

## **Request for Applications (RFA)**

Center for Clinical and Translational Science, Community Engagement and Research Core  
Community Development Funding

***Applications must be received by 5 p.m. on Friday, February 16<sup>th</sup>, 2018***

### **INTRODUCTION**

The overall goal of the University of Kentucky Center for Clinical and Translational Science (CCTS) Community Engagement and Research (CER) program is to connect lay, practice, and academic communities as partners in community-engaged research to address priority health needs of Appalachian populations in Kentucky. Expanded partnerships among these communities will enable the CCTS CER to identify health-related needs, pinpoint relevant and timely research opportunities, and create new academic-community collaborations to address needs and improve the health of Appalachian populations in Kentucky. Ultimately, the CCTS CER will generate new understandings of health disparities and effective ways to mitigate them that have important implications for public health in the United States.

### **COMMUNITY MINI GRANT AWARDS**

The CCTS CER program is requesting applications from community partners for funding of up to \$2500 each to support evidence-based or evidence-informed health outreach projects. Up to four applications will be funded. Projects must be conducted between March 16, 2018 and March 31, 2019. Requests for funds may not exceed \$2500. Applications must address the priority categories specified in the Award Priorities section below. Review criteria will include:

- the scope of the project (i.e., whether it is feasible to complete in the study period)
- the extent to which the project is evidence-based (i.e., shown in previous research or practice to be effective), and
- the outreach capacity (i.e., demonstration of broad collaborations or partnerships with local, regional, and/or state programs).

### **AWARD PRIORITIES**

Award priorities are consistent with the goals of the CCTS to contribute to the reduction of health disparities in rural and Appalachian communities by developing, implementing, and evaluating community-based projects. Priority areas considered for funding include:

- Cancer prevention (e.g., nutrition, physical activity, smoking cessation)
- Reduction of obesity and contributing lifestyle factors
- Prevention or management of diabetes
- Prevention or management of cardiovascular diseases including stroke
- Tobacco or substance use/abuse prevention or treatment

Applications should describe how your proposed project is designed to:

1. increase knowledge of risk factors for identified priority diseases/conditions: or
2. improve compliance with prevention or treatment guidelines addressing identified priority diseases/conditions through community and/or provider education; or
3. increase health behaviors to reduce risk associated with priority diseases/conditions or to improve disease self-management through developing new or enhancing existing programs; or
4. address prevention and/or treatment strategies for health risk behaviors (e.g., drug abuse; tobacco cessation)

### **ELIGIBILITY REQUIREMENTS**

Grants will be awarded for projects that have a comprehensive plan for implementing and evaluating community programs on healthcare issues of concern to the community. **Applications must target residents of the 54 Appalachian Kentucky counties** ([https://www.arc.gov/appalachian\\_region/CountiesinAppalachia.asp](https://www.arc.gov/appalachian_region/CountiesinAppalachia.asp)).

Applicant community agencies/coalitions must have 501c3 status or a designated lead fiscal agency (health agency or non-profit) to receive and manage the funding award. In addition, the community coalition/group must demonstrate broad community support, including specific plans for involving community members as members of the target population, local health-related organizations, and/or local businesses.

University of Kentucky (UKY) faculty and staff are not eligible to be project leaders/applicants. *However, special preference will be given to projects that include UK faculty serving in a mentor capacity for applicants and/or community agencies/coalitions.*

Awardees will be required to complete the following paperwork with the UK CCTS:

1. Invoice on agency/coalition letterhead for payment
2. W-9 Tax Form on behalf of the agency/coalition
3. A University of Kentucky Independent Contract (IC) Form
4. A mid-year and final progress report

Based on the subject matter of proposals, awardees will be assigned a University of Kentucky faculty mentor, who will provide consultation over the course of the project. Awardees will be required to participate in an initial, 6-month and final conference call with CCTS staff, and make an informal poster presentation at the CCTS Annual Spring Conference in 2019 (Date TBD) in Lexington, KY. Applicants should consider the expenses associated with this presentation.

### **FUNDING RESTRICTIONS**

Request for funds:

- Cannot exceed \$2500 total costs
- Must be used for project activities only
- Cannot be used for salary, clinical services, office equipment purchases, phone bills, rent, utilities, computer software, or alcohol.
- Funding for administrative fees may not exceed 10% of the total budget (maximum \$250 in administrative fees for a total budget of \$2500)

## SUBMISSION REQUIREMENTS

Applicants must adhere to the following requirements for application submission:

1. Use a 12-point size font and stay within the page requirements outlined in the table below
2. Submit electronically (by email) to: Ashley G. Hall, MS at [agtayl3@uky.edu](mailto:agtayl3@uky.edu)
3. All submissions must be received by **5:00 p.m. on February 16, 2018**. No late applications will be accepted. (Notice of receipt will be sent to all applicants)
4. No changes or additions can be made to an application once it has been submitted.

## SUBMISSION GUIDELINES AND INSTRUCTIONS

Each application should include the following:

Section Heading	Number of Points Awarded	Page Requirements
Cover Sheet	Required	1 page
Proposed Community Program or Project	20	Maximum of 1 page
Background and Narrative Statement of Need	25	Maximum of 1 page
Work Plan Form(s)	35	Maximum of 3 pages
Budget Plan Form	20	Maximum of 1 page
Total	100	Maximum of 7 pages

## SECTION DESCRIPTIONS

1. **Application Cover Sheet** (*Please use form provided with this RFA, Font Size: 12*)
2. **Proposed Community Program or Project** (*Please use form provided with this RFA, Font Size: 12*)
3. **Background and Narrative Statement of Need** (*Please use form provided with this RFA, Font Size: 12*)  
Provide some background information including a brief demographic profile of the community or target population. Explain why your proposed program is needed and provide relevant data, statistics, or needs assessment information supports your claim. Describe how the proposed program is evidence-based or evidence-informed and how it will address the community problem described. Briefly describe the community coalition/group, including its mission/purpose, length of time it has existed and make-up of the membership. Describe collaborations and partnerships with other local, regional, and statewide agencies or organizations, and a description of individuals and groups who will be involved with the program and their specific roles.
4. **Work/Evaluation Plan Form** (*Please use form(s) provided with this RFA, Font Size: 12*)  
Identify the goals of the proposed program and expected date of completion for the project. Quantify the specific objectives. Describe all activities planned to achieve these objectives. List partners involved in these objectives. Project the number of people the project intends to reach with each objective. Specify the plan to evaluate the objective.
5. **Budget Form** (*Please use form provided with this RFA, Font Size: 12*)  
List the amount of funds requested for each specific category. Under “funding restrictions” remember that administrative fees may not exceed 10% of the total budget (maximum \$250 in administrative fees for a total budget of \$2500). Funds cannot be used for salary, clinical services, equipment purchases, phone bills, rent utilities, computer software, or alcohol.

## **NOTIFICATION AND REPORTING TIMELINE**

*Please note: this schedule is subject to change*

<b>February 16, 2018</b>	<b>Applications due by 5 p.m.</b> (Confirmation of receipt will be sent electronically to project contact and/or leader)
<b>March 16, 2018</b>	Email notification of awards
<b>March 19-21, 2018</b>	Initial conference calls with awardees
<b>March 30, 2018</b>	Awardees send in Invoice Form, W-9 Form, University of Kentucky Independent Contract Form
<b>April 16, 2018</b>	Project Start Date
<b>October 19, 2018</b>	Awardees send in 6-month progress report and participate in Conference call with CCTS staff
<b>March 31, 2019</b>	Project completion date
<b>April 2019</b>	Awardees present poster presentation at CCTS Annual Spring Conference
<b>May 31, 2019</b>	Awardees send in final report and participate in conference call with CCTS staff

**CCTS Community Development Funds**  
**Application Cover Sheet**

**Title of application:** \_\_\_\_\_

**Name of Group/ Organization applying for funding:** \_\_\_\_\_

**Priority Category of Application: {Please check}**

- Cancer Prevention (Nutrition, Physical Activity, Smoking Cessation)*
- Reducing obesity and contributing lifestyle factors*
- Prevention or management of diabetes and/or cardiovascular diseases including stroke*
- Tobacco or substance use/abuse prevention or treatment*
- Other (Specify):*

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**County or Counties served by this application:**

**Project Leader (if different from above):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fiscal agent/Lead Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Federal Employer Identification Number (FEIN) of Lead Agency:** \_\_\_\_\_

**Budget amount requested (cannot exceed \$2500 total costs):** \_\_\_\_\_

**Check payable to:** \_\_\_\_\_

**Mail check to (name and address):** \_\_\_\_\_

\_\_\_\_\_

**Project Leader Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fiscal Agent/Lead Agency Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Proposed Community Program/Project Goals

## Background and Narrative Statement of Need

**Work/Evaluation Plan**

<b>Goal I:</b>				
<b>Expected date of completion:</b>				
<b>Objectives</b> (quantifiable measures)	<b>Activities Planned to Achieve this Objective</b> (what will be done)	<b>Partners</b>	<b>Projected Number of People Reached</b>	<b>State how each objective will be evaluated</b>
<b>I.</b>				
<b>II.</b>				
<b>III.</b>				

**Work/Evaluation Plan**

<b>Goal II:</b>				
<b>Expected date of completion:</b>				
<b>Objectives</b> (quantifiable measures)	<b>Activities Planned to Achieve this Objective</b> (what will be done)	<b>Partners</b>	<b>Projected Number of People Reached</b>	<b>State how each objective will be evaluated</b>
<b>I.</b>				
<b>II.</b>				
<b>III.</b>				

**Work/Evaluation Plan**

<b>Goal III:</b>				
<b>Expected date of completion:</b>				
<b>Objectives</b> (quantifiable measures)	<b>Activities Planned to Achieve this Objective</b> (what will be done)	<b>Partners</b>	<b>Projected Number of People Reached</b>	<b>State how each objective will be evaluated</b>
<b>I.</b>				
<b>II.</b>				
<b>III.</b>				

### Budget Form

Provide amount of funds requested for each category and include total amount of in-kind contributions, if any, for each category (2 pages maximum).

Budget Categories	Justification	Requested Funds	In-Kind Contributions	Total Funds for this category
<b>Example: Printing</b>	500 flyers @0.28 each (paper, printing, staff time = \$140.00)  1,000 brochures @0.28 each (paper, printing, staff time = \$280.00)  Total Printing: \$420.00	\$389.40	\$30.60	\$420.00
<b>ADMINISTRATIVE COSTS</b> (limited to 10% of total funding request for a maximum of \$250 in administrative fees for a total budget of \$2500).				
<b>ADVERTISING</b>				
<b>EDUCATIONAL MATERIALS</b>				
<b>FOOD/REFRESHMENTS</b>				
<b>INCENTIVES</b>				
<b>OPERATIONAL SUPPLIES</b>				
<b>POSTAGE</b>				
<b>PRINTING</b>				
<b>SPEAKER FEES</b>				
<b>TRAVEL EXPENSES</b>				
<b>OTHER</b>				
<b>TOTALS</b>				