lower access to health insurance, among others. The pandemic has also brought social and racial injustice and inequities to the forefront of public health. It has highlighted that health equity is still not a reality as COVID-19 has unequally affected many racial and ethnic minority groups, putting them at greater risk from getting sick and dying from COVID-19.

While these communities have been harder hit by the pandemic, they are also profoundly resilient and have vital assets that should be supported, amplified and replicated.

We ask that our applicants address the impact of COVID-19 on the communities and populations they seek to support for this award program.

AWARD: FUNDING

Each award is for a maximum of **\$1 million over a period of five years**. The Partnership Program's Oversight and Advisory Committee (OAC) anticipates making up to three awards in 2021.

*Please note that the Partnership Program operates under a **cost reimbursement model**. This means that your organization must incur expenses and request reimbursement. Funds are not distributed at the onset of the award.*

AWARD: THE COMMUNITY GRANTS LEARNING COLLABORATIVE

In addition to the funding provided through this grant, the Partnership Program has designed a "learning collaborative" that all active teams participate in together for the duration of their awards in order to maximize the impact of collective efforts to address the root causes of inequities and optimize chances for any given grant's sustained success.

This learning collaborative allows Partnership Program staff, alongside our grantees, to *learn from, engage, and problem-solve with* each other as each grantee team works toward systems and structural changes for health equity. We believe that experiencing this work together—and looking for mutually beneficial opportunities—will increase the ultimate success and sustainability of these grants.

There are five overarching goals that we address in the context of the learning collaborative:

1. Expanding the understanding and application of structural change to achieve health equity
2. Expanding the application of collaboration and partnerships

3. Expanding the understanding and achievement of sustainability
4. Effective framing and communication
5. Continuous evaluation of outcomes

What should grantees expect over the five-year duration of their Community Impact grant?

- A ***week-long training*** that brings together all active community grantees (Summer or Fall 2022)
- Ad hoc opportunities for training and technical assistance over the five-year grant period, based on grantees needs
- Some advance preparation but most work done during the meetings
- Open communication and sharing of ideas among grant teams, consultants and staff
- Post-meeting surveys to maintain continual quality improvement efforts and solicitations for feedback from grantees

ELIGIBILITY

Eligible Community Lead Organizations must:

- Be a Wisconsin-based, nonprofit, IRS tax exempt, **501(c)(3) organization, K-12 school or district, or a tribal or governmental entity.**
 - A collaborative partnership or network may apply *only if an active member of the collaborative is an eligible entity* and serves as the formal applicant.
- Have established a **community-academic partnership.**
 - Letters of commitment are required to illustrate the nature of the partnership and the role that the academic partner(s) will play. Evidence of prior productivity of this community-academic partnership will be considered as a particular strength.
- Have the **fiscal and administrative capacity** to oversee and manage the project. For this RfP we are defining this capacity as organizations operating a minimum annual budget of \$500,000.

While many smaller organizations that support health equity efforts may not meet the “lead community applicant” eligibility criteria for this funding mechanism, this grant program emphasizes the importance of partnerships and collaborations; therefore, smaller organizations are encouraged to participate in the proposed work—*and be compensated* (via subcontracts, etc.).

Academic Partners must meet one of the following criteria:

- UW School of Medicine and Public Health (SMPH) tenure-track, Clinical/Health Sciences (CHS) or clinician-teacher faculty
- UW-Madison faculty, academic staff or emeritus faculty outside of the School of Medicine and Public Health with approval of a department chair/center director, with Principal Investigator (PI) status
- UW System faculty, academic staff (with approval and oversight of PI), including UW Extension, with Principal Investigator (PI) status with an institutional IRB of record.

By applying to the Wisconsin Partnership Program, applicants agree and consent, without reservation, substitution or limitation, to adhere to each of the following:

- Proposal submission requirements, rules, procedures and specifications identified in this announcement, including all appendices and application forms
- Review process, evaluation criteria, scoring and project budget described in this Request for Partnerships
- The Oversight and Advisory Committee's sole, unrestricted right to reject any or all proposals submitted in response to this Request for Partnerships
- Supplanting prohibition as dictated by the Order of the Commissioner of Insurance and as identified on the Non-Supplanting Questionnaire.

KEY DATES AND DEADLINES - 2021

Request for Partnerships released	July 2021
Stage 1: Written Submission Due	Monday, August 16, 2021
<i>Invitation to next stage</i>	Week of October 11 th , 2021
Stage 2: Presentation to the OAC	Wednesday November 17, 2021
Final vote of the Oversight and Advisory Committee (OAC)	Thursday November 18, 2021
Earliest project start date	January 1, 2022

HOW TO APPLY

The application process is completed online. Assistance from Partnership Program staff is available throughout the process and applicants are encouraged to contact Senior Program Officer, [Andrea Dearlove](#) with any questions.

STAGE 1: WRITTEN SUBMISSION

- **Due Monday, August 16th, 2021 by 11:59 PM.**

The [online application](#) will ask applicants to submit the following information:

FISCAL INFORMATION

Please share/upload:

1. Current fiscal year operating budget
2. IRS determination letter of tax-exempt status
3. Applicant organization financial statements

TITLE AND LEADS

Proposal Title (*maximum* 10 words): Your title should mention the primary population reached and include the word “health”

Summary Statement (*maximum* 100 words): Your summary statement should be a concise description of the work you are proposing.

Impetus for this Initiative (250 words; approximately ½ page): Describe the health challenge motivating you to take action. *Specifically address* how your proposed initiative advances the Wisconsin Partnership Program’s [2019-2024 Five Year Plan](#).

SOCIAL DETERMINANTS OF HEALTH

Please choose the primary Social Determinant of Health that your initiative will address. *Please include a statement addressing if/how the COVID-19 pandemic has affected and possibly exacerbated this health determinant and how you have designed your approach accordingly* (250 words; approximately ½ page).

- Economic Stability
 - Employment
 - Food Insecurity
 - Housing Instability
 - Poverty
- Social and Community Context
 - Civic Participation
 - Discrimination
 - Incarceration
 - Social Connectedness
- Health and Health Care
 - Access to Health Care
 - Access to Primary Care
 - Health Literacy
- Neighborhood and Built Environment
 - Access to Foods that Support Healthy Eating Patterns
 - Crime and Violence
 - Environmental Conditions
 - Quality of Housing
- Education
 - Early Childhood Education and Development
 - Enrollment in Higher Education
 - High School Graduation
 - Language and Literacy

NARRATIVE AND ASSOCIATED UPLOADS

- Please use 12-point Arial font and 1" page margins, single spaced
 - See space suggestions/maximums for each section below
 - No more than 7 pages permitted for narrative (#s 1 - 5); upload as a single PDF
 - Please answer each question in the order listed and with indicated headings
1. **Systems Change Goals** (300 words; approximately ½ page): Please describe your initiative's systems change goals – by which we mean *fundamental* change in policies, processes, relationships, and power structures, as well as deeply held values and norms. Systems-change approaches seek to *go beyond programming* and focus instead on the systems that create the conditions that have held health disparities and inequities in place.
 2. **Community Voice** (500 words; approximately 1 page): Describe the communities whose health and well-being will be most impacted by the proposed work. How are these communities represented in this initiative either as leaders and/or shapers of the work? *Applicants who are not able to provide details regarding the leaderships and/or involvement of impacted communities will **not** move forward in this process.* The Partnership Program supports the assertion that *those closest to the problem are also closest to the solution* and achieving sustainable impact is not possible without their leadership and involvement.
 3. **Activities & Evidence Base** (1,000 words; approximately 2 pages)
 - What are the proposed primary activities that your team will undertake within the timeline of the initiative and how are the specific goals for each activity tied to the change you seek?
 - What is the existing evidence supporting the proposed approach?
 - What are the conditions that must be in place to bring about the long-term goal (e.g., community and political context, partnerships, resources, etc.)?
 - The global pandemic radically altered basic approaches to efforts of many organizations and agencies. How has the pandemic affected your approach to this work? What if an event such as the COVID-19 pandemic reoccurs? Please address this possibility as well (e.g., could you pivot from work that is all in-person to virtual?).
 4. **Approach to Evaluation** (1,000 words; approximately 2 pages)

The Partnership Program recognizes the need to continue to build the evidence base around how innovative systems change efforts can advance health equity, while acknowledging that evaluation of these complex change processes requires going beyond conventional approaches to program evaluation. As such, the Partnership Program welcomes approaches to evaluation that embrace this complexity and are designed to examine how grantee efforts contribute to longer term systems changes, as well as changes to outcomes related to health, well-being and equity. The Partnership Program expects evaluations to be adaptive, culturally responsive, ongoing and include meaningful leadership from those whose health and well-being will be most impacted by the proposed work. In explaining your approach to evaluation, please be sure to address the following questions:

- **Evaluation team:** Who will conduct evaluation for your project? What is their experience with evaluation?
- **Population:** Who will be asked to participate in evaluation and at what points in the project (planning, data collection, analysis and interpretation, etc.) will they be involved? What experience does your team have with engaging program participants and/or impacted individuals in evaluation?
- **Data:** What are your short- and long-term outcomes relating to systems change (e.g., significant increases in key stakeholders' or the public's support of your efforts or organizational system improvements)? What type of qualitative and/or quantitative data do you collect to measure these outcomes?
- **Evaluation budget:** What percentage of your budget will you allocate to evaluation (generally, evaluation budgets are approximately 15% of the overall budget)?

5. **Grant Administration** (500 words; approximately 1 page)

There are significant administrative and fiscal demands that oversight of a large grant imposes on an organization.

- What is the lead applicant's organizational capacity to manage administrative and fiscal responsibilities associated with this proposed initiative? Please address the following in your response:
 - Organizational mission and alignment of mission with the proposed initiative,
 - Previous work and related accomplishments, and
 - Current staff resources available for the administrative work required by this initiative.

UPLOADS:

Academic Partners (please use spreadsheet provided): Please list and describe the role(s) of your academic partner(s). List experience they may have related to engaging community and understanding systems change to improve equity. Describe experiences you have had working with them in the past and if this is a new partnership, please describe why this work is important to both parties to move forward and what level of commitment the academic partner(s) will provide. *Letters of commitment from your academic partners are required.*

Collaborators (please use spreadsheet provided): No one organization acting alone can solve the complex health issues we face. When addressing systems change, cross-sector collaborations are critical to success. Please provide a bulleted list of the partners engaged in this work and the role they play in seeking the proposed systems change (examples include health systems, government, private sector, local philanthropy, nonprofits, faith-based organizations, etc.). *Letters of commitment are required from each of the named collaborators.*

Letters of commitment (no page limit)

Letters of commitment provide the members of your team the opportunity to describe their expertise and the specific role they will play in the overall initiative, *in their own words*, and reflect on the importance of the work for their constituents. *These letters are a crucial piece of an overall application.*

Bio-sketches (for faculty) and resumes (for non-faculty key personnel). Only include those individuals who are leading this effort and plan to be with the work for the duration of a 5-year grant.

BUDGET DOCUMENTS

Projected budget and budget justification (use budget template provided)

The budget should clearly indicate how grant funds will be spent. Requests should be made by expense type (salary, fringe benefits, travel/services, and supplies/other expenses). Provide sufficient detail for individuals unfamiliar with the project so they can accurately review the proposal. ***Please note that the Partnership Program operates under a cost reimbursement model. This means that your organization must incur expenses and request reimbursement. Funds are not distributed at the onset of the award.***

Expenditures must:

- Be fully justified, reasonable and clearly related to supporting the goals of this grant program.
- Reflect the activities/tasks listed in the proposal and capacity building needs identified.

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

- Personnel expenses, i.e., salaries and benefits
- Evaluation consulting or services (the Partnership Program recommends budgeting for this)
- Consultant and contract services
- Travel
- Language Translation Services
- Office supplies directly related to the scope of work

Funds **may not be used** for:

- Clinical services related to treatment or follow-up for specific health conditions; however, clinical services that involve screening and education, or mobilizing resources to promote health care access may be funded.
- General overhead expenses, i.e., general administrative support, office space, and cost-allocations for expenses not directly related to the project
- Indirect costs, such as human resource, executive, and finance personnel
- Lobbying
- Pre-award or proposal costs
- Projects outside the state of Wisconsin

Please review information on [Allowable and Unallowable Grant Expenses](#) as well as the Partnership Program's [Terms and Conditions](#).

Budget Justification: A budget justification narrative is required for purposes of describing in detail the major budget line items. The narrative should provide the specifics of why an expense is necessary to achieve the goals of the project.

OTHER

Non-supplanting questionnaire (provided online)

Human subject approval plans

STAGE 1: REVIEW PROCESS

Written Submission - Review

1. Technical Review: Partnership Program staff will review each proposal to ensure that all basic submission requirements (e.g., document uploads) are met.
2. Content Review: Academic and community representatives with proposal-related expertise and no conflicts of interest will competitively score proposals and will make recommendations to the Oversight and Advisory Committee for which applicants to advance to the second stage of the application process. All applicants will receive *de-identified* reviewer critiques.

Criteria for proposal review:

Partnership Program staff will review each submission to check for eligibility and fit with the intent of this award program. Submissions that do not meet eligibility submission requirements will not be considered for the next stage of the process. Review criteria are:

- Does the stage one proposal align with the goals of this funding program and the 2019-2024 Five Year Plan?
- Do the applicants and proposal meet eligibility requirements?
- Is there a clear systems-change goal that is well-aligned with the identified social determinant(s) of health?
- Does the stage one proposal illustrate how COVID-19 has affected or amplified the need for this work?
- Is there ample evidence of leadership and participation from the community most impacted by the health challenge and intended outcome?
- Is there evidence of a strong existing or emerging community-academic partnership? This will be evaluated through the letters of commitment.
- Is there evidence of multi-sector involvement—*in particular*—involvement of entities and agencies that can propel the proposed systems change forward? This will be measured by the letters of commitment.
- The proposal provides a clear and convincing summary of the work and gives reviewers confidence that the team and proposed approach can make progress toward health equity through systems change.
- The proposal illustrates a strong and qualified lead applicant and team, including meaningful leadership and participation of impacted community.
- Letters of Commitment are specific to the work, commitment and involvement of the individual or group submitting the letter. Template letters *will not be considered positively*.

- The proposal presents a clear and convincing description of evaluation strategies and how success is defined. Budget reflects commitment to evaluation throughout the initiative.

3. Scoring

- Potential for impact on health and health equity through systems change, and for advancing the goals of the Partnership Programs [2019-2024 Five-Year Plan](#) = 40 points
- Ability of team to engage in this work = 25 points
- Strong Statements via Letters of Commitment = 20 points
- Rigorous approach to continuous evaluation = 15 points

Review scores will be averaged, and the highest scored proposals will be recommended to advance to the next stage of the application process—the presentation to the Oversight and Advisory Committee.

Applicants who move past the full proposal stage will be informed the week of OCTOBER 11, 2021. We anticipate inviting up to 7 (seven) meritorious proposals to present to the Oversight and Advisory Committee and no more than 3 (three) will be chosen for the final award.

STAGE 2: PRESENTATION TO AND FINAL DECISION BY THE OVERSIGHT AND ADVISORY COMMITTEE (OAC)

(By invitation only. All presentations made on November 17, 2021)

Partnership Program staff will notify applicants who are chosen to move to the next—the presentation to the Oversight and Advisory Committee (OAC) at its November 2021 meeting. There are no exceptions to this date. At this meeting, applicants will present a PowerPoint that will present components of the team’s Theory of Change and will end by answering the question, “why is the Partnership Program the ideal funder for this work?”. Partnership Program staff will schedule a 60-minute planning meeting with each team in advance. Each presentation will last 30 minutes and will include time for committee members to ask questions of the applicant team.

Theory of Change: A theory of change clarifies long-term goals, and then works back from these to identify the conditions (outcomes) that must be in place for the goals to be achieved. It depicts outcomes in a causal chain that describes how conditions will be created by the proposed change. A theory of change identifies measurable indicators of success such that the process of implementation and evaluation is transparent. A theory of change should be continuously revisited and refined through a participatory process with stakeholders and groups affected by the proposed outcomes and goals.

Presentation Review

The Oversight and Advisory Committee will take into consideration the Partnership Program’s commitment to funding statewide health equity impact and its grantee portfolio. Scoring rubric based on written and presented materials:

- Clear description of the need, approach and intended outcomes = 30 points
 - Clear commitment and existing assets to address health equity = 30 points
 - Compelling argument why WPP is the right funder for this effort = 30 points
 - Contributes to a representative portfolio = 10 points
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The Oversight and Advisory Committee final vote will take place the day after presentations on November 18, 2021. The Oversight and Advisory Committee anticipates funding up to three proposals. Decisions made by the OAC are final and not subject to appeal.

For more information or assistance, please contact:

Andrea Dearlove, Senior Program Officer

Wisconsin Partnership Program

adearlove@wisc.edu