

Call for Proposals: *Increasing the Body of Knowledge for Cross-Jurisdictional Sharing in Public Health – Small Grants Program*

Summary

The Center for Sharing Public Health Services (the “Center”) is offering small grants to support cross-jurisdictional sharing (CJS) arrangements that fit into one of the classifications in Table 1. While all applications will be reviewed, preference will be given to applicants that address at least one of the priority topic areas listed in Table 1. **Applications must be submitted by 5:00 PM CDT on August 16, 2019. Up to five awards will be made for an amount of up to \$10,000 for a project period of up to eight months. Shorter projects will be considered. All projects must be concluded by 5/22/2020.**

In addition to funding, Center staff will provide technical assistance tailored to each grantee’s needs. Grantees are expected to share the progress of their efforts during the project period, share results and lessons learned at the end of the project period, and share longer-term activities and results 12 months after the project period ends.

Table 1. Project Classifications and Priority Topic Areas

Project Classifications*	Priority Topic Areas**
<ol style="list-style-type: none"> 1. Specific CJS arrangement 2. Use of CJS as a systems change tool 3. Research project 	1. Addressing social determinants of health through CJS.
	2. CJS to implement foundational public health services, cultivate the role of chief health strategist, or address other aspects of Public Health 3.0.
	3. CJS to improve collaboration among state or local health departments and: <ol style="list-style-type: none"> a. Tribal public health agencies; or b. Military public health agencies.
	4. CJS to improve collaboration between or among state health departments.
	5. Implementation of a community health improvement plan developed through a CJS arrangement.
	6. Measuring the impact of a specific CJS arrangement.

*See full descriptions of the classifications within the section titled **Small Grants Program** (page 2).

**Applications that address other topics will be considered.

Please note: This grant opportunity is not intended to support “as-needed” types of CJS arrangements (see [Spectrum of Cross-Jurisdictional Sharing Arrangements](#)); rather, it is focused on CJS models that involve sharing of capacity, services and programs operating on an on-going basis. Also, the grant will not support the initial exploration of a CJS arrangement (i.e., efforts to determine conceptual feasibility); rather, applicants must seek to plan, implement or improve a CJS arrangement. Finally, successful applicants are eligible to receive just one award.

Background

The Center for Sharing Public Health Services (the “Center”) is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation. Cross-jurisdictional sharing is when jurisdictions, like cities or counties and sometimes states, come together and share resources across their respective boundaries to efficiently and effectively deliver public health services.

The Center provides access to tools, techniques, expertise and resources that support better collaboration and sharing across boundaries to protect and promote the health of the people they serve. For more information about the Center, visit www.phsharing.org. 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.

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Since its inception, the Center has awarded approximately \$2.5 million in grant funding to support more than 50 projects in 22 states. Building on the success of previous grantees, the purpose of this small grants program is to support efforts to plan, implement or improve CJS arrangements and to use real-life experiences to assist the Center in expanding its knowledge in some specific areas of CJS.

For funded applications, Center staff will provide feedback and technical assistance as needed, beginning with finalizing plans and continuing throughout the duration of the funding period.

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

1. Proposals Focused on a Specific CJS Arrangement

For this category, the program will fund proposals for planning, implementing or improving (but not exploring) sharing agreements that fall under the Spectrum categories *Service-Related Arrangements*, *Shared Programs or Functions*, or *Regionalization/Consolidation*.

The Center defines CJS arrangements as those involving distinct public health agencies in two or more geo-political jurisdictions (e.g., cities, townships, counties or districts), including arrangements between and among local, state and tribal health agencies. Examples include, but are not limited to, CJS agreements between state health departments; CJS agreements between a military public health department and a local health department; CJS agreements between tribal health departments; CJS agreements between a tribal health department and a state health department; and other CJS agreements that involve any combination of local, state, tribal and military public health departments.

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 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 could achieve desired impacts, affording the Center with an opportunity to understand the value of CJS to improve system governance and service delivery on a broad scale (rather than project-specific approaches).

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; developing multi-region or statewide mechanisms or models for CJS arrangements; using 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 (e.g., 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-jurisdictional sharing in public health. As such, the Center welcomes opportunities for applied research to add to the body of evidence for CJS within the Center's priority areas listed. Proposals in this category must:

- a) Be based on field activities with the direct involvement of two or more public health agencies; and
- b) Result in the development of new tools or resources not currently available, or evaluation of existing tools or resources that might lead to improvement or identification as best practices for implementation.

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 public health agency or a military public health department; 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.

Selection Criteria

A committee comprised of staff from the Center and other expert reviewers will screen all proposals for eligibility and review them according to the following characteristics:

All Proposals

- The proposal falls into one of three *project classifications* listed in **Table 1** (page 1).
- The proposal addresses one of the *priority topic areas* listed in **Table 1** (page 1). While preference will be given to proposals that meet this criterion, proposals that address other areas will be considered.
- The goals of the proposal 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.

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- The proposal includes measures of success that are clear and relevant to the stated goals of the project. The proposal includes both short term measures that can be achieved within the project period and intermediate measures that can be achieved within 12 months after the project period has ended.
- 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.
- Letters of support (*from each partner organization*) demonstrate a commitment to the success of the project. Form letters are strongly discouraged.

Additional Selection Criteria: Proposals for Research Projects

- The proposed research will result in: (a) tools or resources not currently available through the Center; or (b) evaluation of existing tools or resources that might lead to improvement or identification as best practices for implementation.
- The project team evidences the use of sound research methods and practices (including human subject 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 May 22, 2020. Awards will be made in the form of a fixed price contract. 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 the final narrative report.

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. Within 30 days after the close of the grant, the grantee shall provide 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 or presentations (as schedules permit), as well as to work with Center staff on developing a brief story about their project. Finally, grantees are expected to participate in an interview with Center staff *12 months after the grant ends* regarding the status of the funded work at that point in time.

If the grant is to be used in whole or in part for research involving human subjects as defined in United States Department of Health and Human Services policy for the protection of human research subjects (45 C.F.R. Part 46 and related guidance), the grantee shall certify that the research will be conducted in compliance with the ethical standards and the criteria for approval and conduct of research set forth in 45 C.F.R. Part 46 and related guidance and all other federal and state laws applicable to the research project. Such requirements may include, but are not limited to, obtaining and maintaining institutional review board (IRB) approval and obtaining informed consent of participating research subjects.

Use of Funds

Funds may 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 (*up to 12%*). Grantees may propose to subcontract with others.

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Please include subcontract costs in the *Budget Narrative Template* (found in **Appendix B**). 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. Grant funds may not be used to deliver shared services.

How to Apply

Please submit your proposal using the *Application Template* in **Appendix A** and accompanying *Budget and Budget Narrative Template* in **Appendix B**. Email your completed application as an attachment to PHSharing@khi.org no later than 5:00 PM CDT on **August 16, 2019**. In fairness to all applicants, applications that are incomplete or received after the deadline for any reason will not be accepted or reviewed.

Summary of Milestone Dates

August 16, 2019 (5:00 PM CDT)	Proposals due to the Center
August 23, 2019	All applicants notified of selection status
September 20, 2019	Projects start
Beginning mid-October 2019	Monthly check-in calls with Center staff
May 22, 2020	Funded projects end
June 19, 2020	Final narrative reports due

Notice to Applicants

The Center for Sharing Public Health Services reserves the right to modify the terms of the CFP (Call for Proposals) with reasonable notification to all interested parties via email and the Center website. This CFP 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 CFP, please email PHSharing@khi.org. Answers will be provided within one business day and posted in a Frequently Asked Questions (FAQ) section (<https://phsharing.org/small-grant-opportunities/>). No identifying information about the person or organization will be posted.

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: (785) 233-5443 | **E-mail:** 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 is limited to five pages (double-spaced with minimum 12-point font and one-inch margins). Letters of support, project timeline, budget, budget narrative, and supporting documents do not count toward the five-page limit. 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 August 16, 2019.** Late submissions will not be accepted, and incomplete applications will not be reviewed.

**Cut and paste the information from pages 8 to 11
into a new document for your proposal.**

**PROPOSAL: 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:

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

- A state or local government public health agency or a military public health department;
- 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.

2. Which classification describes your proposal? (Refer to page 2 of the CFP for a detailed description of each). (Select only one)

- Specific CJS arrangement;
- Use of CJS as a systems change tool; or
- Research project

3. What priority area does your project address? (Select all that apply.)

- Addressing social determinants of health through CJS
- CJS to implement foundational public health services, cultivate the role of chief health strategist, or address other aspects of Public Health 3.0
- CJS to improve collaboration among state or local health departments and:
 - a. Tribal public health agencies; or
 - b. Military public health agencies
- CJS to improve collaboration between or among state health departments
- Implementation of a community health improvement plan developed through a CJS arrangement
- Measuring the impact of a specific CJS arrangement
- Other (please specify): _____

4. Project Description

Please describe the following:

- If applicable, a description of CJS work completed to date;
- The goal of the CJS effort and the rationale for this work;
- How you anticipate the CJS work will improve public health practice in participating jurisdictions;
- The project's goals, activities and timeline; and
- Any expected products and any anticipated work beyond the project period.

5. Project Plan and Milestones

Please describe your proposed timeline of activities and any milestones within the project period. ALL PROJECTS MUST BE COMPLETED BY May 22, 2020.

6. Challenges

Describe any challenges you anticipate and how they will be addressed.

7. Measures of Success

Please provide measures you will use to determine that your project was successful: (a) during the project period; and (b) within 12 months after the project period has ended.

8. Project Team and Subcontractors

Include information on partner organizations, project leadership, and any subcontractors (if relevant). List the project team members and their roles in the project.

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 use of form letters is discouraged. The letters of support are not included in your five-page limit.

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>a) Salary and Wages</i>	\$
<i>b) Fringe Benefits (not to exceed 25%)</i>	\$
Other Direct Costs	
<i>c) Travel</i>	\$
<i>d) Meeting Expenses</i>	\$
<i>e) Other (e.g., photocopies, long distance, supplies, etc.)</i>	\$
Purchased Services	
<i>f) Consultants</i>	\$
<i>g) Contracts</i>	\$
<i>h) Subtotal (Personnel + Other Direct Costs + Purchased Services)</i>	\$
Indirect Costs	
Specify rate, not to exceed 12%: ____%	
<i>j) Indirect Costs = Rate (%) x Subtotal from line h</i>	\$
TOTAL (line h + line j)	\$

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. Add rows as needed.	
<i>Salary and Wages</i>	
<i>Fringe Benefits (not to exceed 25%)</i>	
Other Direct Costs	
<i>Travel</i>	
<i>Meeting Expenses</i>	
<i>Other (e.g., photocopies, long distance, supplies, etc.)</i>	
Purchased Services	
<i>Consultants</i>	
<i>Contracts *</i>	
In-Kind Support	

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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	

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. Fringe benefits may not exceed 25%.

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: This category includes 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 includes administrative costs such as telephone, printing, postage, copying, information technology (IT) services, and other costs associated with supporting your project. 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.

Indirect Costs: Indirect costs may not exceed 12%.

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