COMMUNITY COLLABORATION GRANTS PROGRAM
Growing Community Capacity To Improve Health Equity
Request for Partnerships (RfP)
May 2019
GOAL OF THE GRANT PROGRAM

Many complex health issues are rooted in structural and systems-driven inequities that affect the health status of a group by their geographic location, race, socioeconomic status, ethnicity, gender, sexual orientation and other characteristics. One way the Partnership Program advances health equity is through a commitment to supporting organizations and communities led by those most affected by these inequities. Work is done every day by community members and within organizations without sufficient support to build and strengthen infrastructure for sustainability. The Partnership Program recognizes the power that local communities have to address inequities, starting from the assets and lived experiences communities bring to this work.

The Community Collaboration grant program is a collaboration between and among grantees, the Partnership Program, and other UW System partners to bring the knowledge of community partners to the university, and to bring the resources of the university to community grantees—the Wisconsin Idea in action. As detailed in our 2019-2024 Five Year Plan, the overarching goals of the Wisconsin Partnership Program through this grant program are to learn from and build trust with communities to advance health equity by collaboratively enhancing capacity, and increasing and strengthening partnership by working closely with grantees and providing training, technical assistance and funding.

Through the Community Collaboration Grant, the Wisconsin Partnership Program work closely with grantees to address health inequities stemming from the social determinants of health (e.g., income, employment, education, housing).

To be considered eligible for this award program, organizations must have high capacity-building needs and face high health inequities in their community. Grantees will receive support as they strengthen and expand their current assets and partnerships, build their infrastructure, use data and information to develop community-driven plans, and take action toward sustainable change.

AWARD AMOUNT

The maximum award for this grant is $400,000, to be spent over a maximum of four years. The Partnership Program anticipates making up to five awards in 2019.

KEY DATES AND DEADLINES

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Letter of Interest Due</td>
<td>Invitation to next stage</td>
<td>June 17, 2019</td>
</tr>
<tr>
<td>Step 2: Full Proposal Due</td>
<td>Step 3: Oversight and Advisory Committee Meeting</td>
<td>September 6, 2019</td>
</tr>
<tr>
<td>Notification of intent to fund and final budget review</td>
<td>Final Vote by OAC</td>
<td>October 2019</td>
</tr>
<tr>
<td>Earliest start date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ELIGIBILITY

This grant program brings the resources of the university to communities statewide by connecting grantees with potential academic partners, programs and resources.

Eligibility requirements for the Community Collaboration Grants Program reflect our commitment to supporting communities facing significant inequities.
The Community Applicant Organization must:

- Be a Wisconsin-based, nonprofit, tax exempt, 501(c)(3) organization or a tribal or government entity.
  - Foundations are not eligible to apply.
  - Fiscal agents are not eligible to apply. If applying as a consortium of organizations, one organization must be the lead entity and meet the status requirements above. The lead entity must be actively engaged in the activities of the grant and will be fiscally responsible for the finances of the award.
- Be led by the community impacted by health inequities
  The Partnership Program believes that improving health outcomes means shifting the upstream conditions that create these inequities and those solutions need to be driven by communities most impacted by inequities.
- Be willing and able to commit time to relationship and partnership building, listening, co-creating knowledge, asset-based community development, training, capacity building and technical assistance activities.

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

GRANTEE TRAINING AND ASSISTANCE
Throughout the four-year grant period, the Partnership Program will ensure grantees receive:

- Training on topics such as organizational sustainability, evaluation, framing & communications, program development and implementation, partnership development, and policy & systems change.
- Technical assistance and tailored support to implement actions from training topics and connections to relevant resources.
- Peer learning opportunities and networking during the in-person events and webinars.

Grantees and key partners (up to 5 participants, as appropriate) will participate in:

- Up to three Madison-based retreats per year
- Consistent communication with program officer
- Webinars, phone conferences, trainings and other correspondence as needed.

Phase 1 (up to 1 year) – Learn & Prepare
The Partnership Program staff will dedicate time to understanding local/community assets and opportunities to grow capacity. Grantees will focus on building technical skills, nurturing leadership, and strengthening connections with one another, the Partnership Program, and other organizations working within their community.

Phase 2 (up to 2 years) – Plan & Strategize
Grantees will continue capacity-building activities, tailored technical assistance, and will refine strategic plans to address health inequities in their communities. Plans will focus on upstream drivers of health in the identified health equity focus area and be tailored to local circumstances.

Phase 3 (2-3 years) – Implement & Sustain
Grantees will begin implementation of work outlined during phase 2. Training and technical assistance will continue.

HOW TO APPLY
The application process is completed online and consists of three steps. Assistance from Partnership Program staff is available throughout the process and applicants are encouraged to contact the Program Officer, Courtney Saxler, with any questions.

Step 1: Letter of Interest
The online application will ask applicants to submit the following information:

- Project title and summary statement
- Community applicant organization information:
  - Current fiscal year operating budget
  - Number of current paid staff and full-time equivalent
  - Board of Directors roster
  - IRS determination letter of tax exempt status (upload to database)
1. Please describe your community and identify the health inequity/inequalities impacting your community. How and by whom are these issues currently being addressed and what do you see as gaps in addressing them?

2. Please describe your organization’s leadership and work in the community. How long have you had a presence with your community? What are your key achievements including any activities designed to improve health equity? How have the members of your organization experienced the inequities you are seeking to address?

3. Please describe the resources your organization has available and barriers to accessing additional resources. “Resources” can refer to both financial assets as well as non-fiscal resources such as partnerships with other organizations or agencies addressing this work, community assets, etc.

Letter of Interest Review

Partnership Program staff will review each submission to determine 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 strong evidence of leadership from the community most impacted by the health challenge?
- Do the supporting documents (organizational infrastructure, annual budget, etc.) illustrate a need for this funding program?

Applicants who move past the Letter of Intent stage will be informed on or by June 24, 2019.

Step 2: Full Proposal

Applicants who are eligible and have strong alignment with the goals of this program (described on page 1) and the Partnership Program’s Five Year Plan will be invited to move on to Step 2.

The online application includes the following components:

- Narrative
  
  Note: Reviewers will have access to your Letter of Interest (LOI), so there is no need to repeat what you already shared. This section is an opportunity to provide additional detail. Be sure to address each question below. Upload into database; maximum of 4 pages, 11-point font, 1” margins.

- Goals: What assets, existing resources, or support systems do you hope to build on? What are your long-term goals for your organizations’ impact on health and health equity in your community?

- Approach: Please describe your organization’s strategies for advancing health equity. For example, does your organization engage in direct service provision, convening, organizing, education, and/or other approaches and briefly share your experiences doing this work?

- Partnerships: We would like to hear about the nature of the partnerships you have in your community and the partnerships you would like to create or strengthen. Who are the various stakeholders in the community? How are they engaged in your work or how would you like to engage them? What other partners are needed to create change?

- Readiness: We would like to hear about your readiness to engage with the Partnership Program through this funding model. How is your organization a good fit for this model of funding and technical assistance? What are your priorities for building your organizational capacity to create change through this opportunity?

- Brief biographies (1-2 paragraph) for key personnel that will participate in grant activities (up to 5 key personnel; can be from multiple organizations)

- Financial statements

- Non-supplanting form

- Letters of Support – three mandatory, one from community

Relationships, collaboration, and building collective capacity are central to this grant program. To this end, we ask that applicants submit a minimum of three letters of support from organizations, individuals, or community leaders that speak to applicant’s expertise, ability to work with others, understanding of the community and issues, and commitment to this effort.

At least one letter should come from a community member(s) impacted by the inequity you have identified or who has engaged with your organization or an organizational partner that works with this impacted community as constituents. Template letters are not fully indicative of strong partnerships, and, if present, will decrease chance of successful funding.

- Budget and Budget Justification

The costs of training and technical assistance will be incurred by the Partnership Program. However, we recognize that each organization involved will need time and space to participate in this initiative. Therefore, we are asking applicants to budget for staff time, travel, and supplies, and other expenses not exceeding $400,000 over the four-year grant period. A draft budget should be uploaded using the Partnership Program budget template.
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. Please describe how you arrived at your total for each category.

Requests should be made by expense type (salary, fringe benefits, travel/services, and supplies/other expenses). Please note that the Partnership Program operates under a cost reimbursement model.

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; and
- Explain the sources and amounts of any cash-matching funds (note: matching funds are not required)

Funds may be used for grant-related costs such as:
- Personnel expenses, i.e., salaries and benefits
- Salary support for academic partners
- 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
- 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
- Taking the place of or replacing existing available funds (e.g. supplanting)

Please see the link for comprehensive information on Allowable and Unallowable Grant Expenses: [med.wisc.edu/files/smph/docs/community_public_health/partnership/wpp-allowable-not-allowable-expenses.pdf](med.wisc.edu/files/smph/docs/community_public_health/partnership/wpp-allowable-not-allowable-expenses.pdf)

Full 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 and no conflicts of interest will competitively score proposals and will make recommendations to the Oversight and Advisory Committee based on these scores for which applicants to advance to the third stage of the application process. All applicants will receive de-identified reviewer critiques.

Criteria and scoring for proposal review:
- The applicant makes a compelling case for being a strong fit for the funding and technical assistance provided through this grant program and outlines clear ideas for ways to build organizational and community capacity. (40 points)
- The applicant articulates a clear ability to partner, recognizes additional partners that will be needed, and identifies relevant partnerships they seek to strengthen. (20 points)
- Assets and existing resources are identified and the applicant articulates goals that build on these assets. Goals are compelling, reasonable, and focus on root causes that will impact health equity in their community. (20 points)
- The budget is fully justified, reasonable and clearly related to goals and accurately reflects the activities listed in the proposal. (5 points)
- Letters of Support are specific to the work and the involvement of the individual or group submitting the letter. Template letters will not be considered positively. (15 points)

Full proposal review scores will be averaged and the highest scored applications will be advanced to the Oversight and Advisory Committee for discussion and a vote (Step 3).
Step 3: Discussion and Vote by the Oversight and Advisory Committee

The program officer for this grant program will present the highest scored applications to the Oversight and Advisory Committee for discussion and vote.

Additional considerations: We seek a final cohort of grantees reflective of diversity in size of community, demographics of community served, geographic area, and/or type of challenge identified. Final funding decisions will be based on overall score, discussion and advancing the Wisconsin Partnership Program’s Five Year Plan goals. The Oversight and Advisory Committee will make final award determinations in October 2019 and grantees will be notified soon thereafter. The committee’s decisions cannot be appealed.

GRANT AWARD PROCESS

Memorandum of Understanding

The UW School of Medicine and Public Health will negotiate the terms of each grant and will enter into a Memorandum of Understanding (MOU) with grantees before funds are distributed. Grantees will participate in project and fiscal monitoring activities outlined in the MOU. The lead community organization will have ultimate authority over and responsibility for the project.

The OAC reserves the right to establish award amounts and to authorize budget items, program goals and other terms of the proposal before entering into an agreement with award recipients. Re-budgeting between major budget categories (salary and fringe benefits, travel, services, and supplies and other expenses) in excess of ten percent of the total project budget must be approved by the Partnership Program.

By applying to the Community Impact Grant Program, applicants agree and consent – without reservation, substitution or limitation – to each of the following:

- Application submission requirements and rules
- Proposal review methods, process, criteria and scoring
- The OAC’s sole, unrestricted right to reject any or all applications submitted in response to this Request for Applications
- If awarded:
  - Working closely with Partnership Program staff throughout the duration of the grant period; including in the Community Impact Grant Learning Collaborative
  - In-person presentations to the OAC as requested to share progress
  - Responses to a limited number of WPP evaluation requests for project results and outcomes information up to five years after the grant period ends.

Successful applicants will be required to provide the Wisconsin Partnership Program with the following:

- Progress, Financial and Non-supplanting Reports: Grantees must submit written interim progress reports and financial status reports (FSR) on forms provided by the Wisconsin Partnership Program. Interim progress reports, including a financial status report and a non-supplanting questionnaire, are due no later than 30 days after the end of each 12-month period. Community grantees will be allowed to submit FSRs for reimbursement of expenses on a quarterly basis. Final reports, including a FSR and a non-supplanting questionnaire, are due no later than 90 days after the end of the project. Grantees will also be expected to respond to a limited number of evaluation requests from the Wisconsin Partnership Program regarding project results and outcomes for at least two years after the grant period ends.

- Audited financial statements: Community grantees will also be required to provide annual audited financial statements.

- Documentation of Institutional Review Board (IRB) Review (if applicable): Approved projects using human subjects in research for any purpose other than as individuals enrolled in a class or program must be reviewed by the IRB. Documentation of the IRB review including the final review decision will be required before funds can be expended. The Recipient with the assistance of the academic partner is required to submit documentation of continued renewal approval by the IRB throughout the period of the agreement. See page 5 for more information.

- Intellectual Property Agreement: An intellectual property agreement may be required for inventions, discoveries or copyrightable material developed as a result of a project.

POST-AWARD REQUIREMENTS

Compliance with Rules and Regulations

The Recipient agrees to comply with all federal, state and local rules, guidelines and regulations applicable to this agreement. The Recipient also agrees to comply with all applicable University of Wisconsin System Board of Regents and University of Wisconsin-Madison policies and procedures. In addition, the Recipient agrees to obtain the necessary approvals, including, but not limited to those noted below.

The Recipient agrees to abide to the terms and conditions of the Wisconsin Partnership Program, as defined by the application process for which the Recipient’s scope of work was submitted.
Supplanting
Supplanting means to replace, to 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.

Applicants will be required to complete the nonsupplanting questionnaire as part of the application process. In addition to reviewing the responses on the nonsupplanting questionnaire, Partnership Program staff will examine WISDM and WISPER entries for academic partners during technical reviews of applications.

Grant recipients also must recertify annually that other funds for the proposed project have not become available or been declined. No grant can be awarded or retained if a determination of supplanting is made.

Acknowledgment of The Wisconsin Partnership Program
Recipient must acknowledge the Wisconsin Partnership Program as the funding source and provide copies of any press releases, articles or publications relating to this project or its results using the following language: “Funding for this project was provided by the UW School of Medicine and Public Health from the Wisconsin Partnership Program.”

Health Insurance Portability and Accountability Act (HIPAA) Compliance
The federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules protect the privacy of a person’s health information used in clinical practice, research and operations of health care facilities. The rules apply to the use or disclosure of protected health information for research purposes and requires several actions and documentation.

Human Subjects Compliance
The proposed project may require approval of a University of Wisconsin-Madison Institutional Review Board (IRB) or, at the discretion of a UW-Madison IRB, may be deferred to another institution’s IRB for human subjects compliance. All approved projects involving human subjects in research must be reviewed and approved or deemed exempt by an IRB before the project begins. The academic partner and the Wisconsin Partnership Program will assist in facilitating the IRB review. IRB fees for OAC-funded projects are waived and should not be included in the project budget.

Intellectual Property
The Recipient and WPP recognize that activities under this Agreement may lead to the development of patentable and un-patentable works. Inventorship will be based on the relative contributions of the parties and in accordance with U.S. Patent law.

Public Records and Open Meetings
WPP is required in accordance with standards consistent with Wisconsin Public Records Law. Under this law, documents relating to this proposal may become public records and subject to release unless designated as a Trade Secret and/or Proprietary Information.

Trade Secret and Proprietary Information
The Partnership Program is required to operate in accordance with Wisconsin’s open meetings and public records laws. Under the public records law, applications or certain portions of them may be considered public records subject to release upon request. Applicants should identify and request confidentiality for any trade secrets and/or proprietary information in their applications.

DEFINITIONS
The following definitions used by the World Health Organization and the National Association of City and County Health Officers capture our work and approach well.

Assets: Community assets can be used to improve quality of life. They are resources that currently exist in the community and can be used to help meet community needs. Community assets include organizations, people, partnerships, facilities, funding, policies, regulations, and a community’s collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

Community-driven 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 participation and/or leadership.

Determinants of Health (healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health)
The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. Determinants of health fall under several broad categories:

- Policymaking
- Social factors
- Health services
- Individual behavior
- Biology and genetics

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health.
Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

Examples of social determinants include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture
- Public safety
- Residential segregation
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Transportation options
- Quality of education and job training

By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.

Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Health disparities are differences in health status between more socially advantaged and less socially advantaged groups, caused by systematic differences in social conditions and processes that effectively determine health; health inequities are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.

Health equity is the attainment of the highest level of health for all people. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

Health inequities are differences in health status between more socially advantaged and less socially advantaged groups, caused by systematic differences in social conditions and processes that effectively determine health; health inequities are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.

For more information or assistance, please contact:
Courtney Saxler, Program Officer
Wisconsin Partnership Program
(608) 263-7870
courtney.saxler@wisc.edu