



Legacy Grants Request for Proposals 2009 – 2010 Funding Cycle

RELEASED

May 11, 2009

PROPOSAL DEADLINE

June 22, 2009, 5:00 PM EST

Released by: **Communities IMPACT Diabetes Center on behalf of The Mount Sinai School of Medicine** - One Gustave L. Levy Place, Box 1077, New York, NY 10029

Program Overview

Purpose

In October 2007, the Centers for Disease Control (CDC) designated the Communities IMPACT (Inspired and Motivated to Prevent and Control) Diabetes Center as a national Center of Excellence in the Elimination of Disparities (CEED). The Communities IMPACT Diabetes Center is a collaborative that includes community residents, community-based organizations, health care providers and researchers, faith-based institutions, housing and social service agencies, and local policymakers. Through a five-year grant, our Center is charged with working toward eliminating diabetes disparities among African Americans and Latinos with or at risk for diabetes using community-based participatory approaches.

In addition to its own programs and efforts aimed at improving diabetes-related health outcomes in East Harlem, New York, the Communities IMPACT Diabetes Center supports the development and implementation of innovative projects aimed at preventing and controlling diabetes in other communities through their Legacy Grants. We are currently soliciting applications for 12-month grants to advance the Center's efforts to prevent and control diabetes among African Americans and Latinos.

Eligibility Criteria

Applicants must be:

- A 501(c)(3) non-profit tax exempt organization, such as a faith-based, health, social services, or other community-based organization/ group, located in an urban center of New York, New Jersey, or Pennsylvania.
- A community organization/group located in an urban center of New York, New Jersey or Pennsylvania that is partnered with a 501(c)(3) non-profit tax exempt organization, which agrees to serve as a fiscal sponsor¹ for the grant.

Organizations/groups utilizing a fiscal sponsor are required to provide documentation of this fiscal relationship.

Please note that grants will only be awarded to community-based organizations/groups, including, but not limited to, faith-based organizations, tenant associations, social service organizations, etc. Grants will not be awarded to individuals.

Total Awards

A total of up to \$110,000 will be awarded as outlined below:

- 2 grants: \$25,000 - \$30,000 each to grantees in New York State
- 2 grants: \$25,000 - \$30,000 each to grantees in New Jersey and/or Pennsylvania.

Key Dates and Deadline

- **June 4, 2009** – Grant Writing Webinar for Prospective Applicants.
 - **June 22, 2009 (5:00p.m. EST)** – Deadline for receipt of proposals.
 - **August 2009** – Notification of awards.
 - **September 2009** – Funding initiated.
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NOTE: The Communities IMPACT Diabetes Center will not award funding to any organization that will receive funding from another REACH U.S. Center of Excellence in the Elimination of Disparities (CEED).

Inquiries

Please direct inquiries to:

Mischka Garel, MPH, *Program Manager*

Phone: (212) 659-9551; Email: Mischka.Garel@mountsinai.org

How to apply

There are 2 ways to submit your completed application:

- 1) Mail one copy of your completed application to:
Communities IMPACT Diabetes Center
Attn: Mischka Garel, Program Manager
One Gustave L. Levy Place, Box 1077
New York, NY 10029
- 2) Email one copy of your completed application, including all attachments to:
impactdiabetes@gmail.com

Mailed applications must be postmarked by June 22, 2009. Applications submitted via email must be received by June 22, 2009 – 5:00pm EST. Late submissions will not be accepted.

BACKGROUND

Diabetes is among the most rapidly growing chronic diseases in the United States. Diabetes currently ranks as the seventh leading cause of death in the nation and is the leading cause of many other health conditions including blindness, kidney disease, heart disease and amputations. It has become an epidemic where, according to recent estimates, more than one million New Yorkers, more than 750,000 residents of Pennsylvania, and nearly half a million New Jersey residents have been diagnosed with diabetes. When we consider the undiagnosed population and the population with pre-diabetes, the known diagnosed figure is expected to be much higher.

Moreover, racial/ethnic disparities in diabetes prevalence and mortality exist across the nation, with higher prevalence and mortality rates from diabetes among African Americans and Latinos. One in two African American and Latino children born in the United States today will develop diabetes if meaningful prevention measures are not initiated.

Despite strong evidence that lifestyle modifications, such as weight loss and increased physical activity, can prevent, delay, and control Type 2 diabetes, many barriers hinder individuals from making these positive behavioral changes. Hence, innovative multi-level interventions that are evidence-based, adapted to the target population and rooted in the community are necessary to effectively address the diabetes epidemic facing us today and for generations to come.

Purpose of Legacy Grants

As part of its mission to advance efforts to eliminate diabetes disparities among African American and Latino communities, the Center is awarding 12-month Legacy Grants to community organizations/groups with creative and promising strategies to address this major public health issue.

The Communities IMPACT Diabetes Center has full discretion in determining the final number and size of grants awarded, as dependent on the quality and type of proposals received in application for funding.

Grant Duration

- All grants will be funded for a 12-month period, beginning in September 2009 and ending in August 2010

SELECTION CRITERIA

In alignment with the Communities IMPACT Diabetes Center's goal of eliminating diabetes-related disparities among African Americans and Latinos, proposals for Legacy Grants must consist of novel interventions that:

1. Assess or address diabetes prevention and/or control
2. Focus on diabetes-related policy, advocacy, and/or education in predominantly African American and Latino populations ranging from infants through seniors (or a combination). This may include gestational diabetes interventions among pregnant women.
3. Demonstrate that they will serve an urban, predominantly African American and/or Latino population in New York, New Jersey or Pennsylvania, as described above.

Each proposal will be assessed by a review committee composed of three individuals: a member of the Communities IMPACT Diabetes Center Grants Subcommittee, a staff member of the Center and a community member.

USE OF GRANT FUNDS

Legacy Grant funds may only be used for project-related expenses, including:

- Salaries for personnel directly involved in project activities
- Direct project expenses (e.g. project-related travel, supplies, program events or activities)

Grant funds *may not* be used for:

- Personnel for Non Project-Related Activities
- Conducting Research
- Direct Medical or Clinical Care
- Minor Promotional Items such as tee shirts, pens, etc. Please note that educational materials for participants are not considered minor promotional items.
- Purchasing Furniture, Equipment, or Construction
- Indirect Costs (Overhead)
- Purchasing Food

Proposals exceeding the maximum award limits will not be considered for funding, unless indicated that costs above the upper limit will be covered by matching or in-kind support.

Matching and/or in-kind support for the proposed project is encouraged, but not required. Applicants should clearly describe any matching/in-kind support in detail, including the dollar amount, source of funding, and status of funds (anticipated vs. secured).

Allocation of Grant Funds

Funds will be disbursed via a cost reimbursement sub-award agreement with Mount Sinai Medical Center and the Legacy Grantee. Funds will be distributed, on a quarterly basis based on progress towards satisfactory completion of objectives. A final invoice will be required (30) thirty days from the end of the project period (August 31, 2010)

EVALUATION AND MONITORING

Meetings and Conference Calls

To foster communication and collaboration among grantees, the Communities IMPACT Diabetes Center will organize in-person meetings and/or conference calls. The purpose of these meetings and calls are to report progress, promote networking, and provide technical assistance. Grantees will be given the chance to provide suggestions on the content and format of meetings and calls, based on their needs and interest.

Specifically, all grantees are expected to:

- Attend one annual grantee meeting
- Participate in bimonthly conference calls (September 2009)

Progress and Budget Reports

1. Grantees will be required to submit a 6 month progress report detailing their progress toward and challenges encountered in achieving their project's objectives. Budget expenditure reports will also be required on a quarterly basis. Progress and budget expenditure reports will together determine the quarterly reimbursement amount.
2. Grantees must submit a final progress report and final invoice for approval within (30) days from the end of the project period. Progress reports will be based on the CDC Management Information System reporting format. Grantees will be provided with a report template with the official written notification of award.

Site Visits

One or two site visits will be conducted with grantees during the course of the grant period as part of the evaluation and monitoring process. Additional site visits may be required as per the discretion of the Communities IMPACT Diabetes Center.

Technical Assistance

In an effort to encourage community organizations/groups new to grant writing or to the area of diabetes prevention and/or control to apply, the Communities IMPACT Diabetes Center will provide limited technical assistance needed during the grant application process and after organizations/groups have been awarded.

Submission Requirements

Applications should be submitted on the forms provided. Please include the name of your project on the top (header) of each page of your application. Prior to submission, please use the checklist provided to ensure that your application is complete, as incomplete applications will not be reviewed.

CHECKLIST

1. **Cover Letter from Applicant Organization/Group**
The cover letter should include the following information:
 - Applicant Organization/Group's Name
 - Fiscal Sponsor Name (if Applicable)
 - Project Title
 - Total Amount of Funding Requested
 - Project Leader's Name, Phone Number, and Email and Street Address

2. **Part I: Grant Application Cover Sheet and Project Abstract**
All applicants *must* complete *Sections A, C, D, and E* on the Grant Application Cover Sheet. Applicants utilizing a fiscal sponsor *must* also complete *Section B*.

3. **Part II: Project Narrative**
 - Organizational Background
 - Description of Project (including SMART Objectives Table)
 - Program Evaluation
 - Sustainability

4. **Part III: Budget Justification**

5. **Letters of Collaboration** (include only if applicable)
Applicants, whose proposed project involves collaboration or partnership with another group or organization, are highly encouraged to include letters of collaboration with their application. Letters should describe how the applicant organization/group and the partner will collaborate on the project, and any past mutual successes, etc.

6. **Proof of Tax Exempt Status** (of Applicant Organization or Fiscal Sponsor)

Estimate your proposed project's cost on the **Project Budget** form provided. Itemize the estimated costs in the categories listed. Matching and/or in-kind funding are not required. However, if matching or in-kind funding applies to your project, please indicate it on the **Project Budget** form provided.

The **Project Narrative** *must* be limited to a total of 10 double-spaced, single-sided pages. Please note the page limits listed in **Part II: Project Narrative** portion of the application. All application materials must be typewritten, single-sided, using 12-point Times New Roman font, with one-inch margins on all sides. **Proposals not following these specifications will not be reviewed and hence will not be considered for funding.**

APPLICATION REVIEW PROCESS

Technical Review

The first step in the review process is the technical review. The Communities Impact Diabetes Center staff will conduct a preliminary review of each timely submitted application for required elements, such as applicant eligibility and a general review of the budget. The technical review does not evaluate proposal content. **Incomplete applications or those not adhering to the guidelines outlined in this RFP will not be reviewed.**

Merit Review

The second step in the review process is a merit review. The Center will convene an RFP review committee to review and score each proposal submitted in response to the current RFP. As aforementioned, each review committee will consist of a member of the Communities IMPACT Diabetes Center Grants Subcommittee, a staff member of the Center and a community member. The full review committee may request technical assistance from a designated expert reviewer in a particular topic area, if necessary.

Application Score Summary

Each proposal will be scored on a 100 point system in five separate areas. The areas will be weighted in the following manner:

- Organizational Background – **10 point maximum**
- Description of the Project (including SMART Objectives Table) – **40 point maximum**
- Program Evaluation – **20 point maximum**
- Sustainability - **10 point maximum**
- Budget Justification - **20 point maximum**

Conflict of Interest Policy

All reviewers agree to abide by the Communities IMPACT Diabetes Center Grants Committee's conflict of interest policy by signing a **Conflict of Interest** form. It is our intent to assure that the review process is impartial and as objective as possible. Reviewers may not review an application where: 1) the reviewer is personally involved, or serves on the board of the entity that is involved in a proposal under review by the reviewer, 2) the reviewer or a family member has an employment or investment relationship with an entity involved in a proposal under review by the reviewer, or 3) the reviewer has any responsibility or involvement in the project being reviewed or advised or consulted with an organization on the development of the application.

Notification

In August 2009, all applicants will be notified by the Center via email regarding the funding decision. Following the notification emails, the Center will also provide a summary statement on the application review results. The summary statement provides the official record of the proposal's review, including the minimally edited comments of the individual reviewers, with all reviewer identifiers removed and the proposal score, which reflects the average of the individual reviewers' scores.

Additional Resources for Preparing Your Grant Application

Grant Writing Webinar for Prospective Applicants

The Communities IMPACT Diabetes Center is offering a grant writing webinar for prospective applicants to review this RFP and provide guidance in preparing a proposal. The grant writing webinar is scheduled for Thursday, June 4, 2008 at 3:00PM EST

Although attending the webinar is not required to submit an application, prospective applicants are *highly encouraged* to attend. The webinar will be conducted by Communities IMPACT Diabetes Center staff.

Attendees will be able to submit questions via email during and after the webinar.

For more information or to register for the Grant Writing Webinar, please call or email:

Michelle Ramos, MPH, *Community Project Manager*

Phone: (212) 659-9594

Email: Michelle.Ramos@mountsinai.org

Other Resources

In order to better help you prepare your application, listed below are local and national resources on diabetes and guidelines and tips on writing effective grants for community-based projects. This list is by no means comprehensive, and we encourage applicants to use other resources, in addition to those listed.

Diabetes Resources

- The American Diabetes Association:
www.diabetes.org
- The National Institute of Diabetes and Digestive and Kidney Diseases
<http://diabetes.niddk.nih.gov/>
- The Centers for Disease Control and Prevention
<http://www.cdc.gov/diabetes/>
- The New York State Department of Health
<http://www.health.state.ny.us/diseases/conditions/diabetes/>
- Diabetes in New York City: Public Health Burden and Disparities: A report from the New York City Department of Health and Mental Hygiene
http://www.nyc.gov/html/doh/downloads/pdf/epi/diabetes_chart_book.pdf
- Take Care East Harlem: A community health profile from the New York City Department of Health and Mental Hygiene
<http://www.nyc.gov/html/doh/downloads/pdf/data/2006chp-303.pdf>

- Living at an Epicenter of Diabetes, Defiance and Despair
<http://www.nytimes.com/2006/01/10/nyregion/nyregionspecial5/10diabetes.html>

Grant Writing Resources

- Non-profit guides
<http://www.npguides.org/guide/index.html>
- National Institutes of Health
http://grants.nih.gov/grants/writing_application.htm
- The Community Tool Box
http://ctb.ku.edu/en/tablecontents/sub_section_main_1301.htm
- Basic Guide to Program Evaluation
http://www.managementhelp.org/evaluatn/fnl_eval.htm

Part I: Grant Application Cover Sheet and Project Abstract

SECTION A

Name of Organization/Group:

Is your organization/group a 501(c)(3)?: Yes No (If **No**, please complete Section B.) Attach a copy of the 501©3 documentation to the application.

Project Leader/Main Contact Person:

Street Address:

City:

Zip Code:

Phone:

Fax:

Best time to call:

E-mail Address:

Website (if available) :

SECTION B: To be completed **only** if Applicant is **NOT** a 501(c)(3) organization/group.

Fiscal Agent:

Contact Person:

Street Address:

City:

Zip Code:

Phone:

Fax:

Best time to call:

E-mail Address:

Website (if available):

SECTION C

Project Title:

The proposed project addresses: (Check all that apply)

Diabetes:

Prevention Control Policy Advocacy Education

Other _____ (specify)

Racial/Ethnic Groups:

African American Latino White Other _____ (specify)

Age:

Children/ Adolescents (0-17 yrs.) Adults (18-64 yrs.) Seniors (65+ yrs.) Pregnant Women (Gestational Diabetes)

Is your project clinically-based?

Yes

No

SECTION D

Total Legacy Grant Funds Requested: \$

Total Matching/In-Kind Funds (if applicable): \$

Total Project Budget: \$

Applicant Organization's/Group's 2008 Operating Budget: \$

Fiscal Agent's 2008 Operating Budget (if applicable): \$

SECTION E

Project Abstract (250 word maximum)

Provide a summary of the proposed project.

Part II: Project Narrative

Please describe your proposed project by answering ALL of the following questions. Remember to use 12 pt Times New Roman font and 1-inch margins all around. Page limits are provided for each section, to help you succinctly provide information for each item. Please remember that the Project Narrative is limited to a maximum of 10 double-spaced, single-sided pages, *excluding the SMART Objectives Table*.

I. Organizational Background [No more than 2 pages recommended]

1. Please state your organization/group's mission.
2. How many members comprise your organization/group (this includes staff, volunteers, and Board members)? Describe the diversity within your organization/group (i.e. gender, race/ethnicity, languages spoken, etc.)?
3. What unique assets, resources, and experiences does your organization/group bring to diabetes prevention and control?

II. Description of Project [No more than 4 pages recommended] not including SMART Objectives Table

- a. Describe the significance of the problem/ need for your project in or among your community.
- b. Please provide a detailed description of your project. In this description please address the following:
 - i. Explain how your organization/group's project serves an urban, predominantly African American and/or Latino population.
 - ii. How will your project address an unmet need in the community?
 - iii. Describe how the proposed project is new and innovative.
 - iv. Explain how the proposed project uses community-based participation.
 - v. How will the project be announced to the community?
 - vi. How will the project results be shared?
 - vii. What planning activities will take place before the project starts?
 - viii. What is the role of collaborating organizations (if applicable)?
- c. Using the *SMART Objectives Table* on the next page, please outline your project's goal(s), objectives, a timeline for completing each objective provide a timeline for the proposed project, outlining when each goal/objective will be met.
 - i. Proposals are expected to include at least one objective that seeks to address diabetes prevention and/or control.

III. Program Evaluation [No more than 2 pages recommended]

- a. Who will design and carry out the project's evaluation?
- b. How will you know whether the project fulfills its goals and objectives?
- c. What are the measures of success?
- d. How will you know the project's approach has been effective?
- e. How, where and from whom will this information be gathered?
- f. How will input from participants be incorporated?

IV. Sustainability [No more than 2 pages recommended]

- a. Explain how your project will be sustained beyond grant funding.
- b. Explain any plans to obtain matching funds or in-kind support for this project.

Communities IMPACT Diabetes Center

[PROJECT NAME] SMART OBJECTIVES TABLE

Using the chart below, please provide a timeline for the goals and objectives for your proposed project. **A separate chart should be used for each goal.** For more information about goals and SMART (Specific, Measurable, Attainable/Achievable, Relevant, and Time-bound) objectives, please refer to: http://www.marchofdimes.com/files/SMART_objectives.pdf
http://www.cdc.gov/dhdsp/state_program/evaluation_guides/smart_objectives.htm
http://www.chronicdisease.org/files/public/DC_SMARTObjectivesNYDPCP.pdf

<p>[PROJECT NAME] GOAL #__: [In this space, please briefly explain your project’s first goal.]</p> <p>Example: Goal #1 – Increase the amount of physical activity among adult and youth church members.</p>			
SMART Objectives	Activities	Completion Date	Evaluation
In these spaces, please describe the SMART objectives that support your project’s goal. SMART objectives include specific numbers/types of activities, events, and/or interactions to be completed by a certain date.	In these spaces, please list the specific actions and/or events that will take place in order to achieve the objectives.	In these spaces, please provide the completion dates for the SMART objectives.	In these spaces, please list measures you will use to evaluate your progress towards your objectives.
Example: Enroll 50 church members in walking program.	Example: Publicize the walking program in church newsletter and announcements after services	Example: September 1, 2009	Example: Walking program completed enrollment forms

Part III: Budget Justification

I. Project Team

Please provide a brief description of each project team member, including their name, title, role in the project, percentage of effort, qualifications and accomplishments.

II. Project Budget

- a. For each category in the *Project Budget* table, please enter the amount in grant funds requested by your organization/group. Please round all values to the nearest dollar. Indicate how figures were calculated for each line item.
- b. Please provide written budget justifications to detail each item on the *Project Budget* table.

For Example:

Personnel:

Project Coordinator: \$40,000 (Annual Salary)* 10% time on project for 12 months=\$ 4,000

Supplies:

\$30/month *12 months of project= \$360

PROJECT BUDGET

	Total Amount of Legacy Funding Requested	Matching/ In-Kind Support (if applicable)	Total Cost (Add Values from “Total Amount of Legacy Funding Requested” and “Matching/In-Kind Support”)
Project Personnel (List names & titles in the rows below.)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Salary Costs (add amounts from rows above)	\$	\$	\$
Fringe Rate	____ % (Enter percent)		
Fringe Benefits	\$ (Total Salary Costs x Fringe Rate)	\$	\$
Total Personnel Costs	\$ (Add values above from “Total Salary Costs” and “Fringe Benefits”)	\$	\$
Materials & Supplies			
	\$	\$	\$
	\$	\$	\$
Total Materials & Supplies (add amounts from rows above)	\$	\$	\$
Travel			
	\$	\$	\$
	\$	\$	\$
Total Travel Costs (add amounts from rows above)	\$	\$	\$
Other Project-Related Costs			
	\$	\$	\$
	\$	\$	\$
Total Other Project-Related Costs (add amounts from rows above)	\$	\$	\$
TOTAL PROJECT BUDGET (add values from category subtotals from above)	\$	\$	\$

FREQUENTLY ASKED QUESTIONS

1. *Can the same organization/group submit more than one application?*

An organization/group may submit more than one application as long as each application is for a different project.

2. *Can grantees who previously received a Legacy Grant re-apply for funding for the same project?*

Grantees from a previous grant year will not be allowed to re-apply for the same project. If a grantee wishes to re-apply, they will need a new proposal with different objectives that abide by the RFP's criteria, which might change for each funding cycle.