

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

### **Community Mini-Grant Funding**

**from the University of Kentucky Center for Clinical and Translational Science**

### **Community and Collaboration Core (UK CCTS C&C)**

---

**Please note: All Applications must be received by 5 p.m. on May 26<sup>th</sup>, 2023.**

#### **INTRODUCTION**

The University of Kentucky Center for Clinical and Translational Science Community & Collaboration (UK CCTS C&C) core facilitates collaborative research among lay communities, practitioners, and academic researchers to address complex health issues facing central Appalachia and Kentucky communities and seeks to improve the health of communities through community engaged research. Expanded partnerships among these communities will enable the UK CCTS C&C to identify health-related needs, pinpoint relevant and timely research opportunities, and create new academic-community collaborations to address challenges and improve the health of Appalachian populations in Kentucky. Ultimately, the UK CCTS C&C will generate new understandings of health disparities and effective ways to mitigate them that may have important implications for public health in the United States.

#### **COMMUNITY MINI-GRANT AWARDS**

The University of Kentucky Center for Clinical and Translational Science Community and Collaboration core (UK CCTS C&C) is requesting applications from community partners for funding of **\$2500 each** to support evidence-based or evidence-informed health outreach projects. Four applications will be funded. Projects must be conducted **between June 26, 2023 and June 26, 2024**. Requests for funds may not exceed \$2500. Applications must address the priority categories specified in the Award Priorities section below. Review criteria will include:

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

#### **AWARD PRIORITIES**

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

- Cancer prevention (e.g., nutrition, physical activity, smoking cessation)
- Reduction of obesity

- Supporting healthy lifestyle
- Chronic disease prevention or management (e.g., diabetes, cardiovascular disease)
- Risk behavior prevention and reduction
- Substance abuse prevention and reduction

Applications should describe how your proposed project is designed to accomplish at least one of the following:

1. increase knowledge of risk factors for health disparities
2. improve compliance with prevention or treatment guidelines of health disparities through community and/or provider education
3. increase usage of tobacco cessation programs for youth and adults
4. increase physical activity and/or healthier eating habits via new or existing programs
5. address prevention and/or treatment strategies for other health risk behaviors (e.g., drug or alcohol abuse)

### **ELIGIBILITY REQUIREMENTS**

Grants will be awarded for projects that have a comprehensive plan for implementing and evaluating community programs on healthcare issues of concern to the community. **Applications must target residents of Appalachian communities in Kentucky** ([as designated by the Appalachian Regional Commission](#)).

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

University of Kentucky (UK) faculty and staff are not eligible to be project leaders/applicants. However, **special consideration will be given to projects that include UK Faculty/Staff members serving in a Mentor/Mentee capacity for applicants and/or community agencies/coalitions.** If no UK faculty mentor is indicated in the proposal, awardees will be assigned a University of Kentucky faculty mentor who will provide consultation over the course of the project.

Awardees will be required to complete the following activities:

1. Complete paperwork with the UK CCTS C&C:
  - a. Invoice on agency/coalition letterhead for payment;
  - b. W-9 Tax Form on behalf of the agency/coalition;
  - c. A University of Kentucky Independent Contract (IC) Form;
2. A written mid-year and final progress report. Attend regular phone or zoom conferences with the UK CCTS Community and Collaboration (C&C) Project Manager:
  - a. An initial phone or zoom conference before project begins;
  - b. Quarterly updates via phone or zoom conference;
  - c. Final conference call.

3. Attend the CCTS Annual Spring Conference in 2024 (Date TBD) in Lexington, KY and make a poster or oral presentation reporting on the project and the results. (Note: The UK CCTS will cover the cost of travel to the conference and, if selected for a poster presentation, the cost of printing the poster).
4. **FUNDING RESTRICTIONS**  
Request for funds:
  - Cannot exceed \$2500 total costs
  - Must be used for project activities only
  - Cannot be used for salary, clinical services, office equipment purchases, phone bills, rent, utilities, computer software, or alcohol
  - Funding for administrative fees may not exceed 10% of the total budget (maximum \$250 in administrative fees for a total budget of \$2500)

**SUBMISSION REQUIREMENTS**

**Applicants must adhere to the following requirements for application submission:**

1. Use a 12-point size font and stay within the page requirements outlined in the table below.
2. Submit electronically (by email) to: Ashley G. Hall, MS at [agtayl3@uky.edu](mailto:agtayl3@uky.edu).
3. All submissions must be received by **5:00 p.m. on May 26<sup>th</sup>, 2023**. No late applications will be accepted. Notice of receipt will be sent to via email all applicants.
4. No changes or additions can be made to an application once it has been submitted.

**SUBMISSION GUIDELINES AND INSTRUCTIONS**

*Each application should include the following:*

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

**SECTION DESCRIPTIONS**

1. **Application Cover Sheet** *(Please use form provided with this RFA, Font Size: 12)*
2. **Proposed Community Program or Project** *(Please use form provided with this RFA, Font Size: 12)*
3. **Background and Narrative Statement of Need** *(Please use form provided with this RFA, Font Size: 12)*  
Provide some background information including a brief demographic profile of the community or target population. Explain why your proposed program is needed and provide relevant data, statistics, or needs assessment information supports your claim. Describe how the proposed

program is evidence-based or evidence-informed and how it will address the community problem described. Briefly describe the community coalition/group, including its mission/purpose, length of time it has existed and make-up of the membership. Describe collaborations and partnerships with other local, regional, and statewide agencies or organizations, and a description of individuals and groups who will be involved with the program and their specific roles.

4. **Work/Evaluation Plan Form** *(Please use form(s) provided with this RFA, Font Size: 12)*  
Identify the goals of the proposed program and expected date of completion for the project. Quantify the specific objectives. Describe all activities planned to achieve these objectives. List partners involved in these objectives. Project the number of people the project intends to reach with each objective. Specify the plan to evaluate the objective.
  
5. **Budget Form** *(Please use form provided with this RFA, Font Size: 12)*  
List the amount of funds requested for each specific category. Under “funding restrictions” remember that administrative fees may not exceed 10% of the total budget (maximum \$250 in administrative fees for a total budget of \$2500). Funds cannot be used for salary, clinical services, equipment purchases, phone bills, rent utilities, computer software, or alcohol.

**NOTIFICATION AND REPORTING TIMELINE**

*Please note: this schedule is subject to change*

| Date   | Reporting Timeline and Information  |
|--|---|
| May 26, 2023   | Applications due by 5 p.m. (Confirmation of receipt will be sent electronically to project contact and/or leader) |
| June 6, 2023   | Email notification of awards  |
| Week of June 12 <sup>th</sup> , 2023                     | <b>First conference call with awardees</b>  |
| By June 23 <sup>rd</sup> , 2023                          | Awardees send in Invoice Form, W-9 Form, University of Kentucky Independent Contract Form                         |
| June 26, 2023  | <b>Project Start Date</b>   |
| September 25-26, 2023                                    | <b>3-month progress conference call with awardees</b>   |
| December 18-19, 2023<br>December 31 <sup>st</sup> , 2023 | <b>6-month progress conference call with awardees</b><br><b>Midpoint Progress Report: Due</b>                     |
| February 12-13, 2024                                     | <b>Preparation for CCTS Spring Conference</b>   |
| March 2024   | <b>CCTS Annual Spring Conference</b><br><b>Oral or poster presentation</b>  |
| June 26, 2024  | <b>Project End Date</b>   |
| Friday, July 5 <sup>th</sup> , 2024                      | <b>Final Progress Report: Due</b>   |
| July 8 <sup>th</sup> -9 <sup>th</sup> , 2024             | <b>12-month final progress conference call with awardees</b>  |

**CCTS Community Mini Grant Funds**  
**Application Cover Sheet**

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

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

**Priority Category of Application: (Please check)**

- Cancer prevention (nutrition, physical activity, smoking cessation)*
- Reduction of obesity*
- Supporting Healthy Lifestyle*
- Chronic disease prevention or management (diabetes, cardiovascular disease) Risk behavior prevention and reduction*
- Substance abuse prevention and reduction*
- Other (Specify):* \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

**Mailcheck to** (name and address): \_\_\_\_\_

\_\_\_\_\_  
**Project Leader Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

## Proposed Community Program/Project Goals

## Background and Narrative Statement of Need

**Work/Evaluation Plan**

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



**Work/Evaluation Plan**

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

**Work/Evaluation Plan**

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

### Budget Form

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

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