

Request for Proposals: *Increasing the body of knowledge for cross-jurisdictional sharing in public health – Small Grants Program*

Award Details: up to \$10,000
Submission Deadline: **March 30, 2018**

Purpose

The [Center for Sharing Public Health Services](http://phsharing.org/) (the “Center”) is offering small grants to organizations that wish to explore, plan, implement or improve some specific aspects of cross-jurisdictional sharing (CJS) in public health. The goal of this program is to identify practices that can strengthen the models that the Center has embraced so far and facilitate their application to environments with diverse characteristics. Through this program, we aim to increase our knowledge on successful CJS models, learn from the experience of real-life CJS projects, expand our network of public health practitioners that use CJS approaches, and develop leadership and technical assistance resources at the national level.

Support for this program is provided by the Robert Wood Johnson Foundation.

Opportunity Summary

This opportunity is available for the following groups: a) public health agencies; b) organizations representing policymakers with the authority to enter into public health CJS agreements; c) designated agents of a) or b); and d) research institutions or coalitions. Proposals must fall into one of three categories (described in more detail later in this document):

1. CJS initiatives aimed to explore, plan, implement or improve a specific CJS arrangement in public health practice (additional eligibility criteria below);
2. Projects that encourage or demonstrate on a small scale the use of CJS as a systems change tool for public health service delivery; or
3. Research projects that will add to the body of evidence for public health CJS within the Center’s identified priority areas.

Applications must be submitted by 5:00 PM CDT on Friday, **March 30, 2018**. Awards will be up to \$10,000 for a project period of up to eight months. Shorter projects will be considered. All projects must be concluded by December 31, 2018.

In addition to funding, Center staff will provide technical assistance as requested by funded project teams. Funded project teams are expected to share the progress of their projects during implementation, as well as the results and lessons learned at the end.

Goals and Priority Areas

The goals of this initiative are to:

1. Identify practices that can strengthen the models that the Center has embraced so far and facilitate their application to environments with diverse characteristics;

2. Increase the Center’s understanding of the development, facilitation, improvement, and impacts of CJS arrangements related the **priority areas** listed in *Table 1*. Only applications that target at least one of the five priority areas identified by the Center will be considered.

Table 1- Priority Areas

1. Use of public health CJS among small jurisdictions (defined as having a population of less than 50,000), and especially in rural or frontier jurisdictions.
2. Use of public health CJS in states with a centralized public health system.
3. Use of CJS as a systems change tool for public health service delivery.
4. Use of CJS methods and principles for public health collaboration among different government sectors.
5. Use of CJS in public health projects involving tribes.

Background

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation. Since 2012, the Center has served as a national resource on 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. For more information about the Center, visit www.phsharing.org.

Cross-jurisdictional sharing is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver public health services and solve problems that cannot be easily solved by single organizations or jurisdictions.

The Center strongly encourages potential applicants to familiarize themselves with the resources developed by the Center, particularly the [Roadmap to Develop Cross-Jurisdictional Sharing Initiatives](#) (“Roadmap”), the [Spectrum of Cross- Jurisdictional Sharing Arrangements](#) (“Spectrum”), and the [Success Factors in Cross-Jurisdictional Sharing Arrangements](#) (“Success Factors”). These documents represent important concepts for all initiatives funded or supported by the Center. A brief synopsis is included in **Appendix C**, page 14.

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The Center has supported CJS initiatives for several years through a number of small grants spanning a broad range of topics and models. The purpose of this small grants program is to use real-life experiences to assist the Center in expanding its knowledge in some specific areas of CJS. Only

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applications that target at least one of the five priority areas identified by the Center (*Table 1, page 2*) will be considered.

Center staff will review each application and, if deemed suitable for funding, will provide feedback and technical assistance as needed, beginning with finalizing plans and throughout the duration of the funding period.

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

1. Proposals Focused on a Specific CJS Arrangement

For this category, the program will only fund proposals for exploring, planning, implementing and/or improving sharing agreements that fall under the Spectrum categories *Service-Related Arrangements, Shared Programs or Functions, or Regionalization/Consolidation* (as described in *Figure 1, page 15*). Also, for those in the Exploration Phase (as defined in the Center's Roadmap), 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.

For the purposes of this Small Grants Program funding opportunity, CJS arrangements are defined as those involving multiple public health agencies in multiple geo-political jurisdictions (e.g., 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. In addition, in the case of a proposal addressing priority area 4 (collaboration among different government sectors), we will consider sharing arrangements including one or more public health agencies and one or more other public-sector agencies. These agencies can be located in the same community or in different jurisdictions.

2. Proposals Focused on CJS as a Systems Change Tool

Many local public health systems throughout the nation are engaged in a variety of initiatives to change current public health paradigms and the way public health services are organized, managed and delivered throughout state and local jurisdictions. These efforts aim to modernize public health and improve the efficiency and effectiveness of public health service delivery. CJS has been regarded as one tool that may achieve desired impacts. This affords the Center with an opportunity to identify the use of CJS as one of a number of options to implement changes to system governance and service delivery on a broad scale (rather than project-specific approaches). The Center is interested in learning from innovative practices that promote resource sharing among jurisdictions to improve service delivery and foster systems change.

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; development of multi-region or statewide mechanisms or models for managing multiple CJS arrangements; use of CJS in a specific program or functional area that can serve as a model for other programs or functions; and other projects aimed at impacting a broad public health system (for example, at the state level).

3. Proposals for Research Projects

The Center has a primary goal of supporting the transition of CJS from a leading to a prevailing practice within the public health practice community and endeavors to be the national resource for cross-

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jurisdictional sharing in public health. As such, the Center welcomes opportunities for additional research to be performed that will add to the body of evidence for CJS within the Center's five priority areas listed in *Table 1* (page 2). Proposals in this category must:

- a) Be based on field activities with the direct involvement of one or more health departments; and
- b) Result in the development of new tools or resources not currently available, or improvement of tools currently available through the Center.

Examples include (but are not limited to): examining CJS models between tribal entities and local or state jurisdictions; comparing the impact of different CJS models; developing a systematic process to convene stakeholders to review CJS models appropriate for a specific local or state setting; and conducting similar research projects.

Eligibility and Qualifications

All Applicants

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 organization must operate or apply on behalf of multiple public health jurisdictions.*

Additional Eligibility Criteria - Proposals for Research Projects

Only research institutions (e.g., a university-based institute) or coalitions (e.g., a Practice-Based Research Network) can apply.

Additional Eligibility Criteria – Proposals Focused on a Specific CJS Arrangement

Applications focused on the implementation of a specific CJS arrangement must, at a minimum, involve two jurisdictions.

Proposals occurring 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) are not eligible for this funding, *with the exception* of proposals addressing priority area 4 (collaboration among different government sectors).

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:

All Proposals

- The proposal addresses one of the *priority areas* listed in *Table 1* (page 2).
- The proposal's goals are clearly articulated.
- A clearly defined plan and timeline for achieving the proposed goals are included.
- 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.
- The proposed budget and timeline are appropriate for the completion of the project activities.
- The applicant organization has a demonstrated capacity to implement the proposed project and manage the grant funds.

Additional Selection Criteria: Proposals Focused on a Specific CJS Arrangement

- The effort to date and the plans for moving forward are consistent with the Center's *Success Factors* (<http://phsharing.org/SuccessFactors>).
- Letters of support (*one from each jurisdiction, or in the case of priority area 4, a letter of support from each agency*) demonstrate a commitment to the success of the project.

Additional Selection Criteria: Proposals Focused on CJS as a Systems Change Tool

- The CJS initiative involves multiple partners, at least one of them being a systems-level entity (e.g., a regional consortium, a state health department, a State Association of Local Health Departments, etc.).
- Letters of support (*from each partner organization*) demonstrate a commitment to the success of the project.

Additional Selection Criteria: Proposals for Research Projects

- The project includes activities involving at least one health department.
- The proposed research will result in tools or resources not currently available through the Center.
- The project team evidences past successes in conducting research.
- The project team evidences the use of sound research practices (including human participant protection, where appropriate).

Funding and Expectations

Funds of up to \$10,000 are available to support each selected grantee for a project period of up to eight months. All funded projects must be completed by December 31, 2018. Fifty percent of grant funding will be disbursed upon execution of the grant agreement. The remaining funding will be disbursed upon receipt and acceptance of final narrative and financial reports; *payments to grantees will be modified should under-spending occur*.

The selected grantees will be required to work closely with the Center and be responsive to guidance to achieve the approved project goals. Each grantee is expected to participate in a monthly conference call with Center staff. At the close of the grant, the grantee organization is expected to provide a financial report and a narrative 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.

Use of Funds

Funds can be used for project activities that are necessary for achieving the project's goal(s). Funds may be used for project staff salaries and benefits, consultants, supplies, travel, other direct costs, contractual costs, and indirect costs. Indirect costs are not to exceed 12% on all costs, except consultant costs and contractual service, for which indirect costs cannot exceed 4%. Grantees may propose to subcontract with others. Please include subcontract costs in the *Budget Narrative Template* (found in **Appendix B**, page 11). Subcontractors must gain pre-approval from the Center.

Excluded expenses - Equipment purchases, capital renovations, and facility expansion will not be allowable for this funding opportunity. 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

Please submit your proposal using the *Application Template* in **Appendix A** (page 8) and accompanying *Budget Narrative Template* in **Appendix B** (page 11). Email your completed application as an attachment to PHSharing@khi.org, no later than 5:00 PM CDT on **Friday, March 30, 2018**. In fairness to all applicants, we will not accept any applications received after the deadline for any reason and will not review incomplete applications.

Summary of Milestone Dates

March 30, 2018 (5:00 PM CDT)	Proposals due to the Center
April 13, 2018	All applicants notified of selection status
May 1, 2018	Project starts
May 1, 2018 through end of the project	Monthly check-in calls with Center staff
Up to eight months (no later than December 31, 2018)	Project period
No later than January 31, 2019	Final reports and invoice due

Notice to Applicants

The Center for Sharing Public Health Services reserves the right to modify the terms of the RFP (Request for Proposals) with reasonable notification to all interested parties. This RFP and any related discussions or evaluations by anyone create no rights or obligations whatsoever. The Center may cancel or delay this solicitation at any time at its own discretion. Anything to the contrary notwithstanding, the contract executed by the Center and the selected applicant, if any, will be the exclusive statement of rights and obligations extending from this solicitation.

Applicant Questions

For questions regarding this RFP, please email PHSharing@khi.org. You may expect responses within three business days.

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Responsible staff members at the Center are as follows:

- Patrick Libbey, Center Co-Director
- Gianfranco Pezzino, Center 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

Email: PHSharing@khi.org

Website: www.phsharing.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. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Appendix A: Application Template

The proposal narrative should be no more than five pages (double-spaced with minimum 12-point font and one-inch margins). Letters of support, project timeline, budget and budget narrative, and supporting documents do not count toward the page limits. Supporting documents may be attached separately or included within a single PDF file with the proposal. Submit your application to PHSharing@khi.org no later than 5:00 PM CDT on **Friday, March 30, 2018**. Late submissions will not be accepted and incomplete applications will not be reviewed.

Please cut and paste the following information into a new document for your proposal.

Request for Proposals: *Increasing the body of knowledge for cross-jurisdictional sharing in public health – Small Grants Program*

Legal Name of Organization:
Tax Identification Number:
Contact Person for Application:
Email Address:
Phone:

For All Proposals:

1. Grantee Organization Overview

Please share a brief description of the grantee organization and the general capacity of the grantee organization to implement the proposed project and manage the grant funds, including prohibitions against lobbying and political activities.

2. Project Team and Subcontractors

Include information on partner organizations, project leadership, and any subcontractors (if relevant). List the project team members and their roles, and how they will be engaged throughout the project.

3. What priority area does your project address? (Select only one.)

- 1) Use of CJS among small jurisdictions.
- 2) Use of CJS in states with a centralized public health system.
- 3) Using CJS as a systems change tool for public health service delivery.
- 4) Use of CJS methods and principles for collaboration among different government sectors.
- 5) Use of CJS in projects involving tribes.

4. Which category does your proposal fall into? (Refer to the RFP for a detailed explanation of each category. Select only one.)

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- Proposals Focused on a Specific CJS Arrangement
- Proposals Focused on CJS as a Systems Change Tool
- Proposals for Research Projects

5. Which best describes your organization? (Select only one.)

- A state or local government agency;
- An American Indian/Alaska Native tribe or tribal entity recognized by the U.S. federal government or by a state;
- A nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code operating for, or on behalf of, multiple public health jurisdictions.
 - Is your organization classified as a private foundation or Type III supporting organization under Section 501(c)(3)?
 - YES
 - NO
- A research institution (e.g., a university-based institute) or coalition (e.g., a Practice-Based Research Network) (only for applications in the category of research projects).

6. Project Description

Please describe your proposed CJS project. Please include:

- Rationale for work;
- Goals, strategies and activities; and
- Any expected products and any anticipated work beyond the project period.

7. Project Plan and Benchmarks

Please describe your proposed timeline of activities and any benchmarks within the project period. ALL PROJECTS MUST BE COMPLETED BY DECEMBER 31, 2018.

8. Challenges and Measures of Success

Please detail what measures of success you intend to use for your project. Also, describe any challenges you may foresee with your project and how they may be addressed.

9. Letters of Support

Please include letters of support from each participating jurisdiction and partner organization to demonstrate a commitment to the success of the project. The Letters of Support are not included in your five-page limit.

Proposals Focused on a Specific CJS Arrangement:

10. Initiative Consistency with Center Models

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Please describe work on CJS done to date. Also, describe how the partnerships to-date and this proposed initiative are generally consistent with the Center's Roadmap (<http://phsharing.org/Roadmap>) or Success Factors (<http://phsharing.org/SuccessFactors>).

If your project includes any departure from the Center's models (e.g., roadmap, spectrum, success factors), please explain why you think this departure is necessary.

Proposals for Research Projects:

11. Products

*Please describe tools or resources expected to be produced during the project and how they will improve or complement those currently available through the Center. For a description of available resources please see **Appendix C**, page 14.*

Appendix B: Budget and Budget Narrative Template

Complete the budget table and narrative, below. The Budget and Budget Narrative are not included in the five-page limit.

Budget

Budget Category	Amount Requested
Personnel	
<i>Salary and Wages</i>	
<i>Fringe Benefits</i>	
Other Direct Costs	
<i>Office Operations</i>	
<i>Travel</i>	
<i>Meeting Expenses</i>	
<i>Project Space</i>	
<i>Other</i>	
Purchased Services	
<i>Consultants</i>	
<i>Contracts</i>	
Indirect Costs	
<i>IDC*</i>	
TOTAL	

**Indirect costs are not to exceed 12% on all costs, except consultant costs and contractual service, for which indirect costs cannot exceed 4%.*

Budget Narrative

Category	Narrative
Personnel	
Note: 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.	
<i>Project Staff</i>	
<i>Fringe Benefits</i>	
Other Direct Costs	
<i>Office Operations</i>	
<i>Travel</i>	
<i>Meeting Expenses</i>	
<i>Project Space</i>	
<i>Other</i>	
Purchased Services	
<i>Consultants</i>	
<i>Contracts *</i>	

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Category	Narrative
In-Kind Support	

* 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	

Category Descriptions

Salary and Wages: For each requested position, please describe the scope of responsibility and assets for each position, relating it to the accomplishment of proposal objectives.

Fringe Benefits: Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Office Operations: Administrative costs such as telephone, printing, postage, copying, information technology (IT) services and other costs associated with supporting your project. Provide justification for each item and relate it to specific proposal objectives.

Travel: Please provide clear travel information regarding who, when, where, why, and how, and how it relates to or supports specific project objectives.

Meeting Expenses: Arrangement costs such as venues, working lunches, and other items necessary for meetings. Provide justification for each item and relate it to specific proposal objectives.

Other: This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Consultants: This category is appropriate when hiring an individual to give professional advice or services (e.g., technical or skilled consultant, etc.) for a fee but not as an employee of the contracted organization. If applicable, please describe the method of selection for a consultant, name (if known), scope of work, and expected rate of compensation, including travel.

Contracts: A subcontractor is an entity that performs duties that are either the same as or directly related to the scope of work of the project. Their efforts contribute directly to the outcome of the project. Please provide the method of selection of a subcontractor, the name of the contractor, scope of work, method of accountability, and budget.

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Indirect Costs: Not to exceed 12% on all costs, except consultant costs and contractual service, for which indirect costs cannot exceed 4%.

In-Kind Support: Please list any additional funding, project space, personnel and other resources not included within this budget but provided for in-kind.

Appendix C: Resources Developed by the Center for Sharing Public Health Services

Roadmap to Develop Cross-Jurisdictional Sharing Initiatives

The Center has recently updated the Roadmap (<http://phsharing.org/roadmap/>), 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 to explore. Resources and tools have been identified or developed for each area. Areas are further broken down into issues to consider, which are phrased as questions. While the progression of phases should take place in the order presented, the areas and issues within each phase do not necessarily have to follow the same order as listed on the Roadmap. If it becomes apparent during the process that some key areas or issues from an earlier phase were overlooked, it is important to go back to that phase and resolve them before moving forward. The Roadmap is intended to be more of a guide than a set of specific directions for those working on or considering CJS for their jurisdictions.

Spectrum of Cross-Jurisdictional Sharing Arrangements

The Center's Spectrum (<http://phsharing.org/Spectrum>) describes four main categories of sharing arrangements, as depicted in *Figure 1* (page 15): *As-Needed Assistance*, *Service-Related Arrangements*, *Shared Programs or Functions*, and *Regionalization/Consolidation*. The level of integration increases from the left to the right of the Spectrum. The Spectrum shows that CJS can be a flexible tool that can take many forms, depending on the partners' goals and other local circumstances.

Figure 1.

Spectrum of Cross-Jurisdictional Sharing Arrangements			
As-Needed Assistance	Service-Related Arrangements	Shared Programs or Functions	Regionalization/Consolidation
<ul style="list-style-type: none"> ● Information sharing ● Equipment sharing ● Expertise sharing ● Assistance for surge capacity 	<ul style="list-style-type: none"> ● Service provision agreements (e.g., contract to provide immunization services) ● Purchase of staff time (e.g., environmental health specialist) 	<ul style="list-style-type: none"> ● Joint programs and services (e.g., shared HIV program) ● Joint shared capacity (e.g., epidemiology, communications) 	<ul style="list-style-type: none"> ● New entity formed by merging existing local public health agencies ● Consolidation of one or more local public health agencies into an existing local public health agency
Looser Integration		Tighter Integration	

Source: Center for Sharing Public Health Services. (2017).

Success Factors in Cross-Jurisdictional Sharing Arrangements

The Center’s Success Factors (<http://phsharing.org/SuccessFactors>) identifies key considerations in three categories — *Prerequisites*, *Facilitating Factors* and *Project Characteristics*. These are attributes and activities that can increase the likelihood of success for a CJS initiative.

Additional Resources

The Center has produced a number of additional resources to assist public health officials and policymakers as they consider and adopt CJS approaches. The Center’s document, *Resources to Assist with CJS Arrangements* (<http://phsharing.org/wp-content/uploads/2017/03/CenterResources.pdf>), includes a more comprehensive list of key resources.

The Center has also recently developed an online tool to assist users in considering, developing or implementing a CJS arrangement. The *Comprehensive Assistance for Shared Services* (COMPASS) provides access to tools, methods, and models to help you explore, prepare for, plan, implement, and improve a CJS arrangement. The COMPASS is available here: <http://compass.phsharing.org/>.