

The recording of the webinar for interested applicants is available at www.vimeo.com/352547122.

1. **Are academic institutions eligible to apply?** If the academic institution fits the eligibility criteria and definition of an eligible organization (see page 4 of the [CFP](#) and the [CSII Glossary of Terms](#)), then yes, it is eligible to apply.
2. **Will slides for this presentation be made available to participants?** The webinar recording is available at www.vimeo.com/352547122. Contents of the slides came directly from the CFP.
3. **What is the word limit for the sections of the brief proposal (or each section of the brief proposal)?** Answers to each question are limited to 500 words/3500 characters.
4. **The maximum time for a community project/initiative that is outlined in the CFP is 24 months, is there a minimum time for the project?** There is no minimum length of time for the community project or initiative, but grantees are expected to participate in the CSII Learning Community for the full 24 month period, regardless of the length of their own community project.
5. **Is the online application able to be downloaded to complete outside of the online system, and then upload once completed?** No, the application must be completed within the online system itself. All questions are provided in the CFP materials so that you can prepare your answers prior to submitting into the online system.
6. **Who must attend the three-in person meetings?** At least one person from each collaborating sector must attend the in-person meetings.
7. **What constitutes a "virtual site visit"?** A virtual site visit will be a videoconference that convenes the CSII staff (PHNCI and CSPHS) and the applicant project team, including the key sectors named to discuss details of the applicant's projects, goals, and other aspects of the application. This virtual site visit will not be more than 2 hours long and CSII staff will organize the videoconference platform and cover the videoconference system costs.
8. **What are the costs associated with hosting a site visit for the CSII and RWJF staff and evaluators?** Costs may include any meeting space, food, audio visual needs, etc. All travel costs for CSII staff, other CSII sites, RWJF and the evaluators will be covered by CSII and need not be included in the budget.
9. **Can one organization submit multiple applications?** We are looking for thoughtful applications that reflect an understanding of the intention of the CFP, have a potential to contribute to the CSII learning community, can advance alignment among the partner organizations and can contribute to addressing one or more social determinants of health. We believe that in most cases a meaningful, thorough conversation among the partners involved will allow the identification of the specific activities for one possible proposal. Therefore, in general we discourage (but not disallow) submitting more than one short proposal. In the rare event that at the end of their conversation the partners still cannot identify the best one proposal for this initiative, they can submit more than one brief proposal. In that case, please note that: 1) Submitting more than one proposal will not

necessarily increase the chances to be invited to submit a full proposal (or of having one proposal funded); and 2) We will not invite more than one full proposal submitted by the same lead agency.

- 10. When budgeting for the Learning Community in-person meetings, where should we assume these take place for the purposes of estimating costs of travel?** The locations and dates of these meetings will be determined, in part, based on where the grantees are located. Given that these are yet to be determined, we encourage applicants to estimate based on your own agency's policies or consider following the Robert Wood Johnson Foundation travel formula: \$975 for a one-day, one-night meeting where air travel is necessary. This figure includes airfare and baggage (\$500), lodging (\$225 per night), amount necessary for meals not supplied at meeting (up to \$100 per day), and ground transportation (\$150). For a two-night, two-day meeting where air travel is necessary, the up-to cost estimate is \$1,300, which includes \$225 for an additional night's lodging and \$100 per day for meals. For longer trips, add \$225 for each additional night of lodging, and up to \$100 per day for meals when necessary.
- 11. Do collaborating sectors need to be active participants in writing the proposal?** Collaborating sectors should have an active role in the proposal planning process and must submit letters of support per the CFP. However, it is up to applicants to determine how best to actually write the proposal itself, and the writing does not need to be divided up amongst the sectors.
- 12. Is this a planning grant or is the CSII looking to see changes in health outcomes and towards system alignment?** This is an implementation grant, not a planning grant. Applicants are required to articulate goals regarding achieving systems alignment, improving population health and achieving health equity and also note both short-term (by the end of the project period) and long-term measures toward those goals.
- 13. Can one agency fulfill multiple sector roles (e.g. serve as the public health and social services sectors)?** No, each of the three sectors: public health, healthcare and social services, must be represented by separate organizations.
- 14. Does the prioritized issue to be addressed have to be a health outcome or can it be a social determinant?** The issue must address improved population health and work to achieve health equity.
- 15. Can the funding cover the cost of staff salary who are administering direct services?** The funds can cover staff time devoted to the collaboration but not staff time devoted to service provision.
- 16. How should applicants demonstrate community involvement in identifying the priority issue being addressed?** We are looking for evidence that the issue(s) addressed by the proposal were identified and prioritized by the community. A Community Health Improvement Plan (CHIP) is often a good way to demonstrate that. In the absence of a CHIP, applicants will have to produce other evidence showing how the community identified the problem being addressed as a priority.

- 17. With regards to community involvement, do you mean broad community participation through focus groups, forums, etc. or are you speaking about broad engagement from multiple orgs? Do "community members" involved in the initiative have to be unaffiliated with any organization to be included? (For example, we have a lot of people with lived experience included in our work, but they are mostly affiliated with organizations, particularly advocacy orgs.)** We are looking for strong evidence that the collaboration among the applicant organizations includes community participation. We are not providing a definition of community participation as it can take many forms. Community members may or may not be affiliated with community-based organizations.
- 18. Does the community voice need to be at the table already or can it be a part that you plan to engage during the course of the project?** Community participation must already be underway, and your plan may include strategies to strengthen community engagement.
- 19. Does equity for purposes of this grant refer to racial, ethnic, or traditional SES inequities or can it be a health inequity for a subgroup of patients?** CSII defines health equity as assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. It requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Moreover, the focus can be on a subpopulation.
- 20. Would a project that compares two different collaborations that focus on a similar population priority be eligible?** No.
- 21. Is there a geographic preference for communities? (i.e. minimum population? Regional vs. city/local?)** CSII will make awards that represent diversity with respect to the applicant pool and their characteristics. There is no minimum population requirement and applications from small and medium size jurisdictions are strongly encouraged.
- 22. Can you say more about what you will consider appropriate health outcomes to focus on?** The CFP intentionally does not define the issue being addressed and instead requires that the issue was identified and prioritized by the community.
- 23. Is the intent to support one collaboration related to one specific health problem or addressing one specific community situation which contributes to adverse health outcomes in a geographic area or among a certain population for instance? Can this grant fund multiple jurisdictions?** The initiative supports collaboration among organizations that are committed to moving towards alignment and are working to improve population health and achieve health equity at the community level.
- 24. Can you define what "substantial involvement" of a health department in the collaboration means?** We are interested in collaborations that have an appropriate balance of power among partners. While a health department does not to be the lead applicant or fiduciary of funds, it must be a key partner in the collaboration.

- 25. Can you define 'social services organization'?** CSII defines the social services sector as governmental or non-governmental entities that provide services that address the social determinants of health through individual and community level efforts. Examples include child welfare agencies, housing-focused agencies, community-based organizations, etc. [See the glossary of terms for additional definitions.](#)
- 26. Does a behavioral health organization count as a healthcare organization?** CSII defines the healthcare sector as entities that provide clinical services, mental health services, oral health services, provide or pay for services for individuals, or facilitate the provision of services to individuals. Entities in this sector may include hospitals, health systems, health plans, health centers, behavioral health providers, oral health providers, etc. [See the glossary of terms for additional definitions.](#)
- 27. Is a health insurer considered part of the healthcare sector?** Yes. CSII is defining the healthcare sector as entities that provide clinical services, mental health services, oral health services, provide or pay for services for individuals, or facilitate the provision of services to individuals. Entities in this sector may include hospitals, health systems, health plans, health centers, behavioral health providers, oral health providers, etc. [See the glossary of terms for additional definitions.](#)
- 28. How would you like us to demonstrate existing collaboration among organizations in the brief proposal?** A narrative description is requested in the application.
- 29. Is the intent to support one collaboration related to one specific health problem or specific community situation which contributes to adverse health outcomes in a geographic area or among a certain population?** The intent of the CSII is to support collaborations in their movement towards systems alignment. For the purposes of the project, public health, healthcare and social services sectors can come together to show movement towards alignment by working on a specific health issue or problem within the community, including sub-populations.
- 30. Can the CSII grant fund a project that spans across multiple jurisdictions?** If the eligibility criteria are met, and the needs of the community or jurisdiction, and therefore the desire to work across multiple jurisdictions to address the needs, are appropriately described, then yes, the grant funding can be used for projects that span multiple jurisdictions.