

*The Cross-Jurisdictional Sharing Small Grants Program*

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**Call for Proposals: pages 1-10**

**Application template: pages 11-16**

Summary

The Center for Sharing Public Health Services (the “Center”) is offering up to five small grants to organizations that wish to explore, plan, implement or improve some aspects of cross-jurisdictional sharing (CJS) in public health. This opportunity is available for 1) public health agencies, 2) organizations representing policymakers with the authority to enter into CJS agreements, or 3) their designated agents. Proposals must fall into one of two categories: 1) Proposals focused on the implementation of a specific CJS arrangement among multiple jurisdictions, or 2) Proposals that are not linked to a specific CJS arrangement but otherwise contribute to the achievement of the Center’s goals described in this document.

Eligible applicants focused on the implementation of a specific CJS arrangement must include a minimum of three jurisdictions of any size, or two jurisdictions if the combined population is 50,000 or greater. The jurisdictional size limit does not apply if the arrangement: 1) includes at least one tribe, 2) includes a state health department, or 3) is between two frontier counties.

Applications will be considered on a rolling basis from January 2 until March 31, 2017, or until all five small grants are awarded, whichever comes first. Awards will be up to \$10,000 for a project period of up to six months. Exceptions to these limits can be made for special cases involving proposals that are not linked to a specific CJS arrangement.

Priority for funding will be given to proposals that address the specific areas of learning described in this document. Center staff will provide technical assistance as requested, and selected teams are expected to share the results and lessons learned from their projects with appropriate audiences.

In addition to funding, the Center will provide technical assistance to funded project teams. The National Network of Public Health Institutes (NNPHI) is the Center’s administrative partner for this effort, and will award and administer all grants. Support for this program is provided by the Robert Wood Johnson Foundation.

## Goals and Priority Areas

The goals of this initiative are to:

- 1) Encourage consideration of CJS as a strategy to improve both effectiveness and efficiency in the delivery of public health services.
- 2) Increase the Center's understanding of how CJS can operate effectively in the following *priority areas*:
  - a) The appropriate role of state health departments in supporting CJS activities at the local level.
  - b) CJS as a tool for improving overall public health system performance.
  - c) Models for CJS involving tribes.
  - d) The applicability of the *Roadmap* to sharing arrangements among two or more public health jurisdictions also involving non-public health entities, such as other government agencies, hospitals and private nonprofit organizations within an inter-jurisdictional context.
  - e) The role of a third party (an organization other than the participating jurisdictions) in providing a service on behalf of the participating jurisdictions or managing a sharing arrangement. This could include a state association of local health officials, public health institute, or other organization.
  - f) The role of a CJS approach in addressing the special challenges faced by frontier counties.
  - g) Generalizable processes and indicators to measure the impact of CJS arrangements on the effectiveness and efficiency of public health services.
  - h) The role of CJS as a tool to promote the exploration and implementation of foundational public health services (described at <http://www.resolv.org/site-foundational-ph-services/>).
  - i) The purposeful utilization of CJS as means of enabling participating jurisdictions to meet PHAB accreditation standard(s).

## Background

The Kansas Health Institute established the Center for Sharing Public Health Services in May 2012 with a grant from the Robert Wood Johnson Foundation. The Center promotes the use of CJS approaches as one strategy for improving the effectiveness and efficiency of public health service delivery. For more information about the Center, visit [www.phsharing.org](http://www.phsharing.org).

The Center strongly encourages potential applicants to familiarize themselves with the following documents, which are described in more detail below: the *CJS Spectrum*, the *CJS Roadmap*, and the *Success Factors*. These documents represent important concepts for all initiatives funded or supported by the Center.

*CJS Spectrum*

The Center’s *Cross-Jurisdictional Sharing Spectrum* (<http://phsharing.org/what-we-do/>) describes four main categories of sharing arrangements, as depicted in *Figure 1*: Informal and customary arrangements, service-related arrangements, shared functions with joint oversight, and regionalization.

*Figure 1.*

Cross-Jurisdictional Sharing Spectrum			
Informal and Customary Arrangements	Service-Related Arrangements	Shared Functions with Joint Oversight	Regionalization
<ul style="list-style-type: none"> <li>• “Handshake”</li> <li>• Information sharing</li> <li>• Equipment sharing</li> <li>• Coordination</li> <li>• Assistance for surge capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Service provision agreements (e.g., contract to provide immunization services)</li> <li>• Purchase of staff time (e.g., environmental health specialist)</li> </ul>	<ul style="list-style-type: none"> <li>• Joint projects addressing all jurisdictions involved (e.g., shared HIV program)</li> <li>• Shared capacity (e.g., joint epidemiology services)</li> </ul>	<ul style="list-style-type: none"> <li>• New entity formed by merging existing local public health agencies</li> <li>• Consolidation of one or more local public health agencies into an existing local public health agency</li> </ul>
Looser Integration		Tighter Integration	

Source: Center for Sharing Public Health Services. Adapted from: Kaufman, N. (2010) which in turn was adapted from Ruggini, J. (2006); Holdsworth, A. (2006).

*CJS Roadmap*

The Center’s *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives* (<http://phsharing.org/roadmap/>) is a guide for jurisdictions considering or establishing CJS arrangements. There are three distinct phases on the *Roadmap*:

- Phase One: Explore
- Phase Two: Prepare and Plan
- Phase Three: Implement and Improve

Each phase contains a set of areas with guiding questions that facilitate a deep exploration of each phase.

### Success Factors

The Center's *Success Factors in Cross-Jurisdictional Sharing Arrangements* (<http://phsharing.org/technical-assistance/success-factors/>) identifies *Success Factors* in three categories — prerequisites, facilitating factors and project characteristics. These are factors that can increase the likelihood of success for a CJS initiative.

### The Small Grants Program to Support CJS Initiatives

This funding opportunity is available for proposals that fall into one of two categories:

- 1) Proposals that support systematic efforts to explore, plan, implement, and/or improve a specific CJS arrangement. For this category, the program will only fund proposals related to the exploration, planning, implementation or improvement of sharing agreements that are **service-related arrangements, shared functions with joint oversight, or regionalization** (as described in *Figure 1*, the Center's *Cross-Jurisdictional Sharing Spectrum*). For those in the exploration phase, preliminary conversations among CJS partners must already have occurred and the partners must have agreed in principle to explore one or more specific sharing arrangements.
- 2) Proposals that are not linked to a specific CJS arrangement but otherwise seek to increase the Center's understanding of the elements that affect the priority areas described at the beginning of this document. Examples include (but are not limited to) proposals exploring the role of a state health agency in promoting or removing barriers for local CJS agreements; examining CJS models between tribal entities and local or state jurisdictions; convening stakeholders to review CJS models appropriate for a specific local or state setting; or using CJS as a tool to promote system-wide changes at the state level.

For the purposes of this Small Grant Program funding opportunity, CJS arrangements are defined as those involving multiple public health agencies in multiple geo-political jurisdictions (for example, cities, townships, counties, or districts), including arrangements between and among local, state, and tribal health agencies. In this program, a state health department is treated as a "jurisdiction;" therefore, CJS agreements between one or more local jurisdictions and a state health department are eligible for support. Efforts solely within a single jurisdiction to enhance efficiencies and capacity (e.g., collaboration between one health department and non-governmental entities such as hospital districts or federally qualified health centers or between other governmental service sectors) are not eligible for this funding.

Center staff will review each application and, if deemed suitable for funding, will provide feedback to assure that the objectives, action plans, and deliverables are of high quality and that success is likely, thereby making the application process itself an opportunity for technical assistance and improvement. During the implementation of the funded activities, Center staff also will provide guidance and assistance to maximize the likelihood of success.

## Eligibility and Prerequisites

To be eligible for this award, the applicant organization must meet all the following criteria:

- Be located in the United States or its territories.
- Be one of the following entities:
  - A state or local government agency; or
  - An American Indian/Alaska Native tribe or tribal entity recognized by the U.S. federal government or by a state; or
  - A nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code. For nonprofit applicants, preference will be given to Section 501(c)(3) organizations that are not classified as a private foundation or Type III supporting organization. The nonprofit applicant must be operating for, or on behalf of, multiple public health jurisdictions.

Applicants focused on the implementation of a specific CJS arrangement must, at a minimum, involve three jurisdictions of any size, or two jurisdictions if the combined population is 50,000 or greater. These jurisdictional size requirements do not apply if the arrangement: 1) includes at least one tribe; 2) includes a state health department; or 3) is between two frontier counties.

## Selection Criteria

All proposals will be screened for eligibility and then reviewed by a committee comprised of staff from the Center and other expert reviewers according to the following characteristics:

- For proposals that address a specific CJS arrangement:
  - The effort to date and the plans for moving forward embody the Center's [Success Factors](http://phsharing.org/technical-assistance/success-factors/) (<http://phsharing.org/technical-assistance/success-factors/>).
  - The proposal identifies the *Roadmap* areas that the initiative will target (<http://phsharing.org/roadmap/>).
- For proposals that are not linked to a specific CJS arrangement:
  - The proposal supports the Center's goals of 1) encouraging consideration of CJS as a strategy to improve effectiveness and efficiency in the delivery of public health services, or 2) increasing the Center's understanding of how effective CJS can be in the priority areas described in this document. Examples of possible initiatives include (but are not limited to):

- Statewide survey/census of current CJS arrangements.
  - Development of multi-region or statewide mechanisms or models for managing multiple CJS arrangements.
  - Standardization of performance measurement and reporting processes for CJS arrangements within a region or state.
  - Statewide convening of tribes to examine CJS potential — tribe to tribe, tribe to local, tribe to state, etc.
- For all proposals:
    - The CJS efforts are consistent with strategies and goals established at the local and state level.
    - The proposed strategies and activities are appropriate for achieving the project goal(s).
    - The proposal identifies possible challenges and realistic, effective strategies to overcome them.
    - Measures of success are clear, relevant to the project's stated goal(s), and can be realistically achieved within the timeframe.
    - Letters of support demonstrate a commitment to improving the effectiveness and efficiency of the involved public health agencies.
    - The composition of the CJS team (for proposals addressing a specific CJS arrangement) or of the leadership team (for proposals not linked to a specific CJS arrangement), and how they will be engaged, is appropriate and will assist with the successful completion of project activities.
    - The applicant organization has the capacity to manage the grant and to complete the project in a timely manner.
    - The proposed budget and timeline are appropriate for the completion of the project activities.

## Grantee Expectations

Grantees are expected to meet the National Network of Public Health Institutes (NNPHI) requirements for the submission of periodic information needed for overall monitoring and management of performance. At the close of each grant, the grantee organization is expected to provide a financial report and a brief written report on the project and its findings.

Grantees must be willing to share project lessons learned with peers in their own states and nationally via reports, webinars, and/or presentations, as well as to work with Center staff on developing a brief story about their project.

Each grantee is expected to participate in a monthly conference call with Center staff. Grantees also are expected to join a national CJS meeting tentatively scheduled to take place in summer or early fall of 2017, with the costs of participation by one grantee team member covered by the Center. Grantee sites, subject to approval by Center staff, may fund additional participants.

## Use of Grant Funds

Funds can be used for project activities that are necessary for achieving the project's goal(s) or (for applications focused on the implementation of a specific CJS arrangement) that lead to the consideration or implementation of a specific CJS arrangement. Project staff salaries, meeting costs, supplies, project-related travel, and other direct project expenses will be allowed. Equipment purchases, capital renovations, facility expansion and indirect costs will not be allowable for this funding opportunity. *Funds cannot be used to pay for the cost of delivering the services that are being shared among the jurisdictions.*

In keeping with the funder's policy, grant funds may not be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities.

## How to Apply

One organization for each project will serve as the lead organization (and funding recipient). The applicant organization may be a participating jurisdiction or another entity appointed by participating jurisdictions that meets eligibility criteria.

The proposal narrative should be no more than five pages (with minimum 12-point font and one-inch margins) and include the following:

- For applications focused on the exploration, planning and/or implementation of a specific CJS arrangement among multiple jurisdictions (up to \$10,000):
  - A description of the CJS arrangement being considered or implemented.
  - A description of how the CJS initiative embodies the Center's *Success Factors*.
  - A description of the CJS *Roadmap* phase(s) the proposal will address — Explore; Prepare and Plan; or Implement and Improve — and the area(s) within the phase(s) the proposal will address.
  - Letters of support from policymakers and public health leaders from each of the involved jurisdictions with the authority to enter into the CJS arrangement (no more than two per jurisdiction).

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- For applications NOT focused on the implementation of a specific CJS arrangement among multiple jurisdictions (up to \$15,000):
  - If the application requests funding for more than \$10,000 or a duration longer than six months, a specific justification for the request is required.
  - A clear statement of the proposal's goals and activities that will be undertaken to achieve project goals.
  - A description of how the proposal facilitates the achievement of the Center's goals and priority area(s).
  - Letters of support from key partner and stakeholder organizations (no more than three total).

In addition, all proposals should include the following:

- A list of the project team members (including their names, titles, and organizational affiliation) in addition to a brief description of how they will be involved in the project.
- A staffing plan for the project, including any consultants who may be used.
- Potential challenges that will be faced during the grant period and strategies to address and overcome them.
- A project timeline and budget.

**Note to applicants:** Letters of support should reflect a commitment to improving the efficiency and effectiveness of public health services through the exploration or implementation of a CJS approach. Form letters will not be accepted.

Proposals for this solicitation must be submitted via email to [phsharing@khi.org](mailto:phsharing@khi.org) using the application form in Appendix A. **Proposals can be submitted any time starting on January 2 and must be submitted no later than 5 p.m. Central Daylight Time on March 31, 2017.**

Based on recommendations from the reviewers, our administrative partner NNPHI will make all final grant decisions and will not provide individual critiques of proposals submitted.

## Funding and Duration

Each small grant proposal focused on advancing a specific CJS arrangement is eligible for funding of up to \$10,000 for a project period of up to six months.

Proposals focused on informing the Center's knowledge in one or more of the priority areas as outlined in this CFP but **not** focused on furthering a specific CJS arrangement, and that are requesting 1) between \$10,000 and \$15,000, and/or 2) a timeline that exceeds six months, will be considered if they include a reasonable and compelling justification. *All projects must end no later than November 30, 2017.*



## Program Direction

### **Center for Sharing Public Health Services**

The Center for Sharing Public Health Services will support and provide technical assistance to the funded teams. The Center, housed at the Kansas Health Institute, helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center also serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches. Responsible staff members at the Center are as follows:

- Patrick Libbey, program co-director
- Gianfranco Pezzino, program co-director
- Grace Gorenflo, senior project consultant
- Jason Orr, project coordinator

General contact information is as follows:

Center for Sharing Public Health Services  
Kansas Health Institute  
212 SW Eighth Avenue, Suite 300  
Topeka, Kansas 66603  
Phone: (855) 476-3671  
Fax: (785) 233-1168  
E-mail: [PHSharing@khi.org](mailto:PHSharing@khi.org)  
Website: [www.phsharing.org](http://www.phsharing.org)

### **National Network of Public Health Institutes (NNPHI)**

The National Network of Public Health Institutes will be the administrative partner for these small grants. NNPHI will issue the grant awards, coordinate and monitor reporting activities for the grantees, and provide other administrative support for this initiative. The NNPHI mission is to support national public health system initiatives and strengthen public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. NNPHI's vision is innovation-fostering public health institutes across the nation collaborating to improve population health.

Contact information is as follows:

Kelly Hughes, Associate Director of Program Strategy

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National Network of Public Health Institutes  
1100 Poydras St., Suite 950  
New Orleans, LA 70163  
Phone: (8678) 534-7523  
Fax: (504) 301-9820  
Email: [khughes@nnphi.org](mailto:khughes@nnphi.org)  
Website: [www.nnphi.org](http://www.nnphi.org)

**The Robert Wood Johnson Foundation**

The Robert Wood Johnson Foundation (RWJF) is providing financial support for this initiative. For more than 40 years, RWJF has worked to improve health and health care. The Foundation is striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

## APPENDIX A: Application Form

### Cross-Jurisdictional Sharing Small-Grant Program — Application Form

#### Proposal Narrative

Proposal narratives must be no more than **five** pages (*with minimum 12-point font and one-inch margins*). Letters of support, project timeline, budget, and supporting documents do NOT count toward the page limit.

**(THIS SPACE LEFT INTENTIONALLY BLANK)**

**(BEGIN FIVE PAGE NARRATIVE LIMIT)**

1. **If the application is focused on the implementation** of a specific CJS arrangement among multiple jurisdictions:
  - a. Describe the CJS arrangement being considered or implemented, including the service(s) to be shared, the mechanism(s) to formalize the agreement, and governance over the shared service(s).  
<Enter text here>
  - b. Describe where the CJS arrangement being implemented falls within the *Cross-Jurisdictional Sharing Spectrum* (<http://phsharing.org/what-we-do/>).  
<Enter text here>
  - c. Illustrate how the CJS collaboration embodies the Center’s identified *Success Factors* (<http://phsharing.org/technical-assistance/success-factors/>), outlining the *Prerequisites, Facilitating Factors, and Project Characteristics* in place for this initiative.  
<Enter text here>
  - d. Detail the goal(s) and objectives of the project, including which CJS Roadmap phase(s) the proposal will address — Explore; Prepare and Plan; or Implement and Improve — and the area(s) within the phase(s) the proposal will address (<http://phsharing.org/roadmap/>).  
<Enter text here>
  - e. Explain why the arrangement was selected and any aspects of the arrangement that support local and state public health goals.  
<Enter text here>
  - f. Explain whether and, if so, how the project may generate information to be added to the body of knowledge for the Center priority areas described in this document.  
<Enter text here>
  
2. **If the application is NOT focused on the implementation** of a specific CJS arrangements among multiple jurisdictions:
  - a. Detail the goal(s) and objectives of the proposal.  
<Enter text here>

- b. Describe how the proposal facilitates the achievement of the Center's goals or priority area(s).  
<Enter text here>

**3. For all proposals:**

- a. Explain whether and, if so, how the proposal connects to overall public health system improvement work within your state.  
<Enter text here>
- b. Detail the activities that will be undertaken in your project to achieve the goal(s) and objectives. For applications focused on the implementation of a specific CJS arrangement among multiple jurisdictions, specify how these activities will be relevant to the *Roadmap* phases and areas targeted by this initiative.  
<Enter text here>
- c. Describe how you will measure success for this project.  
<Enter text here>
- d. Describe potential challenges that may be faced during the grant period and strategies to address and overcome them.  
<Enter text here>
- e. Provide a list of the members of the CJS or leadership team, to include: name, title, organizational affiliation, and brief description of role in project.  
<Enter text here>
- f. Provide a staffing plan for the project, including any consultants who may be used.  
<Enter text here>

**(END FIVE PAGE NARRATIVE LIMIT)**

### **Project Timeline**

Provide a project timeline for completion of the goal(s), objectives and activities listed above (e.g., Gantt chart).

<Enter text here>

### **Letters of Support**

For applications focused on the implementation of a specific CJS arrangement among multiple jurisdictions, applicants should provide at least one, but no more than two, letter(s) of support from each jurisdiction involved in the project.

Letters should come from policymakers and/or public health leaders who have the authority to enter into whatever form of cross-jurisdictional sharing agreement is being contemplated. Letters should demonstrate their commitment to and engagement in the team's process, as well as their commitment to those with the authority to govern the CJS initiative (if different from the previous group). Applicants not focused on the implementation of a specific CJS arrangement should submit at least one, but no more than three, letters of support from key partner and stakeholder organizations involved in the project.

For all applicants, each letter should include the following:

- statement of commitment to the team's exploration, implementation or improvement of a CJS arrangement (if applicable);
- description of why they are interested in participating in the proposed efforts and what they hope to accomplish during the project period;
- description of what they hope to contribute to and learn from the project;

### **Supporting Documents**

Applicants have the option of providing up to two supplemental documents that reflect their CJS efforts to date; this may include, for example, a feasibility study or legal agreement. The supporting documents are not required for application.

### **Budget**

Applicants must provide a budget breakdown. Funds can be used for project activities that are necessary for achieving the project's goal(s) or that lead to the consideration or implementation of a specific CJS arrangement. Project staff salaries, meeting costs, supplies, project-related travel, and other direct project expenses will be allowed. Equipment purchases, capital renovations, facility expansion and indirect costs will not be allowable for this funding opportunity. Funds cannot be used to pay for the cost of delivering the services that are being shared among the jurisdictions.

Please provide a budget narrative that details the items included in each line item. Budget should be broken down into the following categories:

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Budget Category	Amount Requested
Personnel	
Salary and Wages	
Fringe Benefits	
Other Direct Costs	
Office Operations	
Travel	
Meeting Expenses	
Project Space	
Other	
Purchased Services	
Consultants	
Contracts	
<b>TOTAL</b>	<b>\$0.00</b>

**Budget Narrative**

Category	Narrative
<b>Personnel</b>	<b>Note:</b> You <i>must</i> include base annual salary and full-time equivalent (FTE) information for each person/role where funds are being requested in this category.
Project Staff	
Fringe Benefits	
<b>Other Direct Costs</b>	
Office Operations	
Travel	
Meeting Expenses	
Project Space	
Other	
<b>Purchased Services</b>	
Consultants	
Contracts *	
<b>In-Kind Support</b>	

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**\*If contracts are a part of your proposed budget, you *must* complete one Contract Budget and Fact Chart for each contract.** Copy and paste the chart below if there are multiple contracts. Enter “TBD” when information is not yet known. If there are no contracts, delete these instructions and the chart shown below.

**Contract Budget and Fact Chart**

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	

**Questions and Submission**

Applications will be accepted on a rolling basis. Proposals may be submitted via email to the Center for Sharing Public Health Services at [PHSharing@khi.org](mailto:PHSharing@khi.org) any time starting on January 2, 2017, and must be submitted no later than **5:00 p.m. CDT on March 31, 2017**. You may also email the Center with inquiries.