



COMMUNITY IMPACT GRANTS PROGRAM

Request for Partnerships (RfP)
January 2020



Wisconsin Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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2020 Request For Partnerships (RfP)

The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) was created in 2004 by funds generated 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, we ask all applicants to 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 health care, 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 achieve sustainable systems change and must be supported by robust evaluation.

AWARD: FUNDING

Each award is for a maximum of **\$1 million over a period of five years**. The Partnership Program Oversight and Advisory Committee (OAC) anticipates making up to six awards in 2020.

AWARD: THE COMMUNITY GRANTS LEARNING COLLABORATIVE

In addition to the funding provided through the Community Impact Grant, the Partnership Program has designed a “learning collaborative” that all active teams will participate in together for the duration of their awards in order to optimize their chances for sustained success.

This learning collaborative allows the 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

We have designed the Community Grant Learning Collaborative to provide support, training and technical assistance in these areas over the five-year duration of the grant.

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

- A **week-long summer** immersion training that brings together all active community grantees
- 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 Partnership Program staff
- Post-meeting surveys to maintain continual quality improvement efforts and solicitations for feedback from grantees



ELIGIBILITY

Eligibility requirements for the Community Impact Grants Program reflect the Partnership Program's focus on funding initiatives with significant potential for sustained impact.

Eligible Community Lead Organizations must:

- Be a Wisconsin-based, nonprofit, IRS tax exempt, **501(c)(3) organization, or a tribal or governmental entity.**
 - A collaborative 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.**
 - A letter of commitment is required at the Letter of Intent phase 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
- Other UW System faculty, including UW Extension, with Principal Investigator (PI) status with an institutional IRB of record.

KEY DATES AND DEADLINES - 2020

Request for Partnerships released	January 29, 2020
Stage 1: Letter of Intent due	March 4, 2020
Invitation to next stage	March 16, 2020
Stage 2: Full proposal due	May 11, 2020
Invitation to next stage	mid-June 2020
Technical assistance to prepare presentation to OAC	July & August 2020
Stage 3: Presentation to the OAC	September 16, 2020
Final vote of the Oversight and Advisory Committee (OAC)	September 16, 2020
Earliest project start date	January 2021

STAGE 1: LETTER OF INTENT

Due March 4, 2020. Maximum length of three pages, 11-point font, 1” margins

Interested applicants must submit an online letter of intent, which staff will evaluate to determine eligibility and fit for this grant program. In addition to questions that confirm eligibility requirements, applicants will be asked to respond to the following:

1. Proposal Title: Your title should be less than 10 words, mention the primary population reached and include the word “health.”
2. Summary Statement: Your summary statement should be a concise description of the initiative you are proposing. Maximum 80 words.
3. What is the primary social determinant of health ([healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)) the proposed initiative will address? **Please note:** this is an abbreviated list from Healthy People 2020. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 will likely be updating this list sometime in 2020 and we will stay abreast of these developments.

- 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



4. Please describe the **health challenge** motivating you to take action and specifically address how it advances the Wisconsin Partnership Program's 2019-2024 Five Year Plan.

5. What is the long-term **health outcome** your proposal is intended to impact? Do you anticipate short-term health outcomes that you intend to measure during the five-year funding period?

6. **Please describe your initiative's systems change goals.** Please clearly identify the policies, regulations, rules, priorities, protocols, processes, or practices within and across organizations and communities and/or the physical, material, or social/cultural components of the community environment that are being changed by your proposed strategy.

Systems change approaches seek to go beyond programming and focus instead on the systems that create the conditions in which we work, live and play.

7. 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/or authentic involvement. **Please identify the communities whose health and well-being will be most impacted by the proposed work.** How does the proposed work reflect the perspectives and experiences of those most impacted by health inequities?

8. No one organization acting alone can solve the complex health issues we face. In particular, with 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 systems change (examples include health systems, government, private sector, local philanthropy, nonprofits, faith-based organizations, etc.).

9. **Please describe the role(s) of your academic partner(s)** and any experiences you have had working with them in the past. 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.

Stage 1 Letter of Intent Review

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

- Does the letter meet eligibility requirements and illustrate an alignment with the goals of this funding program and the 2019-2024 Five Year Plan?
- Is there a clear connection between the systems change proposed and the identified social determinant(s) of health?

- Is there strong evidence that the proposal is driven by the perspectives and experiences of those most impacted by the health inequities?
- Is there evidence of a strong community-academic partnership?
- Is there evidence of multi-sector involvement, and, *in particular*, involvement of entities and agencies that can propel the proposed systems change forward?

Applicants who move past the Letter of Intent stage will be informed on or by March 16, 2020.

STAGE 2: FULL PROPOSAL (by invitation only)

Due May 11, 2020. Narrative maximum length of eight pages, 11-point font, 1" margins.

Applicants invited to submit a full proposal will be asked to upload the following information to our online grants management database:

1. **Executive Summary** (two page maximum, 11-point font, 1-inch margins)

The summary is a succinct and accurate description of the proposed work when separated from other application materials. Your summary should include a) the significance of the health equity issue(s) and social determinants being addressed, b) your primary goal(s), c) plans for evaluation, d) potential systems-level impact and e) the contextual factors that will support or hinder progress toward realization of outcomes. It also must indicate how the project addresses the values, goals and strategies of the Partnership Program's 2019-2024 Five-Year Plan.

2. **Activities and Evidence Base** (two page maximum, 11-point font, 1-inch margins)

What are the primary activities that your team will undertake within the timeline of the proposed initiative and what are the specific goals for each activity?

What is the existing evidence supporting the proposed approach?

What are the preconditions that must be in place to bring about the long-term goal?

3. **Approach to Evaluation** (two pages maximum, 11-point font, 1-inch margins)

The Partnership Program recognizes the need for building the evidence base of innovative policy, systems and environmental change efforts that advance health equity. These complex efforts require evaluations that go beyond evaluating the implementation of traditional programs; they will also examine the process of how system change occurs as well as continuous evaluation of outcomes related to health, well-being and promoting health 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.



- Evaluation team: Who is on the evaluation team for this proposal? How and at what points in the evaluation process (planning, data collection, analysis and interpretation, etc.) will you engage those directly impacted by the focus of the project? What experience does your team have with engaging impacted individuals in evaluation?
- Metrics for Success: What are your quantitative and qualitative short- and long-term outcomes in the areas of systems change (e.g., significant increases in key stakeholders' or the public's support of your efforts or organizational system improvements)? What is your evidence-based metrics of advancing health and well-being? How will you collect these outcomes data?
- Evaluation Budget: What percentage of your budget will you allocate to evaluation?

4. **Grant Administration** (two page maximum, 11-point font, 1-inch margins)

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 this initiative.

5. **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.* Each named partner from the Letter of Intent stage should provide a letter of commitment.

6. **Projected budget and budget justification** (use budget template provided)

The project 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. [Guidelines for allowable/unallowable expenses are available for review on the Wisconsin Partnership Program website.](#)

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 cash-matching funds.

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

- Personnel expenses, i.e., salaries and benefits
- Salary support for academic partners
- Consultant and contract services
- Travel
- Office supplies and participant incentives *directly related* to the scope of work
- Services that are not otherwise available or reimbursable

Funds may not be used for:

- Clinical services related to treatment or follow-up for specific health conditions; such as funded or reimbursable clinical services.
- 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 high-level human resource, executive and finance personnel
- Lobbying
- Pre-award or proposal costs
- Capital expenditures costing \$5,000 or more with a useful life of two (2) years or more; exceptions may be made for capital expenditures if such equipment is *crucial to the primary objectives of the project*; Wisconsin Partnership Program pre-approval is required.
- Projects outside the state of Wisconsin
- Supplanting

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 goal(s) and objective(s) of the project.

7. **Bio-sketches (for faculty) and resumes (for non-faculty key personnel)**

8. **Non-supplanting questionnaire** (provided online)

9. **Human subject approval plans**

Stage 2 Proposal 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 will competitively score proposals and will make recommendations to the Oversight and Advisory Committee for which applicants to advance to the third stage of the application process. All applicants will receive *de-identified* reviewer critiques.



Criteria for proposal review:

- The proposal provides a clear and convincing summary of the work and gives reviewers confidence that the team and proposed approach can impact health and 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.
- The budget is fully justified, reasonable and clearly related to project goals and accurately reflects the activities/tasks listed in the proposal.

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 = 20 points
- Strong Statements via Letters of Commitment = 20 points
- Rigorous approach to continuous evaluation = 15 points
- Well-justified budget = 5 points

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

Applicants who move past the full proposal stage will be informed mid-June 2020. We anticipate inviting between six (6) and ten (10) meritorious proposals to present to the Oversight and Advisory Committee.

STAGE 3: PRESENTATION TO AND FINAL DECISION BY THE OVERSIGHT AND ADVISORY COMMITTEE (By invitation only. All presentations made on September 16, 2020)

Partnership Program staff will notify applicants who are chosen to move to Stage 3—the in-person presentation to the Oversight and Advisory Committee (OAC) at its September 16, 2020 meeting. There can be no exceptions to this date. At this meeting, applicants will review their proposal's Theory of Change for the OAC and will address why the Wisconsin Partnership Program is the appropriate funder for this work.

Partnership Program staff will schedule a planning meeting with each team to provide guidance and training regarding developing a theory of change presentation.

Theory of Change: Theory of Change is a participatory process whereby groups and stakeholders identify the conditions they believe must unfold for their long-term goals to be met. 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 graphically depicts these 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 and keeps the process of implementation and evaluation transparent, so everyone knows what is happening and why. 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.

Stage 3 Presentation Review

Each OAC member will score presentations based on applicant's ability to clearly and convincingly:

- Present the goals of their proposal through a Theory of Change
- Respond to OAC member questions
- Answer: "Why should this effort be funded by the Wisconsin Partnership Program?"

The Oversight and Advisory Committee final vote will take place at their meeting on September 16, 2020. The Oversight and Advisory Committee anticipates funding up to 6 proposals, *pending final budget and document review by WPP staff*.

View the Terms and Conditions for the Wisconsin Partnership Program's grant programs here: med.wisc.edu/wisconsin-partnership-program/grant-resources/.