



\$\$\$ ~ Weekly Funding Opportunities Report ~ \$\$\$

Friday, July 28, 2017

**To:** Idaho Delegates, Oregon Delegates, Washington Delegates, Tribal Chairs and Tribal Health Directors

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announces that we are made aware of, received and researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. Every Friday, new posts will be available (unless there is nothing **“New” Funding Opportunity Information (is provided in this color code)**).

If you have a specific targeted goal, or urgent community needs and find yourself not knowing where to start looking our assistance is available anytime, and we would be very excited to assist you. In addition, at the end of this announcement several funding organizations do not have deadlines and do accept proposals all year round. Thank you for your time, please do not hesitate to contact me:

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Office Phone: (503) 416-3274



**[OREGON ONLY]**

**OHSU Knight Cancer Institute Accepting Proposals for Community Partnership Program**

**DEADLINE:** Letters of Intent must be received no later than August 1, 2017. Upon review, selected applicants will be invited to submit full proposals by September 5, 2017.

**AMOUNT:** Funding is available in three different tiers — Tier 1 (Early Stage), Tier 2 (Developmental) and Tier 3 (Program Advancement) — that provide the framework and resources to build projects over time while allowing for funding opportunities to be open to as wide a variety of applicants as possible.

1) Tier 1: Grants of up to \$10,000 will be awarded for projects with the purpose to engage stakeholders and/or community around a common cancer interest and increase a community's capacity to address cancer-related needs

2) Tier 2: Grants of up to \$25,000 will be awarded to support the development of emerging community collaborations and required infrastructure, design and pilot project plan based on needs assessment/framework of program, and test evidence-based approaches.

3) Tier 3: Grants of up to \$50,000 will be awarded to implement, adapt and/or expand community level projects and programs based on evaluation, and establish plans for building on success and sustainability.

**DESCRIPTION:** The OHSU Knight Cancer Institute has issued a Request for Proposals for its Community Partnership Program, which supports the development of sustainable collaborations with Oregon communities to address community-identified cancer needs.



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Grants will support projects anywhere along the cancer continuum from prevention and early detection to survivorship. Priority will be given to projects that focus on addressing cancer-related health disparities. As defined by the National Cancer Institute, cancer-related health disparities are adverse differences among specific population groups in cancer incidence (new cases), cancer prevalence (all existing cases), cancer death (mortality), cancer survivorship, and burden of cancer or related health conditions. By supporting communities that aim to eliminate cancer-related health disparities, the Community Partnership Program can help reduce the disproportionate impact of cancer.

Projects that use evidence-based approaches to address cancer-related health disparities, including disparities related to race, ethnicity, socioeconomic status, gender identity, sexual orientation, geographic location and disability are highly encouraged.

**WEBSITE/LINK:** [http://www.ohsu.edu/xd/health/services/cancer/outreach-programs/community-grants/upload/Community-Partnership-RFP\\_July-2017.pdf](http://www.ohsu.edu/xd/health/services/cancer/outreach-programs/community-grants/upload/Community-Partnership-RFP_July-2017.pdf)

**Office of Minority Health Resource Center (OMHRC) - Health Information Campaign American Indian/Alaska Native Subcontracts**

**DEADLINE:** Friday, August 18, 2017, 5:00 pm EST

**AMOUNT:** Funding Source: OMHRC's HIV/AIDS among American Indian/Alaska Native (AI/AN) Project supported by the Department of Health and Human Services Office of Minority Health from the Secretary's Minority AIDS Initiative Funding.

Subcontract Amount: Up to \$43,000 for each subcontract (pending availability of funds), with a total of 4 subcontracts

**DESCRIPTION:** The project aims to increase utilization of HIV testing and linkage services among AI/ANs through coordinated media and community events, which promote awareness of HIV/AIDS appropriate services and valuable resources for AI/AN at high-risk for the disease by agencies and organizations that primarily serve the AI/AN populations.

The project goal is to implement and/or enhance increased HIV testing with referral to care of AI/AN and hard-to-reach communities through an HIV/AIDS health information campaign that supports increased awareness of HIV/AIDS. Agencies will demonstrate their competence in conducting health information campaigns and stipulate how they will utilize their expertise in connecting with AI/AN populations.

These subcontracts may be utilized to strengthen existing HIV/AIDS programs, HIV testing, and improvement of HIV/AIDS networks to increase AI/AN population referrals into HIV treatment and care. Agencies and networks will need to demonstrate how they provide culturally competent care and create culturally and linguistically appropriate tribal health information campaign materials. Information must be community-informed and may include or address sexual and reproductive health messaging and services to at-risk individuals.

An HIV/AIDS health information campaign may include, but is not limited to, printed materials development, newspaper advertisements, posters, multi-media presentations,



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Internet and radio campaigns that would help improve and/or increase HIV/AIDS services provided to AI/AN communities. Project goals may include, but are not limited to, increasing the number of people talking about HIV/AIDS, increasing the number of media outlets covering HIV/AIDS-related issues, reducing silence and stigma associated with HIV/AIDS, and increasing the number of people accessing HIV/AIDS care, services, and testing.

Materials developed through this subcontract will go through review process by the Office of Minority Health Resource Center before printing and distribution.

**PLEASE NOTE: SUBCONTRACT GUIDELINES AND APPLICATION ADDED AS ATTACHMENT VS. A WEBLINK TO THIS FO – LOCATED AT THE END OF THIS REPORT. THANK YOU!**

**Substance Abuse Treatment Telehealth Network Grant Program -Department of Health and Human Services/Health Resources and Services Administration**

**DEADLINE:** Aug 23, 2017

**AMOUNT:** \$750,000 X 3 awards

**DESCRIPTION:** This notice solicits applications for the Substance Abuse Treatment Telehealth Network Grant Program (SAT-TNGP). The purpose of this program is to demonstrate how telehealth programs and networks can improve access to health care services, particularly substance abuse treatment services, in rural, frontier, and underserved communities. The range and use of telehealth services have expanded over the past decades, along with the role of technology in improving and coordinating care. Telehealth has proven capabilities to reduce travel time, increase access to specialty care, and improve patient safety, quality of care, and provider support. Traditional models of telehealth involve care delivered to the patient at a series of originating (or spoke) sites from a specialist working at a distant (or hub) site. Telehealth is a promising tool for providing substance abuse treatment services and support to rural populations. Communities that lack sufficient substance abuse treatment and other behavioral health professionals can utilize telehealth technologies to increase access to care. The use of telehealth allows existing providers to cover a wider geographic region. In turn, patients are able to access care locally rather than traveling long distances to receive care, or worse, forgoing care because of the inconvenience or lack of adequate transportation resources. Addressing issues of substance abuse, particularly the ongoing opioid epidemic, is a priority for the Department of Health and Human Services (HHS). Recent data[1] from the Substance Abuse and Mental Health Services Administration (SAMHSA) found that the use of illicit drugs among those 12 and older has increased in the last decade, up to 10.2 percent of the population in 2014. Only about 14 percent of adults with illicit drug dependence reported receiving substance abuse treatment in the past year. The primary purpose of the SAT-TNGP is to support tele-substance abuse treatment and other behavioral health care services with a secondary focus on providing services to address common chronic disease conditions (e.g., congestive heart failure, cancer, stroke, chronic respiratory disease and/or diabetes). Including a secondary focus will allow successful award recipients to use telehealth technologies to address a broader range of comorbid health care needs and ensure that they are optimizing the telehealth investment in addition to meeting the primary goal of providing substance abuse treatment and other behavioral health services. Further, research indicates that people with addiction often have



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unaddressed or inadequately addressed chronic medical conditions. HRSA is particularly interested in applications that will make broad use of the technology to expand services locally with the primary focus on substance abuse treatment but also the secondary areas in recognition that the capacity to provide telehealth services in each site can be used to meet other local service needs. Increased volume of telehealth services can also drive down per-unit costs and expand the number of insurer-covered services to help make the network sustainable beyond the federal funding period. Successful applicants will also be required to submit performance data (including clinical data) on a range of metrics that we will identify after the awards are made. These data are integral to meeting the broad program purpose of demonstrating how telehealth programs and networks can improve access to health care services in rural and underserved communities. Important: Applicants should have a successful track record in implementing telehealth technology and have a network of partners in place and committed to the project as of the date of application. Signed Memoranda of Agreements (MOAs) from those network partners committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the commitment of network partners

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppld=295808>

### **Interventions for Health Promotion and Disease Prevention in Native American Populations (R01)**

**DEADLINE:** Aug 24, 2017

**AMOUNT:** The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but need to reflect the actual needs of the proposed project.

**DESCRIPTION:** The purpose of this funding opportunity announcement (FOA) is to develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations. NA populations are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness, oral diseases, and HIV-infection. The intervention program should be culturally appropriate and promote the adoption of healthy lifestyles, improve behaviors and social conditions and/or improve environmental conditions related to chronic diseases, the consumption of tobacco, alcohol and other drugs, mental illness, oral disease, or HIV-infection. The intervention program should be designed so that it could be sustained within the entire community within existing resources, and, if successful, disseminated in other Native American communities. The long-term goal of this FOA is to reduce mortality and morbidity in NA communities. For the purposes of this FOA Native Americans include the following populations: Alaska Native, American Indian, and Native Hawaiian. The term Native Hawaiian means any individual any of whose ancestors were natives, prior to 1778, of the area which now comprises the State of Hawaii.

**WEBSITE/LINK:** [https://grants.nih.gov/grants/guide/pa-files/PAR-14-260.html#\\_Section\\_I.\\_Funding](https://grants.nih.gov/grants/guide/pa-files/PAR-14-260.html#_Section_I._Funding)





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### Avon Breast Cancer Crusade Issues RFA for Breast Health Outreach Program

**DEADLINE:** August 25, 2017

**AMOUNT:** Up to \$60,000

**DESCRIPTION:** The Avon Breast Cancer Crusade has issued a Request for Applications for its Breast Health Outreach Program, which links medically underserved women to breast health education and screening services. Through the program, grants of up to \$60,000 will be awarded to community-based programs and/or healthcare agencies (e.g., community health centers, cancer centers, and women's health centers) that conduct outreach, provide breast health education, and help steer medically underserved women and men to breast cancer screening services and follow-up care, as needed. Programs should educate women in their communities about breast health and encourage women to talk with a doctor or nurse to understand their individual risk of breast cancer and at what age and how often they should be screened. In addition, applicants must incorporate into their programs systems to promote the re-screening of the women served by the program. Small, community-based organizations are encouraged to apply.

To be eligible, applicants must be based in the United States, Guam, Puerto Rico, or the U.S. Virgin Islands and be private, non-government, nonprofit organizations (with federal nonprofit status). Both community-based organizations and medical service provider organizations (community clinics, hospitals, etc.) with mammography screening capacity are welcome to apply. **Native American Tribes also are encouraged to apply and may do so under their federal Tribal status.**

All organizations applying for funds must have been in existence for at least three years and have two annual 990 statements and two audited financial statements available upon request.

**WEBSITE/LINK:**

[http://www.avonbhop.org/index.php?option=com\\_content&view=article&id=252&Itemid=279](http://www.avonbhop.org/index.php?option=com_content&view=article&id=252&Itemid=279)

### Caplan Foundation for Early Childhood Invites Letters of Intent

**DEADLINE:** Letters of Intent must be received no later than September 30, 2017. Upon review, selected applicants will be invited to submit a full application.

**AMOUNT:** The Foundation will only consider funding grant applications that define measurable outcomes and mechanisms for documenting results, provide for financial accountability, and include detailed program budgets.

**DESCRIPTION:** The Caplan Foundation for Early Childhood supports innovative, creative projects and programs with potential to significantly enhance the development, health, safety, education, and/or quality of life of children from infancy through five years of age.

The foundation provides funding in the areas of early childhood welfare, early childhood education and play, and parenting education.

1) Early Childhood Welfare: Children can only reach their full potential when all aspects of their development -- intellectual, emotional, and physical -- are optimally supported.



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Providing a safe and nurturing environment for infants and preschoolers is essential, as is imparting to them the skills of social living in a culturally diverse world. To that end, the foundation supports programs that research best child-rearing practices and identify models that can provide creative, caring environments in which all children can thrive.

2) Early Childhood Education and Play: Research shows that children need to be stimulated and nurtured early in life if they are to succeed in school, work, and life. Such preparation relates to every aspect of a child's development, from birth to age 5, and everywhere a child learns -- at home, in childcare settings, and in preschool. The foundation seeks to improve the quality of both early childhood teaching and learning through the development of innovative curricula and research-based pedagogical standards, as well as the design of imaginative play materials and learning environments.

3) Parenting Education: To help parents create nurturing environments for their children, the foundation supports programs that teach parents about developmental psychology, cultural child-rearing differences, pedagogy, issues of health, prenatal care and diet, and programs that provide both cognitive and emotional support to parents.

**WEBSITE/LINK:** <http://earlychildhoodfoundation.org/>

**Elizabeth Taylor AIDS Foundation Seeks Applications for HIV/AIDS Programs**

**DEADLINE:** Strategic Funding – Year round by invitation only. (To be eligible, applicant organizations must have at least three years' experience in delivering HIV/AIDS programs.)

**AMOUNT:** One-year grants of up to \$25,000 will be awarded for domestic and international programs that offer direct care services to people living with HIV and AIDS. Online trainings, curriculum development, and website projects will be a secondary priority for funding considerations.

**DESCRIPTION:** The Elizabeth Taylor AIDS Foundation was established by Elizabeth Taylor in 1991 to provide grants to existing organizations for domestic and international programs that offer direct care services to people living with HIV and AIDS. Since its inception, the foundation has concentrated on supporting marginalized communities and has grown to also fund innovative HIV education and advocacy programs. To date, ETAF has awarded grants to more than six hundred and seventy-five organizations in forty-four countries and forty-two states in the United States.

**WEBSITE/LINK:** <http://elizabethtayloraidsfoundation.org/apply/>

**Kent Richard Hofmann Foundation Accepting LOIs for Community-Based HIV/AIDS Efforts (FALL CYCLE)**

**DEADLINE:** September 1, 2017 (Letters of Intent)

**AMOUNT:** Grant amounts are determined on a project-by-project basis.

**DESCRIPTION:** The Kent Richard Hofmann Foundation is a private foundation dedicated to the fight against HIV and AIDS.

The foundation is accepting Letters of Intent from community-based organizations working in the areas of care and direct services, education, and research. Grants will be awarded in



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support of developing or established programs, with an emphasis on direct benefit to clients or target audiences.

Requests from around the U.S. will be considered, with particular interest in smaller communities and rural areas. Priority will be given to requests from locations with a scarcity of available funding; requests for seed money for new projects, programs, or structures; and/or innovative ideas for meeting standard needs.

**WEBSITE/LINK:** <http://www.krhofmann.org/application.html>

, including specific roles, responsibilities, and clinical services to be provided, will not be funded. TNGP funds are intended to fund network expansion and/or to increase the breadth of services of successful telehealth networks. [1] <https://www.samhsa.gov/atod>

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?opId=295808>

**International Research Collaboration on Alcohol and Alcoholism (U01) - Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** Sep 07, 2017

**AMOUNT:** \$250,000

**DESCRIPTION:** (Eligible Applicants): Native American tribal governments (Federally recognized), Native American tribal organizations (other than Federally recognized tribal governments). This Funding Opportunity Announcement (FOA) invites applications for the purpose of fostering international collaborations between alcohol research investigators within the United States and investigators located at non-United States laboratories and performance sites for the mutual advancement of our understanding of alcohol problems and of clinical and public health approaches to their solutions. The program is intended to provide funds for research activities to be undertaken jointly between the U.S. and non-U.S. laboratory that expands the research direction of both the U.S. and non-U.S. laboratories in a collaborative manner.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAR-14-268.html>

**RWJF Releases 2018 Future of Nursing Scholars RFP**

**DEADLINE:** September 14, 2017, 3:00 p.m. ET

**AMOUNT:** For the 2018 cohort, the program will support up to seventy-five scholars. Each scholar will receive \$75,000 to be used over the three years of the program. The award must be matched by \$50,000 in support from the school, which may be in-kind.

**DESCRIPTION:** The Robert Wood Johnson Foundation has released a Request for Proposals for its 2018 Future of Nursing Scholars program, an annual program designed to develop the next generation of PhD-prepared nurse leaders committed to long-term careers that advance science and discovery, strengthen nursing education, and bring transformational change to nursing and health care.



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The three-year program aims to ensure that the nation has a diverse, well-trained leadership and workforce capable of building a culture of health in which good health flourishes across all demographics and everyone has access to affordable, quality health care. Future of Nursing Scholars form long-lasting relationships and networks with other scholars in the program, as well as with scholars and fellows in other RWJF programs.

Schools with research-focused PhD programs in nursing are eligible to apply. The school must be committed to facilitating the scholar's completion of the PhD in three academic years. Selected schools will choose the PhD students to be designated as Future of Nursing Scholars. Selected scholars must be United States citizens or permanent residents at the time of award. In addition, scholars selected by the school must be committed to completing their PhD program in three academic years.

**WEBSITE/LINK:** <http://www.rwjf.org/en/library/funding-opportunities/2017/future-of-nursing-scholars.html>

**Multidisciplinary Studies of HIV/AIDS and Aging (R03) Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** October 16, 2017

**AMOUNT:** \$50,000

**DESCRIPTION:** This FOA invites applications proposing to study HIV infection, HIV-associated conditions, HIV treatment, and/or biobehavioral or social factors associated with HIV/AIDS in the context of aging and/or in older adults. Research approaches of interest include clinical translational, observational, and intervention studies in domestic and international settings.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAR-15-281.html>

**ONS Foundation Accepting Applications for End-of-Life Care Nursing Career Development Award**

**DEADLINE:** June 15, 2018

**AMOUNT:** One annual award of up to \$2,000

**DESCRIPTION:** To support continuing educational activities for a registered nurse dedicated to caring for patients and their families during the final stages of life. This award **cannot** be used for tuition in an academic program, to attend the ONS Congress or certification.

**WEBSITE/LINK:** <http://www.onsfoundation.org/apply/ed/PatMcCue>





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**(COMMUNITY GRANT RESOURCE)**

**Kids in Need Foundation Invites Applications for Teacher Supply Grants**

**DEADLINE:** August 14, 2017

**AMOUNT: (SEE ANNOUNCEMENT)**

**DESCRIPTION:** The Kids In Need Foundation, a national nonprofit organization dedicated to providing free school supplies to economically disadvantaged school children and underfunded teachers, is accepting applications to its new Teacher Supply Boxes program, which is focused on providing essential school supplies to pre-K-12 teachers of children in need. Successful applicants will receive two large boxes containing a predetermined assortment of essential items, including pencils, scissors, paper, and notebooks.

To be eligible, applicants must be a certified pre-K-12 teacher in the United States and work for a school in which 70 percent of the students receive free or reduced-price lunches.

**WEBSITE/LINK:** <https://www.kinf.org/programs/supplyboxes/>

**AUGUST 2017**

**Innovations in Nutrition Programs and Services -Department of Health and Human Services/Administration for Community Living**

**DEADLINE:** Aug 01, 2017

**AMOUNT:** \$250,000

**DESCRIPTION:** This funding opportunity is for competitive grants to be awarded under the OAA Title IV authority to increase the evidenced based knowledge base of nutrition providers, drive improved health outcomes for program recipients by promoting higher service quality, and increase program efficiency through innovative nutrition service delivery models. Funding will support innovative and promising practices that move the aging network towards evidenced based practices that enhance the quality, effectiveness of nutrition services programs or outcomes within the aging services network. Innovation can include service products that appeal to caregivers (such as web-based ordering systems and carryout food products), increased involvement of volunteers (such as retired chefs), consideration of eating habits and choice (such as variable meal times, salad bars, or more fresh fruits and vegetables), new service models (testing variations and hybrid strategies) and other innovations to better serve a generation of consumers whose needs and preferences are different. Innovation and promising practices may include the testing and publishing of positive outcomes in which nutrition programs provide a meaningful role in support of the health and long-term care of older individuals. Outcomes should focus on methods to improve collaboration with local health care entities, decrease health care costs for a specific population or decrease the incidence of the need for institutionalization among older adults. Through this program, funds may be used to help develop and test additional models or to replicate models that have already been tested in other community-based settings.

**WEBSITE/LINK:** <https://www.acl.gov/grants/open-opportunities>



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**Centers for AIDS Research (P30) - Department of Health and Human Services  
National Institutes of Health**

**DEADLINE:** August 1, 2017

**AMOUNT:** \$3,000,000

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to invite applications for the Centers for AIDS Research (CFAR) program to provide administrative and shared research support to enhance HIV/AIDS research. CFARs provide core facilities, expertise, resources, and services not readily obtained otherwise through more traditional funding mechanisms. The program emphasizes interdisciplinary collaboration across all areas of HIV/AIDS research.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAR-17-237.html>

**Foundation for Physical Therapy Accepting Applications for Research Grants**

**DEADLINE:** AUGUST 3, 2017

**AMOUNT:** To that end, grants of up to \$40,000 will be awarded to research projects designed to evaluate the effectiveness of physical therapist interventions within any discipline relevant to the field. Funds may be requested to meet any type of expense reasonably associated with the research project, including salaries and fringe benefits, purchase or rental of equipment, supplies, travel, publication costs, printing or postage, and special services such as computer time, photographic services, and secretarial or research assistant support.

**DESCRIPTION:** The mission of the Foundation for Physical Therapy is to fund and publicize physical therapy research that determines the scientific basis and value of services intended to optimize physical functioning by physical therapists, and to develop the next generation of researchers.

FPT supports only those intervention studies in which the interventions are provided by physical therapists, or selected components of the interventions are provided by physical therapist assistants under the direction and supervision of physical therapists.

To be eligible, applicants must be an individual or a group of investigators applying through a U.S. sponsoring organization/institution with which they are affiliated. Groups must designate one member as the principal investigator responsible for directing the project. Other members of the group may be physical therapists, physical therapist assistants, or individuals from other disciplines that are relevant to the proposed study.

**WEBSITE:** <http://www.foundation4pt.org/wp-content/uploads/2014/10/FRG-Guidelines-4.11.17-Final.pdf>



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**Behavioral Interventions for Prevention of Opioid Use Disorder or Adjunct to Medication Assisted Treatment-SAMHSA Opioid STR Grants (R21/R33) -Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** Aug 04, 2017

**AMOUNT:** \$200,000

**DESCRIPTION:** The purpose of this FOA is to solicit applications to examine the impact of behavioral interventions within the context of states plans for use of the SAMHSA Opioid STR grant funds authorized under the 21st Century Cures Act. Applications are encouraged for studies that examine the impact of interventions such as mindfulness meditation, cognitive behavioral therapy, or multi-disciplinary rehabilitation for primary or secondary prevention for opioid use disorder (OUD) or as an adjunct to medication assisted treatment (MAT) of OUD. Applications that emphasize treatment of the comorbidity of OUD and chronic pain are of particular interest.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/rfa-files/RFA-AT-18-001.html>

**Elder Justice Innovation Grants -Department of Health and Human Services/Administration for Community Living**

**DEADLINE:** : Aug 14, 2017

**AMOUNT:** \$500,000

**DESCRIPTION:** The purpose is to support the development and advancement of new and emerging issues related to elder justice. Funded projects will contribute to the improvement of the field of elder abuse prevention and intervention at large, such as by developing materials, programs, etc. that can be widely disseminated and/or replicated, or by establishing and/or contributing to the evidence-base of knowledge.

**WEBSITE/LINK:** <https://www.acl.gov/grants/open-opportunities> ;  
<https://www.grants.gov/web/grants/view-opportunity.html?oppId=294104>

**Russell Sage Foundation Seeks Letters of Inquiry for Social Inequality Research**

**DEADLINE:** AUGUST 21, 2017 (LETTERS OF INQUIRY)

**AMOUNT:** Two-year grants of up to \$150,000 will be awarded to qualified organizations.

**DESCRIPTION:** One of the oldest foundations in America, the Russell Sage Foundation was established by Mrs. Margaret Olivia Sage in 1907 for "the improvement of social and living conditions in the United States." In pursuit of its mission, the foundation now dedicates itself to strengthening the methods, data, knowledge, and theoretical core of the social sciences as a means of diagnosing social problems and improving social policies.

The foundation's program on Social Inequality supports research on the social, economic, political, and labor market consequences of rising economic inequality in the United States. The program seeks Letters of Inquiry for investigator-initiated research projects that broaden current understanding of the causes and consequences of rising economic



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inequality. Priority will be given to projects that use innovative data or methodologies to address important questions about inequality.

Examples of the kinds of topics that are of interest include but are not limited to economic well-being, equality of opportunity, and intergenerational mobility; the political process and resulting policies; psychological and/or cultural change; education; labor markets; child development and child outcomes; neighborhoods and communities; families, family structure, and family formation; and other forms of inequality.

WEBSITE/LINK: <http://www.russellsage.org/research/funding/social-inequality>

**SEPTEMBER 2017**

**Leveraging Population-based Cancer Registry Data to Study Health Disparities (R21) - Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** Sep 07, 2017

**AMOUNT:** \$200,000

**DESCRIPTION:** The goal of this Funding Opportunity Announcement (FOA) is to efficiently use the existing cancer registry infrastructure by augmenting data already collected with additional information needed to understand health disparities among people diagnosed with cancer. Specifically, this FOA will support the study of factors influencing observed health disparities within the framework of population-based cancer registries by the inclusion of data not routinely collected by or linked to the registries. The studies should be hypothesis-driven and multidisciplinary approaches are encouraged. Investigators are encouraged to leverage the data already collected by the registries to investigate the determinates of health disparities. The goal of these analyses will be to understand why disparities in cancer treatment and outcomes persist by identifying factors contributing to disparities and their relative importance.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-17-288.html>

**HIV/HCV Co-Infections in Substance Abusers (R01) - Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** Letter of Intent Due Date(s) - 30 days prior to the application due date. September 7, 2017.

**AMOUNT:** (SEE ANNOUNCEMENT)

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to fill gaps in our understanding of (a) the impact of substance abuse on HIV, HIV/HCV co-infection associated disease progression, (b) the pathogenic interactions between HIV and hepatitis C virus, (c) hepatic and non-hepatic co-morbidities associated with HIV/HCV-co-infections in people with substance abuse disorders (SUDs), and (d) the effectiveness of interferon-free direct acting antiviral (DAAs) drug regimens to treat HIV/HCV co-infections in people with SUDs. This FOA is informed by priority area in the NIH HIV/AIDS Research Priorities and Guidelines for Determining AIDS Funding: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-137.html> and the HHS National Viral Hepatitis Action Plan 2017-2020:



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<https://www.hhs.gov/hepatitis/blog/2017/01/19/updated-national-viral-hepatitis-action-plan-2017-2020.html>

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAS-17-311.html>

**Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President – DHHS/Administration for Community Living**

**DEADLINE:** Sep 15, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

**AMOUNT:** \$40,000

**DESCRIPTION:** Grants awarded under this announcement are to provide disaster reimbursement and assistance funds to those State Units on Aging (SUAs) and federally recognized Tribal Organizations who are currently receiving a grant under Title VI of the Older Americans Act (OAA), as amended. These funds only become available when the President declares a National Disaster and may only be used in those areas designated in the Disaster Declaration issued by the President of the United States. Eligible SUAs and Title VI grantees should discuss all disaster applications with ACL/AoA Regional staff before submitting a formal application. The amount of funds requested should be discussed with Regional staff before the application is completed. Providing a draft of the narrative justification for the application will help expedite the processing of an award. Applicants should talk with the State and local Emergency Managers to determine what funds may be available through other resources before applying for OAA funding. State Units on Aging (SUAs) and federally recognized Tribal Organizations currently receiving a grant under Title VI of the Older Americans Act must submit proposals electronically via <http://www.grants.gov>. At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=289875>

**AAFP Accepting Applications for Free Clinics Grant Program**

**DEADLINE:** The application deadline is September 15 at 5:00 CST. Application materials must be requested from the AAFP Foundation. See the AAFP Foundation website for complete program guidelines, a fact sheet, and application instructions.

**AMOUNT:** Up to \$25,000

**DESCRIPTION:** The American Academy of Family Physicians Foundation advances the values of family medicine by promoting humanitarian, educational, and scientific initiatives that improve the health of all people. To that end, the academy is accepting applications to its Family Medicine Cares USA program.

Launched in 2011, the program is designed to help new and existing free clinics care for the uninsured in areas of need across the United States by providing grants of up to \$25,000 for the purchase of items such as exam tables, EHR systems, and medical equipment.





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Family Medicine Cares USA also gives AAFP members, residents, and students the opportunity to volunteer their time and talents.

As of 2016, the program had awarded a total of \$340,829 to thirteen new clinics and seventeen existing clinics.

To be eligible, applicants must be a new clinic nearing completion of the Volunteers in Medicine (VIM) clinic development process and have an AAFP member in a leadership role within the clinic. Primary consideration will be given to clinics with an AAFP member serving as medical director and to those that have family medicine residents and/or medical students involved as volunteers.

**WEBSITE/LINK:** <http://www.aafpfoundation.org/foundation/our-work/grants-awards/all/fmc-usa.html>

**Scleroderma Foundation Seeks Applications for New Investigator Grant Program**

**DEADLINE:** SEPTEMBER 15, 2017

**AMOUNT:** To that end, grants of up to \$50,000 will be awarded in support of promising research likely to lead to individual research project grants.

**DESCRIPTION:** The Scleroderma Foundation is seeking applications from promising new investigators who hold a faculty or equivalent position and who wish to pursue a career in research related to scleroderma for its New Investigator Grant program. The annual program is designed to facilitate the entry of promising new investigators into areas of research related to scleroderma. Applications will be accepted from principal investigators at nonprofit organizations and public and private entities such as universities, colleges, hospitals, and laboratories. Applicants must have a doctoral degree in medicine, osteopathy, veterinary medicine, or one of the sciences; have completed a postdoctoral fellowship; and have been principal investigator on a grant from the Scleroderma Foundation or other national, private, or government agencies in the past.

**WEBSITE/LINK:**

[http://www.scleroderma.org/site/PageServer?pagename=prof\\_research\\_types#new](http://www.scleroderma.org/site/PageServer?pagename=prof_research_types#new)

**Socioeconomic Disparities in Health and Mortality at Older Ages (R01)-Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** Letter of Intent Due Date(s) - September 20, 2017; Application Due Date(s) - October 20, 2017, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

**AMOUNT:** (See announcement.)

**DESCRIPTION:** Life expectancy and health in later life have both improved substantially across the 20th century in the United States. However, these gains in the quality and quantity of life have not been equally distributed. Inequalities in life expectancy and health are strongly associated with differences in income, education, and geographic location (i.e. region, state, county) in the United States. Higher income, more education, and living in particular areas are associated with longer and healthier life.



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In recent decades, however, there have emerged new and largely unexplained trends in the size of these disparities: the gaps in life expectancy and health outcomes at middle and older ages by income, education, and geographic location have been increasing. For example, between the mid-1980s and the mid-2000s, the education-mortality gradient among non-Hispanic white and black men became steeper, largely because mortality reductions were concentrated among the most educated. Further, some groups have actually experienced declines in life expectancy. Between 1990 and 2000, life expectancy (conditional on survival to age 25) increased by one year among white, non-Hispanic women with 13 years of education or more, but decreased among their counterparts with 12 or fewer years of education. Another recent study showed that between 2001 and 2014, life expectancy increased by 2.34 years for men and 2.91 years for women in the top five percent of the income distribution; at the same time, life expectancy increased only by 0.32 years for men and 0.04 years for women in the bottom five percent of the income distribution. For both education and income, the relationship with mortality takes the form of an inverse relationship, or gradient—additional earnings and years of education continue to be associated with decreased mortality throughout the distribution—even at the very top. In addition, studies show that geographic differences in life expectancy (between regions, states, and/or counties) have increased over time. For example, life expectancy for men at age 50 was about 20 years in both California and Kentucky in 1965, but by 2004, California men could expect to live nearly 30 additional years, while Kentucky men could expect to live only about 26 years more. Finally, some studies show that the associations between income and education and mortality are complicated by additional factors such as gender, race, age, and geography. Recent work, for example, finds that life expectancy for those in the bottom income quartile varies by 4.5 years, depending where one lives. It is worse to be poor in some places than in others.

We currently lack good answers to a number of critical questions regarding why inequalities in mortality and other health outcomes at older ages are growing in the United States. Why have socioeconomic health gradients grown more for some groups than others (e.g. age, gender, race/ethnicity, geographic area)? To what extent—and when—are these associations between socioeconomic factors and aspects of health causal, as opposed to reflecting shifts in the composition of disadvantaged groups and selective forces over time? To what extent are these trends the product of age, period, and/or cohort effects? What role do behavioral, social, psychological, environmental, policy, and other factors from across the entire lifespan play in explaining these trends?

#### Research Objectives

The purpose of this funding opportunity is to support studies that identify mechanisms, explanations, and modifiable risk factors underlying recent trends of growing inequalities in morbidity and mortality by income, education, and geographic location at older ages in the United States. Applicants are encouraged to consider a variety of health outcomes in order to explain the processes generating these trends. Applicants are strongly encouraged to present well-developed conceptual models.

Examples of analytic approaches that fall within the scope of this FOA include (but are not limited to) those that:



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Identify the mechanisms that explain growing socioeconomic and geographic inequalities in health at older ages, explain their role in racial disparities, and detect modifiable risk factors

Ascertain the extent to which these trends are driven by age, period, and cohort-related factors

Consider the role of education, income, and geographic region as causal factors versus alternative explanations such as differential selection over time or shifting composition of groups

Leverage longitudinal data, ideally from childhood through old age

Use a diverse set of analytic methods (e.g. life-cycle, comparative, cohort, multi-level)

Consider how institutional and cultural contexts (including their timing within the life course of individuals) influence health disparities

Examine a wide range of physical, mental, and functional health outcomes, in addition to mortality

Capitalize on NIA-funded data sources with life history and geographic information (e.g., English Longitudinal Study of Ageing; Health and Retirement Study; Midlife in the United States; National Longitudinal Mortality Study; Panel Study of Income Dynamics; Survey of Health, Ageing, and Retirement in Europe)

Examples of data improvements that fall within the scope of this FOA include (but are not limited to) those that:

Enhance existing data resources to improve data availability on a variety of topics (e.g., early life development, exposures to inequality prior to midlife, comprehensive stress measurements, employer and work issues, and minority groups) to enable examination of within-group heterogeneity

Enhance existing clinical studies to add complementary measures in areas such as social, emotional, and psychological domains

Characteristics of Responsive Applications

1. Life course approaches are encouraged, but applications proposing analysis of data solely from childhood or young adulthood are not responsive to this FOA.
2. Applications that document descriptive trends without assessing potential mechanisms or explanations will not be considered responsive.
3. Applications proposing projects that use only animal models are not responsive to this FOA.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-18-011.html>



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**NEI Center Core Grant for Vision Research (P30) - Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** September 25, 2017

**AMOUNT:** (See announcement.)

**DESCRIPTION:** The NEI Center Core Grant combines three or more Resource and/or Service Cores for a group of R01 investigators to enhance their research, consolidate resources, avoid duplication of efforts, and/or contribute to cost effectiveness by providing a service with lower costs or higher quality than could be attempted for independent projects by several individual Program Directors/Principal Investigators (PD(s)/PI(s)). Shared resources and facilities that are accessible to a group of independently funded investigators lead to greater productivity for the separate projects and can provide instrumentation and facilities that are too costly to be maintained by an individual investigator. The design and purpose of each Center Core may vary in how it serves its users. This program is designed to enhance an institution's environment and capability to conduct vision research and to facilitate collaborative studies of the visual system and its disorders.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAR-17-322.html>

**Kelly Brush Foundation Invites Applications From People With Spinal Cord Injuries for Adaptive Sports**

**DEADLINE:** SEPTEMBER 30, 2017

**AMOUNT:** The funds must support the purchase of sport and recreation equipment, from the ordinary (handcycles, monoskis, sport chairs, etc.) to the less typical (scuba equipment, bowling ramps, equestrian saddles, etc.).

**DESCRIPTION:** The Kelly Brush Foundation strives to empower those with paralysis to lead engaged and fulfilling lives through sport and recreation and to prevent ski racing injuries through a shared commitment to proper safety practices.

The foundation's Adaptive Sports Grant program awards grants for the purchase of adaptive sports equipment for either recreation and competition, with preference to those applicants with financial limitations who demonstrate a desire to achieve an active lifestyle. Grants will be awarded to individuals with paralysis due to a spinal cord injury with the aim of increasing their participation in adaptive sports and recreation activities and improving their quality of life. To be eligible, applicants must be living in the United States and must supply the foundation with information about their spinal cord injury, details on their source of income, and a description of the type of equipment they are seeking.

**WEBSITE/LINK:** <http://kellybrushfoundation.org/grants-programs/adaptive-sports-equipment/>



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**2017 OCTOBER**

**Multidisciplinary Studies of HIV/AIDS and Aging (R01)- Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** October 05, 2017

**AMOUNT:** (See announcement.)

**DESCRIPTION:** This FOA encourages applications at the intersection of HIV and aging by addressing two overarching objectives: 1) to improve understanding of biological, clinical, and socio-behavioral aspects of aging through the lens of HIV infection and its treatment; and 2) to improve approaches for testing, prevention, and treatment of HIV infection, and management of HIV-related comorbidities, co-infections, and complications in different populations and cultural settings by applying our current understanding of aging science. Applications appropriate to this FOA should be consistent with the scientific priorities outlined by the NIH Office of AIDS Research (OAR) as described in NOT-OD-15-137.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAR-17-321.html>

**Integration of Individual Residential Histories into Cancer Research (R01)**

**DEADLINE:** October 05, 2017

**AMOUNT:** (See announcement.)

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to support substantive investigation of the role of individual residential histories in cancer etiology and outcomes, and to encourage the development of complex analytical strategies in support of substantive investigation.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PA-17-298.html>

**Pilot Studies to Test the Initiation of a Mental Health Family Navigator to Promote Early Access, Engagement and Coordination of Needed Mental Health Services for Children and Adolescents (R34) -Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** October 5, 2017

**AMOUNT:** (See Announcement.)

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to encourage research applications to develop and pilot test the effectiveness and implementation of family navigator models designed to promote early access, engagement and coordination of mental health treatment and services for children and adolescents who are experiencing early symptoms of mental health problems. For the purposes of this FOA, NIMH defines a family navigator model as a health care professional or paraprofessional whose role is to deploy a set of strategies designed to rapidly engage youth and families in needed treatment and services, work closely with the family and other involved treatment





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and service providers to optimize care and monitor the trajectory of mental health symptoms and outcomes over time. Applicants are encouraged to develop and pilot test the navigator model's ability to promote early access, engagement and coordination of mental health treatment and services for children and adolescents as soon as symptoms are detected. Of interest are navigator models that coordinate needed care strategies, determine the "personalized match" to the level of needed service amount, frequency and intensity, and harness novel technologies to track and monitor the trajectory of clinical, functional and behavioral progress toward achieving intended services outcomes.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAR-17-266.html>

**U.S. Tobacco Control Policies to Reduce Health Disparities (R01) -Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** October 11, 2017

**AMOUNT:** (See announcement.)

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to support observational or intervention research focused on reducing health disparities in tobacco use in the United States. Specifically, this FOA is intended to stimulate scientific inquiry focused on innovative tobacco control policies. Applicants may propose projects in which the primary outcome of interest is on reducing tobacco use health disparities in vulnerable populations by utilizing tobacco prevention and control strategies. The long-term goal of this FOA is to reduce health disparities in health outcomes thereby reducing the excess disease burden of tobacco use within these groups. Applicants submitting applications related to health economics are encouraged to consult NOT-OD-16-025 to ensure that applications align with NIH mission priorities in health economics research.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/pa-files/PAR-17-217.html>

**Uncovering the Causes, Contexts, and Consequences of Elder Mistreatment (R01) – DHHS, NIH**

**DEADLINE:** Oct 20, 2017

**AMOUNT:** \$300,000

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement is to solicit applications proposing research that can lead to advancements in the understanding of elder mistreatment (emotional abuse, physical abuse, and sexual abuse; financial exploitation; abandonment; and neglect) and lay the foundation for the future design of mechanistically focused interventions for individuals at risk for mistreating elders, for promoting recovery and resilience in the maltreated and their families, and for preventing re-perpetration for those who have inflicted harm. Applications are solicited from multidisciplinary teams which include researchers from the fields of elder mistreatment, child abuse and neglect, intimate partner violence, and/or emergency medicine to pursue research in two priority areas: (1) the development of new and innovative tools and methods for the screening and detection of elder mistreatment; and (2) the identification of modifiable risk factors for elder mistreatment and modifiable protective factors, with potential to prevent maltreatment and/or enable individuals who have been mistreated



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and those who have mistreated others to overcome adversity and thrive. All applications should propose evidence-based strategies for addressing ethical challenges surrounding informed consent and study design in the research proposed, and to employ, when possible, best practices established in the fields of child abuse and neglect and/or intimate partner violence.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-18-010.html>

### **2017 NOVEMBER**

#### **Addressing Suicide Research Gaps: Understanding Mortality Outcomes (R01)- Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** Nov 02, 2017

**AMOUNT:** \$300,000

**DESCRIPTION:** This funding opportunity announcement (FOA) seeks to support efforts focused on linking pertinent data from healthcare system records (e.g., suicide attempt events) to mortality data so that a more accurate understanding of the risk factors for, and the burden of, suicide among those seen in structured healthcare settings can be discerned. Specifically, data are needed on the type, severity, and timing of suicide predictors in the U.S. In addition to improving our national knowledge of the burden of suicide, these data offer the hope of yielding essential benchmarks for both public and private care providers/insurers, who increasingly will be seeking improvements to reduce the frequency of suicide events in their systems. Projects supported by this FOA will help address gaps identified in the 2014 Prioritized Research Agenda for Suicide Prevention.

**WEBSITE/LINK:** <https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-18-410.html>

### **NO DEADLINE – GRANT RESOURCE INFORMATION**

#### **Evidence for Action: Investigator-Initiated Research to Build a Culture of Health**

**DEADLINE:**

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

February 18, 2016 from 1:30-2:30 p.m. ET (10:30-11:30 a.m. PT)

Registration is required.

Archived Web Conferences

Informational Web Conferences were scheduled for June 3, 2015 and July 22, 2015  
Recordings for both events are now available.

June 3, 2015 web conference recording available here.



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July 22, 2015 web conference recording available here.

Timing: **Since applications are accepted on a rolling basis**, there is no deadline for submission. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

**AMOUNT:** Approximately \$2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

**DESCRIPTION:** Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.

**WEBSITE:** [http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3uOaFeLLcJROtLce2ecBeg&et\\_cid=469879](http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3uOaFeLLcJROtLce2ecBeg&et_cid=469879)

### Changes in Health Care Financing and Organization: Small Grants

**DEADLINE:** Grants are awarded on a rolling basis; proposals may be submitted at any time.

**AMOUNT:** This solicitation is for small grants of \$100,000 or less.

**DESCRIPTION:** Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and

exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

### Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and



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business administration. RWJF encourages proposals from organizations on behalf of researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Complete selection criteria can be found in the Call for Proposals.

**WEBSITE:** <http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html>

### **The National Children's Alliance**

**Deadline:** <http://www.nationalchildrensalliance.org/>

**Amount:** See website

**Description:** The National Children's Alliance has a Request for proposals to help support the development of CACs and Multidisciplinary Teams. NACA encourages all tribal communities to apply. They can offer FREE technical support to help you with your application.

### ➤ **Common Wealth Fund**

The Commonwealth Fund encourages and accepts unsolicited requests on an ongoing basis. The Fund strongly prefers grant applicants to submit letters of inquiry using the online application form. Applicants who choose to submit letters of inquiry by regular mail or fax should provide the information outlined in a two- to three-page document.

They fund:

- **Delivery System Innovation and Improvement**
- **Health Reform Policy**

### ➤ **Health System Performance Assessment and Tracking**

<http://www.commonwealthfund.org/Grants-and-Programs/Letter-of-Inquiry.aspx>

### ➤ **Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds**

**Deadline:** **KaBOOM!** is inviting grant applications from communities anywhere in the United States working to establish joint use agreements to re-open playground and recreational facilities previously unavailable due to safety and upkeep concerns. (No specific deadline.)

**Amount:** Let's Play Land Use grants of \$15,000 and \$30,000 will support creation of joint-use agreements between local governments and school districts that address cost concerns related to safety, vandalism, maintenance, and liability issues to re-open previously



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unavailable playgrounds and recreational facilities.

The \$15,000 grants will support the opening of at least four playgrounds in cities with populations of less than 100,000 people. The \$30,000 grants will support the opening of at least eight playgrounds in larger communities.

**Description:** Grants can be used for training and technical assistance, utilities and other building related to the extra use of the facility, legal fees, contract security

services, and marketing campaigns related to the joint-use agreement. Grant recipients must commit to opening the playgrounds within twelve months of the grant decision.

Complete grant application guidelines are available on the KaBOOM! website:

[http://kaboom.org/about\\_kaboom/programs/grants?utm\\_source=direct&utm\\_medium=surl](http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl)

➤ **Meyer Memorial Trust**

**Deadline:** Monthly (Except January, April and August)

**Amount:** Range generally from \$40,001 to \$300,000 with grant periods from one to two (and occasionally three) years.

**Description:** Responsive Grants are awarded for a wide array of activities in the areas of human services, health, affordable housing, community development, conservation and environment, public affairs, arts and culture and education. There are two stages of consideration before Responsive Grants are awarded. Initial Inquires are accepted at any time through MMT's online grants application. Applicants that pass initial approval are invited to submit full proposals. The full two-step proposal investigation usually takes five to seven months. <http://www.mmt.org/program/responsive-grants>

➤ **Kellogg Foundation Invites Applications for Programs that Engage Youth and Communities in Learning Opportunities**

**Deadline:** No Deadline

**Amount:** No Amount Specified

**Description:** The W.K. Kellogg Foundation is accepting applications from nonprofit organizations working to promote new ideas about how to engage children and youth in learning and ways to bring together community-based systems that promote learning. The foundation will consider grants in four priority areas: Educated Kids; Healthy Kids; Secure Families; and Civic Engagement.

**Educated Kids:** To ensure that all children get the development and education they need as a basis for independence and success, the foundation seeks opportunities to invest in early child development (ages zero to eight) leading to reading proficiency by third grade, graduation from high school, and pathways to meaningful employment.





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**Healthy Kids:** The foundation supports programs that work to ensure that all children grow and reach optimal well-being by having access to fresh, healthy food, physical activity, quality health care, and strong family supports.

**Secure Families:** The foundation supports programs that build economic security for vulnerable children and their families through sustained income and asset accumulation.

**Civic Engagement:** The foundation partners with organizations committed to inclusion, impact, and innovation in solving public problems and meeting the needs of children and families who are most vulnerable.

See the Kellogg Foundation Web site for eligibility and application guidelines.

[http://foundationcenter.org/pnd/rfp/rfp\\_item.jhtml?id=411900024#sthash.8WbcfRk.dpuf](http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfRk.dpuf)

• **W.K. Kellogg Foundation**

**Deadline:** The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).

**Amount: NO LIMIT (Please read restrictions/What they won't fund.)**

**Description:** What to Expect Once they receive your completed online application, an automated response, which includes your WKKF reference number, will be sent to you acknowledging its receipt. Their goal is to review your application and email their initial response to you within 45 days. Your grant may be declined or it may be selected for further development.

As part of review process you may be asked to submit your organization's financial reports and/or IRS Form 990. While this information may be required, it is not intended to be the overall determining factor for any funding. You will not be asked to provide any financial reports or detailed budget information during this initial submission. They will only request this information later if needed as part of the proposal development.

If you would like to speak with someone personally, please contact the Central Proposal Processing department at (269) 969-2329. <http://www.wkkf.org/>

✚ **AHRO Research and Other Activities Relevant to American Indians and Alaska Natives**

<http://www.ahrq.gov/research/findings/factsheets/minority/amindbrf/index.html>

**Community Grant Program- WALMART**

**DEADLINE:** The 2016 grant cycle begins Feb. 1, 2016 and the application deadline to apply is Dec. 31, 2016. **Application may be submitted at any time during this funding cycle. Please note that applications will only remain pending in our system for 90 days.**



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**AMOUNT:** Awarded grants range from \$250 to \$2,500.

**DESCRIPTION:** Through the Community Grant Program, our associates are proud to support the needs of their communities by providing grants to local organizations.

**WEBSITE:** <http://giving.walmart.com/apply-for-grants/local-giving>

**SCHOLARSHIP:**

**The Meyerhoff Adaptation Project -**

The Meyerhoff Scholars Program is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences or engineering, and who are interested in the advancement of minorities in the sciences and related fields. Students must be nominated for the program and are most typically nominated by their high school administrators, guidance counselors, and teachers. Awards range from \$5,000 – \$22,000 per year for four years.

The Meyerhoff Selection Committee considers students academic performance, standardized test scores, recommendation letters, and commitment to community service. Scholars are selected for their interests in the sciences, engineering, mathematics, or computer science, as well as their plans to pursue a Ph.D. or combined M.D./Ph.D. in the sciences or engineering. Reviewing the freshman class profile may provide an idea of the kinds of students who are admitted to UMBC and the Meyerhoff Scholars Program.

Applicants are expected to have completed a strong college preparatory program of study from an accredited high school. The minimum program of study should include:

English: four years

Social Science/History: three years

Mathematics\*: three years

Science: three years

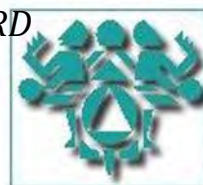
Language other than English: two years

\*Students are strongly recommended to have completed four years of mathematics, including trigonometry, pre-calculus, and/or calculus.

**Eligibility Criteria**

To be considered for the Meyerhoff Scholars Program, prospective students must have at least a “B” average in high school science or math courses, and many applicants have completed a year or more of calculus. Preference is given to those who have taken advanced placement courses in math and science, have research experience, and have strong references from science or math instructors. In recent years, a strong preference has been given to those students interested in the Ph.D. or M.D./Ph.D. (over the M.D.).

Students must meet all eligibility requirements:



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Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

Aspire to obtain a Ph.D. or M.D./Ph.D. in Math, Science, Computer Science, or Engineering

Display commitment to community service

Must be a citizen or permanent resident of the United States

**WEBSITE:**

<http://meyerhoff.umbc.edu/how-to-apply/benefits-and-eligibility/>

**~ONLY FOR WASHINGTON STATE UNIVERSITY~**

**First Scholars – The Suder Foundation**

**DEADLINE:**

**AMOUNT:** The goal of the First Scholars program is to help first-generation college students succeed in school, graduate, and have a life complete with self-awareness, success and significance. Scholars receive personalized support, including a four-year renewable scholarship of \$5,000. The program is open to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree.

**DESCRIPTION:** The First Scholars™ Program is available to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree. Participation in First Scholars™ includes a four-year renewable scholarship, half disbursed in the fall semester and half disbursed in the spring semester. Students can receive the award depending on eligibility requirements for a total of 4 years if program requirements are met.

This scholarship is open to Washington residents who enroll at Washington State University - Pullman full-time during the 2016-2017 academic year. The program requires that the recipients live on campus in a specified residence hall for the 2016-2017 academic year, and outside of the family home the following three academic years in order to renew the scholarship.

First-generation students represent a cross-section of America and college campus demographics. First Scholars come from diverse cultural, socioeconomic, geographic and family backgrounds and experiences. First-gen students are found in all departments and colleges of virtually every major public university across the country. Our affiliate universities have an average 30-50% first-gen enrollment and the number keeps rising. However, the average national graduation rate for first-generation students is only 34%, compared with 55% for the general student population.

**WEBSITE:** <http://firstscholars.wsu.edu/>



Friday, July 28, 2017

**Education Award Applications –The American College of Psychiatrists**

**DEADLINE:** June 30

**AMOUNT:** (SEE WEBSITE)

**DESCRIPTION:** The Award for Creativity in Psychiatric Education is open to any creative/innovative program for psychiatric education that has been in operation for at least two years, and has been a part of a U.S. or Canadian approved psychiatric residency training program. Trainees may include: medical students, residents, other physicians, allied mental health professionals, or members of the community. The Committee selects an awardee in the fall; all applicants are notified of the Committee's decision by November 15.

**WEBSITE:** <http://www.acpsych.org/awards/education-award-applications-deadline-december-1>

**(Internship Program/Scholarship Opportunities)**

**CDC Undergraduate Public Health Scholars Program (CUPS): A Public Health Experience to Expose Undergraduate and Graduate Students to Minority Health, Public Health and Health Professions/Department of Health and Human Services/Centers for Disease Control - OD**

**DEADLINE:** Jun 19, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$850,000

**DESCRIPTION:** CDC seeks to fund organizations with the ability to reach undergraduate and graduate students, including sexual and gender, people with disabilities, low socioeconomic status (SES) and those from underrepresented racial and ethnic minority populations. The ultimate goal is to increase the diversity of the public health workforce, improve the representation of underrepresented populations in public health, and increase the quality of public health services nationally.

**WEBSITE/LINK:** <http://www.cdc.gov/features/studentopportunities/index.html>

**DIRECTORS OF HEALTH PROMOTION AND EDUCATION (DHPE)-2017 SPRING HEALTH EQUITY INTERNSHIP**

**DEADLINE: & AMOUNT:** For more information, contact Karen Probert at [internship@asphn.org](mailto:internship@asphn.org).

**DESCRIPTION:** DHPE has received supplemental funding to support the Health Equity Internship for an additional year. The funding is from the Centers of Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention (DHDSPP). The mission of the CDC DHDSPP is to provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke. DHPE is working with the Association of State Public Health Nutritionists (ASPHN) to administer the Internship Program for the 2017 Spring cohort.



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College students selected for these cohorts should be interested in an internship project and placement site that focuses on the following:

Cardiovascular Disease Risks Reduction;

Heart Disease Prevention and Education, including Hypertension and Stroke;

Nutrition and Healthy Eating;

Physical Activity and/or Obesity. Interested students should mention their proposed internship site within their application.

Preference will be given to undergraduate and graduate students who attend Minority-Serving Institutions (HBCUs, HSIs and Tribal Colleges), are from racial and ethnic populations, and/or have demonstrated interest in working to achieve health equity in minority and underserved communities.

**WEBSITE/LINK:** For more information, contact Karen Probert at [internship@asphn.org](mailto:internship@asphn.org).

### **Native Student Travel Scholarships: Connecting STEM and Justice**

**DEADLINE:** Apply now for sponsorship to visit Philadelphia and attend the International Association of Chiefs of Police Conference (IACP) on October 21-24, 2017.

**AMOUNT:** Funding includes registration, airfare, lodging, ground transportation, baggage, meals, and incidental expenses. You would fly from your home airport to Philadelphia on October 20, 2017, and return on October 25, 2017. Decision notices will be sent to all applicants by August 30, 2017.

### **DESCRIPTION: Are you an American Indian or Alaska Native student in science, tech, engineering, or math (STEM)?**

The National Institute of Justice is looking for five qualified undergrad or grad students to attend this conference, which brings together thousands of professionals from federal, state, local, and tribal organizations.

Attendance will aid you in exploring applications of your STEM training to issues of criminal justice and public safety. You will have the opportunity to interact with scientists and attend panel discussions on the most urgent issues facing communities and innovative, evidence-based solutions.

**WEBSITE/LINK:** [https://nij.gov/topics/tribal-justice/Pages/native-student-travel-scholarships.aspx?utm\\_source=eblast-govdelivery&utm\\_medium=email&utm\\_campaign=adhoc](https://nij.gov/topics/tribal-justice/Pages/native-student-travel-scholarships.aspx?utm_source=eblast-govdelivery&utm_medium=email&utm_campaign=adhoc)





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**VETERANS**

**VFW Accepting Applications From Veterans for Emergency Financial Assistance**

**DEADLINE:** Open

**AMOUNT:** Grants of up to \$5,000 will be awarded to active and discharged military service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity or natural disaster....

**DESCRIPTION:** As the nation's largest organization of combat veterans, we understand the challenges veterans, service members and military families can face and believe that experiencing financial difficulties should not be one of them. That's the premise behind the VFW's Unmet Needs program.

Unmet Needs is there to help America's service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity. The program provides financial aid of up to \$5,000 to assist with basic life needs in the form of a grant -not a loan- so no repayment is required. To further ease the burden, we pay the creditor directly.

Since the program's inception, Unmet Needs has distributed over \$5 million in assistance to qualified military families, with nearly half of those funds going directly toward basic housing needs.

The needs of our veterans, service members and their families should never go unmet. Let us offer you a hand up when you need it!

Please review the Unmet Needs eligibility criteria to see if you or someone you know qualifies for a grant through the Unmet Needs program.

**WEBSITE:**

<http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRctwMDS5tzT03gSJADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK PRoCB4Hw wCB>

**RWJF: Submit a Pioneering Idea Brief Proposal - Throughout the year, we welcome Pioneering Ideas Brief Proposals that can help us anticipate the future and consider new and unconventional perspectives and approaches to building a Culture of Health.**

**DEADLINE:** Open

**AMOUNT:** See site

**DESCRIPTION:** The goal of the Pioneering Ideas Brief Proposal funding opportunity is to explore; to look into the future and put health first as we design for changes in how we live, learn, work and play; to wade into uncharted territory in order to better understand what new trends, opportunities and breakthrough ideas can enable everyone in America to live the healthiest life possible.



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While improving the status quo is vital to the health and well-being of millions of Americans now, the Pioneering Ideas Brief Proposal opportunity reaches beyond incremental changes to explore the ideas and trends that will influence the trajectory and future of health. Ultimately, we support work that will help us learn what a Culture of Health can look like—and how we can get there.

What is a Pioneering Idea?

Good question! We don't want to provide a checklist that limits your thinking—or ours. We do want to give you as clear a picture as we can about the kinds of proposals we hope to see, so you can best assess whether submitting an idea through our Pioneering Ideas Brief Proposal process is the right next step for you. Our application form allows you to introduce your idea; if it seems to be a fit for our portfolio we will reach out for more information.

We share some examples below of Pioneering Ideas we have funded in the past to give you a sense of where we've been. Keep in mind that ultimately, we need you to challenge us, and to tell us where we should be going and what ideas have the most potential to transform the way we think about health. As you review the examples below, you may notice some shared themes or characteristics which:

Challenge assumptions or long-held cultural practices.

Take an existing idea and give it a new spin—or a novel application.

Offer a new take or perspective on a long-running, perplexing problem.

Apply cutting-edge ideas from other fields to health.

Explore the potential for emerging trends to impact our ability to build a Culture of Health.

**WEBSITE/LINK:** [http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&et\\_cid=639126](http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&et_cid=639126)

**IDAHO & WASHINGTON - ONLY**

**ASPCA Northern Tier Shelter Initiative Coalition Grants**

**DEADLINE:** No Deadline

**AMOUNT:** Grant amounts will vary depending on project. A site visit may be required as part of the review process or as a condition of receiving the grant funds. Consultation services may be offered as part of a grant package.

**DESCRIPTION:** Priority will be given to coalitions working toward long-term, systemic, and sustainable community/regional improvements in animal welfare services. This may include (but not limited to) programs that:

Increase capacity to provide quality animal care and services by:



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Improving protocols around vaccination on intake, disease spread prevention, decreased length of stay, physical and behavioral care of sheltered pets

Improving capacity to provide basic health services including spay/neuter and vaccines for animals at risk in the community.

Increase coalition live release rate via:

Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

**WEBSITE:** <http://aspcapro.org/grant/2016/05/06/aspcanorthern-tier-shelter-initiative-coalition-grants>

### Healthy Native Babies Outreach Stipend Application

**DEADLINE:** Applications will be accepted on a rolling basis as funds are available.

**AMOUNT:** \$1500

**DESCRIPTION:** The Healthy Native Babies Project, a project of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has created culturally appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the Healthy Native Babies Project Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: <https://www.ihs.gov/locations/>.

**WEBSITE/LINK:** <http://files.constantcontact.com/913a319f001/8e50ceae-d3be-462e-be3d-3216455225bc.pdf?ver=1470849886000>

### Good Sports Accepting Applications for Sports Equipment Program

**DEADLINE:** *ROLLING FUNDING*



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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**AMOUNT:** While the equipment, apparel, and footwear received through the program are free, recipients are expected to pay shipping and handling costs, which amount to roughly 10 percent of the donation value, with a maximum fee of \$1,500.

**DESCRIPTION:** Good Sports helps lay the foundation for healthy, active lifestyles by providing athletic equipment, footwear, and apparel to disadvantaged young people nationwide. By working closely with teams, coaches, and community leaders across the United States, the organization is able to focus on the respective needs of each individual program and help offset the main factors causing the greatest challenges.

Good Sports is accepting applications from organizations and schools for equipment, apparel, and footwear for a wide range of sports. Organizations that are approved will have access to equipment, apparel, and footwear inventory for a two-year period. During that time, organizations can make up to six separate donation requests — as long as need is well documented, donations will be granted. There is no need to resubmit a full application again during the two-year period.

To be eligible, applicants must directly serve youth between the ages of 3 and 18; serve youth in an economically disadvantaged area; be located in North America (the U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Schools must apply as a whole; applications for individual programs within a school will not be considered. Donation requests for short-term events such as sports camps and tournaments or to individual athletes will not be considered.

Applications are reviewed on a rolling basis. It is recommended, however, that organizations apply at least eight weeks prior to the start of their particular season or program to ensure the desired equipment can be accessed and shipped on time.

**WEBSITE/LINK:** <https://www.goodsports.org/apply/>

**Good Sports Accepting Applications for Athletic Equipment Grants**

**DEADLINE:** *ROLLING FUNDING*

**AMOUNT:** You will be required to sign a release form and pay a shipping and handling fee with each donation. This will always equal 10% of the total retail value of the items; for example, if the total value of your items equals \$2,000, you will be asked to provide \$200, etc.

**DESCRIPTION:** Good Sports in Quincy, Massachusetts, is a nonprofit whose mission is to increase youth participation in sports, recreation, and fitness activities.

To that end, the organization provides sports equipment, apparel, and footwear to youth organizations offering sports, fitness, and recreational programs to youth in need.

To be eligible, organizations must directly serve youth between the ages of 3 and 18 in an economically disadvantaged area; be located in North America (U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Winning organizations may



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make up to six equipment requests within a two-year period. Winners will be responsible for operational costs, including equipment shipping, up to \$1,500.

**WEBSITE/LINK:** <http://www.goodsports.org/apply/>

### Voya Foundation Grants

**DEADLINE:** Grant requests are reviewed throughout the year. Grant applicants should check the online system for quarterly deadlines, which are subject to change.

**AMOUNT:** Value of grant requests must be a minimum of \$2,500.

**DESCRIPTION:** The Voya Foundation, the philanthropic arm of Voya Financial, works to ensure that youth are equipped with science, technology, engineering, and math (STEM) expertise and financial knowledge necessary to compete in the twenty-first century workforce and make smart financial decisions that lead to a secure retirement.

To that end, Voya is accepting applications from organizations that provide innovative and experiential K-8 STEM learning opportunities that promote an early interest in STEM career fields and improve teachers' capabilities in STEM; or that provide financial education curriculum to grade 9-12 students focused on navigating major financial milestones such as student debt, credit, home ownership, financial products and services/financial capability, and family needs.

- 1) STEM Education: The foundation supports organizations that fund high-quality experiential STEM learning opportunities for children in grades K-8. Programs are evaluated based on improvements in covered STEM concepts and increased interest in STEM careers generated over the course of the program.
- 2) Financial Literacy: Voya's financial literacy grants support organizations that provide financial literacy curriculum to students in high school (grades 9-12). Programs must cover student debt, credit, home ownership, investing, and understanding of financial products and services (financial capability), and family financial planning.

To be eligible, applicants must be considered tax exempt under Section 501(c)(3) of the Internal Revenue Code.

**WEBSITE/LINK:** <http://corporate.voya.com/corporate-responsibility/investing-communities/voya-foundation-grants>

### COMMUNITY

**FY 2017 Economic Development Assistance Programs - Application submission and program requirements for EDA's Public Works and Economic Adjustment Assistance programs. Department of Commerce**

**DEADLINE:** There are no submission deadlines under this opportunity. Proposals and applications will be accepted on an ongoing basis until the publication of a new EDAP NOFA.

**AMOUNT:** \$3,000,000





## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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**DESCRIPTION:** Under this NOFA, EDA solicits applications from applicants in rural and urban areas to provide investments that support construction, non-construction, technical assistance, and revolving loan fund projects under EDA's Public Works and EAA programs. Grants and cooperative agreements made under these programs are designed to leverage existing regional assets and support the implementation of economic development strategies that advance new ideas and creative approaches to advance economic prosperity in distressed communities, including communities and regions that have been impacted, or can reasonably demonstrate that they will be impacted, by coal mining or coal power plant employment loss, or employment loss in the supply chain industries of either. EDA provides strategic investments on a competitive- merit-basis to support economic development, foster job creation, and attract private investment in economically distressed areas of the United States. This EDAP NOFA supersedes the EDAP Federal Funding Opportunity dated December 23, 2016.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=294771>



## Health Information Campaign for American Indian/Alaska Native Subcontract Application

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### **Funding Title**

Office of Minority Health Resource Center (OMHRC)  
Health Information Campaign American Indian/Alaska  
Native Subcontracts

### **Funding Source**

OMHRC's HIV/AIDS among American Indian/Alaska  
Native (AI/AN) Project supported by the Department of  
Health and Human Services Office of Minority Health  
from the Secretary's Minority AIDS Initiative Funding.

### **Subcontract Amount**

Up to \$43,000 for each subcontract (pending availability  
of funds), with a total of 4 subcontracts

### **Eligible Applicants**

Community based organizations (CBOs), tribal  
governments, health departments in the U.S. that  
primarily serve AI/AN populations are eligible to apply.  
Partnerships between local CBOs and their local health  
agencies are highly encouraged for this application.

### **Application Deadline**

Friday, August 18, 2017, 5:00 pm EST

### **Project Period**

September 15, 2017 – September 15, 2018

Upon completion, a final report must be submitted to  
OMHRC. The format for the final report will be  
forwarded shortly after receipt of the award letter. Full  
funding of these subcontracts are based on fund  
availability to OMHRC.

### **Background**

OMHRC was established by the U.S. Department of  
Health and Human Services, Office of Minority Health in  
1987. OMHRC serves as a national resource and referral  
service on minority health issues. OMHRC collects and  
distributes information on a wide variety of health topics,  
including substance abuse, cancer, heart disease,  
violence, diabetes, HIV/AIDS and infant mortality.  
OMHRC also facilitates the exchange of information on  
minority health issues.

### **Summary and Purpose**

The project aims to increase utilization of HIV testing and  
linkage services among AI/ANs through coordinated  
media and community events, which promote awareness  
of HIV/AIDS appropriate services and valuable resources  
for AI/AN at high-risk for the disease by agencies and  
organizations that primarily serve the AI/AN populations.

The project goal is to implement and/or enhance increased  
HIV testing with referral to care of AI/AN and hard-to-  
reach communities through an HIV/AIDS health  
information campaign that supports increased awareness  
of HIV/AIDS. Agencies will demonstrate their  
competence in conducting health information campaigns  
and stipulate how they will utilize their expertise in  
connecting with AI/AN populations.

These subcontracts may be utilized to strengthen existing  
HIV/AIDS programs, HIV testing, and improvement of  
HIV/AIDS networks to increase AI/AN population  
referrals into HIV treatment and care. Agencies and  
networks will need to demonstrate how they provide  
culturally competent care and create culturally and  
linguistically appropriate tribal health information  
campaign materials. Information must be community-  
informed and may include or address sexual and  
reproductive health messaging and services to at-risk  
individuals.

An HIV/AIDS health information campaign may include,  
but is not limited to, printed materials development,  
newspaper advertisements, posters, multi-media  
presentations, Internet and radio campaigns that would  
help improve and/or increase HIV/AIDS services  
provided to AI/AN communities. Project goals may  
include, but are not limited to, increasing the number of  
people talking about HIV/AIDS, increasing the number of  
media outlets covering HIV/AIDS-related issues,  
reducing silence and stigma associated with HIV/AIDS,  
and increasing the number of people accessing HIV/AIDS  
care, services, and testing.

Materials developed through this subcontract will go  
through review process by the Office of Minority Health  
Resource Center before printing and distribution.

Developed materials will be given up to a 30-day period for review.

*All materials developed must be 508 compliant.*  
<http://www.hhs.gov/web/section-508/making-files-accessible/index.html>

## **Funding Availability**

Four (4) subcontracts will be made during this fiscal year. Funds are provided to increase HIV testing and linkage to care services through coordinated media and community events and to promote HIV/AIDS awareness through appropriate services and available resources. Health Information Campaigns must focus on AI/AN communities. Applicants are encouraged to focus on specific sub-populations within each population.

## **Webinar**

On Tuesday, July 25, 2017, 2:00 pm EST, OMHRC will host a webinar to discuss this application. Please register using this link:

<https://register.gotowebinar.com/register/7972707630885918466>

## **Application Review**

### *1. Criteria*

The technical review of the Health Information Campaign applications will consider the following four generic factors listed, in descending order of weight:

#### A. Factor 1: Organizational Experience and Need (20%)

- Demonstrated knowledge of the problem at the local and regional level.
- Significance and prevalence of HIV/AIDS in the target area.
- Extent to which the applicant demonstrates access to the target population, and whether it is well-positioned and accepted within the population to be served.
- Extent and documented outcome of past health information campaign efforts and activities with the target population.
- Experience providing HIV testing or referrals.

#### B. Factor 2: Program Proposal (35%)

- Appropriateness and merit of proposed approach and specific activities for each objective.
- The degree to which the project design, proposed activities and products to be developed are culturally and linguistically appropriate.
- Logic and sequencing of the planned approaches as they relate to the statement of need and to the objectives.
- Soundness of the established partnership and roles of partnership members in the program.
- Degree to which the goals and objectives are stated in measurable terms.
- Attainability of the goals and objectives in the stated time frames.
- Experience in providing HIV testing or referrals
- Identified partnership with agency for referrals for HIV testing.

#### C. Factor 3: Evaluation (25%)

- The degree to which expected results are appropriate for objectives and activities.
- Appropriateness of the proposed data collection plan (including demographic data to be collected on project participants), analysis and reporting procedures.
- Suitability of process, outcome, and impact measures.
- Potential for the proposed project to impact the HIV health status of AI/AN populations.
- Soundness of the plan to disseminate project results.

#### D. Factor 4: Capacity Building and Sustainability (20%)

- Extent to which the applicant demonstrates ability to build capacity for the target region.
- Degree to which agency has plans to sustain services after the one-time subcontract has been awarded.

### *2. Review and Selection Process*

Accepted applications will be reviewed for technical merit. Applications will be evaluated by an External Review Committee. Committee members are chosen for their expertise in minority health and their understanding of HIV/AIDS. Equity in geographical location (reservation, village, urban) and target populations may be considered in the final decision of the subcontracts.

## Application and Submission Information

### 1. Contact Information

Provide agency, name of authorized representative and contact information, name of project director, department address, phone number, fax number, e-mail address and web site.

### 2. Background (1 ½ pages maximum)

Outline and describe the agency's HIV/AIDS services, health information capabilities and connection to the targeted population.

### 3. Need (1 ½ pages maximum)

Explain the justification for the proposed HIV/AIDS project and identify the target ethnic or racial minority population to benefit from the proposed project.

### 4. Proposal (3 pages maximum)

Describe the proposed program or project. Describe the project goals and objectives. Describe how the health information campaign will reach the targeted audience. *Materials developed must be 508 compliant.*

### 5. Monitoring and Evaluations (1 page maximum)

Describe how this HIV/AIDS information campaign will be monitored and evaluated—the measurable goals as stated in the “proposal” section will be the basis for the evaluation.

### 6. Capacity Building (1 page maximum)

Discuss how the HIV/AIDS information campaign will help to build capacity for the agency to provide HIV/AIDS services to the target populations.

### 7. Sustainability (1 page maximum)

Discuss how the agency plans to sustain operation after the one-time HIV/AIDS information campaign has been completed.

### 8. Timeline (1 page maximum)

Submit a timeline for your proposed HIV/AIDS information campaign. The agency has up to September 15, 2018, to complete the project. State all activities associated with the HIV/AIDS information campaign on a **quarterly** basis.

### 9. Budget

Submit a line item budget attachment for the proposed HIV/AIDS information campaign. Federal funds cannot be used for food or refreshments.

### Application Instructions

- Applications are **12 pages maximum**, excluding attachments or Budget and Budget Narrative
- Completely fill out agency contact information
- Signed Certification
- Attach a copy of the department's annual HIV/AIDS operating budget
- E-mail completed application to [enaswood@minorityhealth.hhs.gov](mailto:enaswood@minorityhealth.hhs.gov) by Friday, August 18, 2017, 5:00 pm EST

### Contact Information:

Elton Naswood  
Senior Program Analyst  
Office of Minority Health Resource Center  
301-251-1797 ext. 3107  
301-251-2160 Fax  
E-mail: [enaswood@minorityhealth.hhs.gov](mailto:enaswood@minorityhealth.hhs.gov)

### Schedule of Deliverables and Payments

In accepting an HIV/AIDS Health Information Campaign Subcontract, the applicant organization agrees to provide quarterly Progress Reports and a Final Report to OMHRC. Report forms and due dates will be provided with award letter.

Subcontracts conferred at \$43,000 will be disbursed as follows: \$25,000 of the funds at the onset of the contract in September 2017; \$15,000 of the funds will be released upon approval of the Progress Report in March 2018; and \$3,000 of the funds will be released upon approval of the Final Report at the end of contract in September 2018. Prorated disbursements will be released for subcontracts less than \$40,000.



# Health Information Campaign Subcontract Application

## Organization Contact Information

Agency Name:	
Authorized Representative:	
Job Title:	
Program Director:	
Mailing Address:	
Work phone:	
Fax:	
E-mail Address:	
Web site:	
Would you like to receive information via email? Yes ___ No ___	
Board President Name:	
Executive Director Name:	
Financial Officer Name:	
When was the organization founded? (please enter month and year)	
Organization Type (e.g. health department, CBO, faith based, etc.)	
Does the agency have a 501(c) 3 status?	
Does the agency have a Letter of Incorporation?	
What is the agency's Employer Identification Number (EIN)?	
What is the agency's current HIV/AIDS budget?	
What is the agency's current annual operating budget?	
Does the agency currently receive funding from Office of Minority Health?	





# Health Information Campaign Subcontract Application

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## **CERTIFICATION**

The information contained in this application, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if I am awarded and accept an HIV/AIDS Health Information Campaign Subcontract that my acceptance of the subcontract requires a commitment to complete the project as stated in the application and to abide by the administrative requirements set by the Office of Minority Health Resource Center.

Agency Name: \_\_\_\_\_

Print Name of Official: \_\_\_\_\_

Signature of Official: \_\_\_\_\_

Date: \_\_\_\_\_



# Health Information Campaign Subcontract Application

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**BACKGROUND (Factor 1) (1 ½ pages maximum)**

Agency or Department's Mission:

Organizational History:

Agency's capacity to implement the program:

Outline of current services delivered:

**NEED:** Explain the justification for the proposed HIV/AIDS Health Information Campaign in the community, and identify the target ethnic or racial minority population to benefit from the proposed project. **(Factor 1) (1 ½ pages maximum)**

**PROPOSAL:** Describe the proposed HIV/AIDS Health Information Campaign. State each goal and objective in measurable terms. Provide a description of duties for each proposed consultant and identify which objectives they will address. Materials developed must be 508 compliant. A description of how to write SMART objectives can be found on the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief3b.pdf>. **(Factor 2) (3 pages maximum)**



# Health Information Campaign Subcontract Application

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**MONITORING and EVALUATIONS:** Describe how the HIV/AIDS Health Information Campaign will be monitored and evaluated. Please refer to the measurable objectives as stated in the proposal section to be the basis of the evaluation. **(Factor 3) (1 page maximum)**

**CAPACITY BUILDING:** Discuss how the HIV/AIDS Health Information Campaign will help to build capacity for the agency to provide HIV/AIDS services to the target populations. **(Factor 4) (1 page maximum)**

**SUSTAINABILITY:** Discuss how the agency plans to sustain operation after the one-time HIV/AIDS Health Information Campaign Subcontract has been awarded. **(Factor 4) (1 page maximum)**

**TIMELINE:** Submit a timeline for the proposed HIV/AIDS Health Information Campaign. The agency has up to September 15, 2018, to complete the project. State all activities associated with the HIV/AIDS Health Information Campaign on a quarterly basis. **(1 page maximum)**



# Health Information Campaign Subcontract Application

**BUDGET:** Submit a line item budget attachment for the *proposed* HIV/AIDS Health Information Campaign project. Indirect costs are maximized at 10% for this subcontract.

Sample Budget	Proposed Budget
<b>Personnel</b> Graphics Designer           \$3,000 Translation Services       \$2,000	
<b>Supplies</b> Printing Costs             \$6,000 Radio/TV/Newspaper ads   \$3,000	
<b>Community Incentives</b> \$1,500  Incentives for community members to participate in focus group  \$30 per person x 10 people = \$300  Incentives for models in campaign \$50 per person x 5 people = \$250  <p style="text-align: right;"><b>TOTAL 14,550</b></p>	

**BUDGET NARRATIVE:** Provide a narrative budget justification, which describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Only the direct costs requested in this application need to be justified. Describe the specific functions of the personnel, consultants, and collaborators (if relevant).

**BUDGET:** Submit an overall agency budget describing the most recent fiscal year.

# FUNDING ALERT

National Indian  
Health Board



## TRIBAL PUBLIC HEALTH ACCREDITATION SUPPORT INITIATIVE (ASI)

**WHAT IS TRIBAL ASI?** Tribal ASI is a funding and technical assistance program offered by NIHB to Tribes who commit to making efforts toward meeting the Public Health Accreditation Board (PHAB) Standards and Measures in order to achieve public health accreditation.

### WHY WOULD A TRIBE CHOOSE TO SEEK PUBLIC HEALTH ACCREDITATION?

Tribes have identified the following benefits to public health accreditation efforts:

- ⇒ **Credibility**
- ⇒ **Improved State and Local Relations**
- ⇒ **Staff Pride**
- ⇒ **Population health protections assurances**
- ⇒ **Sovereignty**
- ⇒ **Improved Quality of Services**
- ⇒ **Improved Health of the Community**

**WHO IS ELIGIBLE FOR TRIBAL ASI?** Official health entities of federally recognized Tribal governments, Tribal organization, or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended.

**HOW MUCH FUNDING IS AVAILABLE?** Up to \$10,500 is available to each awardee

**WHAT TECHNICAL ASSISTANCE (TA) IS PROVIDED?** NIHB conducts monthly one-on-one TA for awardees, national webinars, training opportunities at NIHB national conferences, a monthly Tribal Accreditation Learning Community (TALC), and networking with other Tribal, national and regional resources.

**HOW CAN FUNDS BE SPENT?** Acceptable uses: Staff wages, Supplies, Equipment, Training, Travel, Printing/media, Leadership, Stakeholder and Community Engagement, Incentives, Consultants

**WHAT TYPE OF PROJECTS WILL THE ASI AWARD FUND?** Some of the projects that have been funded in the past include developing and implementing.

Community Health Assessments • Community Health Improvement Plans • Workforce Development Plans • Performance Management Systems • Quality Improvement Plans • Departmental Strategic Plans

Work toward any of the PHAB domains will be considered. See the PHAB Standards and Measures v1.5 for domain descriptions. [www.phaboard.org](http://www.phaboard.org)

**BEGINNER COHORT NEW THIS YEAR!** There will be a separate funding category for Tribes who wish to explore, in-depth, the potential of achieving public health accreditation and also take the first steps on a path toward achieving such accreditation.

### IMPORTANT DATES !!

July 17 ( <i>estimated</i> )*	NIHB will release a Request for Applications (RFA)
August 25 ( <i>estimated</i> )*	Applications due
September 30	Award notifications
October 1—June 30, 2018	Award period

**For more information:** Karrie Joseph, Public Health Programs Manager, [kjoseph@nihb.org](mailto:kjoseph@nihb.org) or 202-507-4079



**PROGRAM INSTRUCTION**  
HHS-2017-ACL-MITRB-1702

TO: Current Title VI Grantees

SUBJECT: Guidance on the Development and Submission of MIPPA Title VI Applications

LEGAL REFERENCES: The Medicare Improvements for Patients and Providers Act of 2008 – Section 119, Public Law (PL) 110-275 as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by the American Taxpayer Relief Act of 2012 (ATRA), reauthorized by section 110 of the Protecting Access to Medicare Act of 2014 and reauthorized by the Medicare Access and CHIP Reauthorization act of 2015.

The purpose of this Program Instruction (PI) is to provide current Title VI grantees with guidelines for use in developing and submitting FY 2017 MIPPA applications.

**State Plan Purpose**

Section 110 of the Protecting Access to Medicare Act of 2014 extended funding for outreach and assistance for low income programs under the Medicare Improvements for Patients and Providers Act (MIPPA).

Title VI Native American Programs can fill an important role in providing valuable support to eligible Native American elders for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare Part D, Medicare prevention benefits and screenings and in assisting beneficiaries in applying for benefits. The Administration for Community Living's (ACL) Administration on Aging (AoA) seeks certification from Title VI Native American programs that they will use the funds to coordinate at least one community announcement and at least one community outreach event to inform and assist eligible American Indian, Alaska Native or Native Hawaiian elders about the benefits available to them through Medicare Part D, the Low Income Subsidy, the Medicare Savings Program or Medicare prevention benefits and screenings and counsel those who are eligible.

The purpose of these grants will be for the coordination of at least one community announcement and at least one outreach event to inform eligible Native American elders about the benefits available to them through Medicare Part D, the Low Income Subsidy, the Medicare Savings Program or Medicare prevention benefits and screenings.

**Award Information**

ACL/AoA has a total budget of \$270,000 for the Tribes and will provide a grant of at least \$1,000 to each Older Americans Act Title VI Native American grantee. ACL reserves the right to adjust funding levels subject to the number of applications received and availability of funds. ACL/AoA will award grants of at least \$1,000 to each Title VI Native American grantee for a period of 12 months. The example of at least \$1,000 per event is for illustrative purposes only.

All expenditures must be properly documented and allowable under the terms and conditions of the grant award. The anticipated award date is on or before September 30, 2017.

### **Eligibility Criteria and Other Requirements**

Only current Older Americans Act Title VI Native American Program grantees are eligible to apply for this funding opportunity. Cost Sharing or Matching is not required.

### **MIPPA Tribal Application and Submission Process:**

No letter of intent is required. The one-page application template (see further information below) that must be filled out, signed and submitted to apply for this funding opportunity is the attachment at the end of this document. To receive consideration, signed applications must be submitted by 11:59 p.m. Eastern time on **August 25**, 2017. No applications will be accepted after this date. **There will be no exceptions to this application submission deadline.** We encourage all eligible applicants to submit their request for funding well in advance of the date and time specified. Requests for funding must be received or postmarked on or before the date and time.

Submit your signed application via:

- 1) Email to [MIPPA.Grants@acl.hhs.gov](mailto:MIPPA.Grants@acl.hhs.gov). Include the State, Name of Tribe, and Title VI Part A Grant Number and the words "MIPPA Application" in the subject line; or
- 2) Overnight mail (FedEx, UPS, or USPS) to:  
Administration for Community Living  
Office of Grants Management  
330 C Street SW, Suite 1136B  
Washington, DC 20201  
Attention: Yi-Hsin Yan

### **Application (see Attachment)**

Title VI Native American Programs are required to submit a signed request for funding agreeing to provide a minimum of one community announcement and outreach event to eligible American Indians, Alaska Natives and Native Hawaiians about the Medicare Part D, LIS and MSP, or Medicare prevention benefits and screenings programs. The Request for Tribal MIPPA Funding is attached at the end of this announcement. **Please make sure that your one-page application request contain all requested information and is signed prior to submission.**

### **Inquiries**

#### **Program Office (for programmatic questions):**

U.S. Department of Health and Human Services  
Administration for Community Living  
Administration on Aging  
Washington, DC 20201  
Attn: Cecelia Aldridge  
Telephone: (202) 795-7293, e-mail: [Cecelia.Aldridge@acl.hhs.gov](mailto:Cecelia.Aldridge@acl.hhs.gov)

**Grants Management Office (for fiscal questions):**

U.S. Department of Health and Human Services  
Administration for Community Living  
Office of Grants Management  
Washington, DC 20201  
Attn: Yi-Hsin Yan  
Telephone: (202) 795-7474, e-mail: [Yi-Hsin.Yan@acl.hhs.gov](mailto:Yi-Hsin.Yan@acl.hhs.gov)

**MIPPA Tribal Application Review and Selection Process**

These funding requests are non-competitive and will be reviewed internally by Federal personnel for compliance with funding requirements.

**Attachment**

**Application for FY17 Tribal MIPPA Funding**

To: Yi-Hsin Yan, Grants Management Specialist  
Administration for Community Living, Office of Grants Management  
330 C Street SW, Suite 1136B, Washington, DC 20201

From:

\_\_\_\_\_

**Grantee/Organization Name**

\_\_\_\_\_

**State**

**17** \_ \_ \_ \_ **T6NS**

\_\_\_\_\_

**FY 2017-2020 Title VI Part A/B Grant Number** (e.g. 1701AKT6NS)

RE: Application for FY 2017 MIPPA Funding in response to Funding Opportunity Number:  
**HHS-2017-ACL-MITRB-1702**

We are requesting FY 2017 funding under the Medicare Improvements for Patients and Providers Act (MIPPA) for Beneficiary Outreach and Assistance in the amount of at least \$1,000. These funds will be used to coordinate at least one community announcement and one community outreach event outreach event to inform and assist eligible American Indian, Alaska Native and Native Hawaiian elders about the benefits available to them through Medicare Part D, the Low Income subsidy, the Medicare Savings Program, or Medicare prevention benefits and screenings. Where possible, we will maximize resources by collaborating with local providers, the Indian Health Service, Tribal Health Services and others involved with these programs.

We will provide a final SF 425 Federal Financial Report and a narrative report to the ACL Office of Grants Management within 90 days following the event. This narrative report will include a brief description of the event, the date, location and number of participants. Narrative and financial reports will be submitted via e-mail to [MIPPA.Grants@acl.hhs.gov](mailto:MIPPA.Grants@acl.hhs.gov). Include the word "FY17 SF-425 or Progress Report: State, Name of Tribe, and MIPPA Grant Number" in the subject line or by overnight mail (FedEx or UPS, not USPS) to:

Administration for Community Living, Office of Grants Management, 330 C Street SW,  
Suite 1136B, Washington, DC 20201, Attention: Yi-Hsin Yan. These funds will not be used  
for lobbying.

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Print/Type Name of Tribal Chair (or designee)

Date

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Signature of Tribal Chair (or designee)

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Print/Type E-mail Address(es) to Receive the Notice of Award (NoA)



DATE: July 11, 2017  
TO: Principal Deputy Director  
FROM: Information Systems Advisory Committee Co-Chairs  
SUBJECT: Information Systems Advisory Committee June 28-29, 2017 Semi-Annual Meeting Recommendations and Actions

ISSUE

We are submitting the Indian Health Service (IHS) Information Systems Advisory Committee (ISAC) recommendations and actions resulting from the ISAC semi-annual meeting held on June 28-29, 2017 at the Department of Health and Human Services Regional Office in Chicago, Illinois, for your consideration (see attached).

DISCUSSION

The ISAC primarily focused on the modernization of the IHS Health Information Technology (HIT) system at our semi-annual meeting. The Veterans Affairs (VA) recently announced their selection of a Commercial-Off-The-Shelf (COTS) software product as their long-term solution. This greatly impacts the current IHS HIT system, as the core of the IHS Resource and Patient Management System (RPMS) is the VA's homegrown software. Without it, development, modernization, and enhancement of the RPMS and Electronic Health Record (EHR) is questionable. The ISAC is therefore recommending the IHS also pursue a COTS solution for the future IHS HIT system moving forward. This will require the IHS to conduct thorough needs, alternatives, and risk analyses, identify funding, and proactively consult with Tribal and Urban partners. A modernized EHR system will allow IHS/Tribal/Urban clinicians and patients to share current and future healthcare information for continuity of care and improved treatment, supporting the mission and goals of IHS, so they might be fully achieved.

Respectfully Submitted,

Donnie Parish  
ISAC Tribal Co-Chair  
Chief Information Officer  
Cherokee Nation

Lindsay King  
ISAC Federal Co-Chair  
Director, Office of Tribal Self-Determination  
Oklahoma Area IHS

Attachment:

ISAC Semi-Annual Meeting Recommendations and Actions

Cc: ISAC Committee  
IHS Chief Medical Officer  
IHS Chief Information Officer



## Attachment A

**Indian Health Service**  
**Information Systems Advisory Committee**  
**Semi-Annual Meeting Recommendations and Actions**  
**June 28-29, 2017**  
**Chicago, Illinois**

The Indian Health Service (IHS) Information Systems Advisory Committee (ISAC) is submitting the following recommendations and actions from the June 2017 ISAC Semi-Annual Meeting to the IHS Principal Deputy Director:

### **RECOMMENDATIONS**

The ISAC approved the following recommendations during their meeting:

1. Health Information Technology System (HITS) Modernization. The ISAC recommends the IHS pursue a Commercial-Off-The-Shelf (COTS) solution for the future IHS HITS moving forward.
2. HITS Modernization Funding. The ISAC recommends the IHS identify funding or avenues of funding to support an immediate and detailed un-biased analysis of COTS solutions to replace the IHS Resource and Patient Management System (RPMS).
3. ISAC HITS Modernization Workgroup. In May 2017, the ISAC established the IHS HITS Modernization Workgroup to assist the Agency with long term strategies to modernize and improve the HITS solution used in Indian health care hospitals and facilities. The workgroup has a deadline to report to the IHS Principal Deputy Director of August 13, 2017.
  - A. Repurpose ISAC HITS Workgroup. The ISAC recommends re-purposing the workgroup to work on executive level action and business plans for IHS moving to a COTS system.
  - B. Action Plan. The Action Plan will include:
    - (1) An IHS-sponsored or funded third party analysis of COTS Electronic Health Records (EHR).
    - (2) An IHS-sponsored or funded third party needs analysis of the existing RPMS/EHR to inventory required components.
    - (3) Develop a survey or other vehicle for data collection that will go to all IHS, Tribal, and Urban health care organization participants so further requirements can be gathered.
    - (4) Develop and release a Request for Information.

- (5) Pursue a full and open competition for a core set of capabilities for EHR modernization. A competitive process will allow IHS to consider commercial alternatives that may offer reduced cost, technical risk, and access to increased capability and future growth in capability by leveraging ongoing advancements in the commercial marketplace.
  - (6) Continue near-term coordinated efforts to develop EHR data interoperability, especially in support of quality initiatives, such as Electronic Clinical Quality Measures (eCQM), Government Performance and Results Act (GPRA), and the Comprehensive Primary Care (CPC). This near-term goal shall be pursued as a first priority separately from the longer-term goal of HITS modernization.
- C. Business Plan. The workgroup will also develop a preliminary Business Plan for review and implementation of a COTS EHR solution(s). The workgroup will propose a vision (or model) for the future state of IHS services in support of a COTS EHR system, including but not limited to deployment support, operational support, analysis of new solutions, data and analytics services, etc.
4. Office of Information Technology (OIT) Service Catalog. The ISAC supports the OIT efforts to develop and finalize the OIT Service Catalog.
- A. The ISAC recommends transparency in associated Tribal Leader Letters, Tribal Listening sessions, and webinars and involvement of IHS Area Agency Lead Negotiators and Contract Proposal Liaison Officers.
  - B. The ISAC recommends inclusion of financial transparency in the OIT Service Catalog.
  - C. Further, the ISAC recognizes the importance of and recommends OIT staff participation in Tribal negotiations.
5. Electronic Clinical Quality Measure (eCQM) Reporting. The ISAC recommends that the IHS seek out a COTS solution or work to restore functionality in the current electronic health record to enable reporting of clinical quality measures to meet the requirements of clinical quality payment programs. This will include elevating the ISAC and OIT priorities for updating the eCQM logic in 2014 RPMS EHR as follows:
- A. Update the eCQM to the most current logic in RPMS (e.g. from 2014 logic →2015 logic →2016 logic).
  - B. Configure the Quality Reporting Document Architecture 1 (QRDA 1) so it is in xml format.
  - C. As recommended in 1.C.6 above, continue near-term coordinated efforts to develop EHR data interoperability, especially in support of quality initiatives, such as eCQM, GPRA and CPC.

6. ISAC Information Sharing. The ISAC recommends the IHS develop an information portal that all ISAC members, whether on the IHS network or not, can access for ISAC information sharing. This portal will allow for greater collaboration with Tribal and Urban entities, including the ability to speak with Tribal and Urban Leaders in a digital format.

### **Actions**

1. Office of Information Technology Fiscal Year (FY) 2018-2020 Human Capital Management Plan (HCMP). The ISAC supports the next iteration of the IHS Human Capital Work Plan and is establishing a workgroup chaired by Keith Longie, ISAC member and Bemidji Area Director, to develop the Work Plan. The workgroup will provide ISAC with a report on the Work Plan at the next semi-annual ISAC meeting. This iteration of the work plan is to include recommendations of expanding OIT's organizational structure to the Areas and sites, so that there may be a more centralized management structure in place.
2. ISAC Charter. The ISAC is revising their charter, which will be submitted for the IHS Director or designee's approval when completed. This includes the following activities:
  - A. The IHS Chief Information Officer will lead a workgroup to update the ISAC charter on behalf of the ISAC. The CIO will report back to the ISAC with the proposed changes.
  - B. The revised charter will include authorization for the IHS Chief Information Officer to approve new ISAC members to expedite membership appointments. The ability to appoint members at this level in the IHS is similar to other chartered IHS committees.
  - C. The revised charter will include a permanent seat for a Direct Service and Contracting Tribes Advisory Committee representative.
  - D. The IHS Chief Information Officer will contact the National Indian Health Board to verify their participation on ISAC as they have not sent a representative in several years.
3. ISAC Information Technology (IT) Priorities. The ISAC is revising their IT Priorities to include health information system modernization. The revised priorities are forthcoming.

## **Letter on invitation to 14th Annual Direct Service Tribes National Meeting - August 2-3**

Please share with your contacts. Thank you.

The Indian Health Service has issued a letter inviting Tribal Leaders to attend the 14th Annual Direct Service Tribes National Meeting on August 2-3, 2017, in Danvers, Massachusetts. This letter is available on the IHS web site.

<https://www.ihs.gov/newsroom/triballeaderletters/>

## **[Name of your organization] Supports National Effort to Raise Awareness of Prediabetes**

*New PSAs Share Important Health Message Through Unexpected Animal Videos  
[can include local statistics here too]*

[City and state of your organization; date] – A new report from the Centers for Disease Control and Prevention (CDC) finds that 84 million American adults (more than 1 in 3) have prediabetes, a condition in which blood glucose (sugar) levels are high, but not high enough yet to be classified as type 2 diabetes. People with prediabetes have increased risks to their long-term health, including developing type 2 diabetes, heart attack, and stroke. Nearly 90 percent of people with prediabetes are not aware they have the condition. In [insert state name], more than XX% people have [prediabetes/diabetes].

The American Diabetes Association (ADA), American Medical Association (AMA), and CDC, along with the Ad Council, are releasing new PSAs to build on a successful campaign that helped hundreds of thousands of Americans learn their risk for developing type 2 diabetes. The new, lighthearted PSAs offer viewers a “perfect way to spend a minute” where they can take the one-minute prediabetes risk test while also doing something everyone loves — watching adorable animal videos. [insert name of organization] is proud to lend its support to the campaign, which raises the urgency of prediabetes and emphasizes the positive message that prediabetes can often be reversed through everyday lifestyle changes. The campaign encourages people to take a short online test at [DoIHavePrediabetes.org](http://DoIHavePrediabetes.org) to learn their risk and speak with their doctor to confirm their diagnosis. The website features lifestyle tips and connects visitors to the [CDC-led National Diabetes Prevention Program](http://CDC-led National Diabetes Prevention Program).

“[Statement from local spokesperson regarding your organization supporting the campaign’s call for action and the urgency of addressing prediabetes],” said [insert your organization director or local health official].

Prediabetes can often be reversed through weight loss, diet changes, and increased physical activity. Diagnosis is critical, as research shows that people are much more likely to make the necessary lifestyle changes once they are aware of their condition. A rise in incidence of type 2 diabetes presents a significant threat to [insert name of city/state], potentially [include consequences such as increasing healthcare costs, crowding doctors’ offices]. In an effort to reverse this trend, [insert name of organization] is supporting the national effort and working to make an impact in the community through [insert of examples of local initiatives].

Additional information on the campaign is available online at [DoIHavePrediabetes.org](http://DoIHavePrediabetes.org) and information about [insert name of organization] is available at [insert organization web site].

###

Media Contacts:

[insert organization media contact]



**N C C D P H P**  
**GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY**  
**TRIBAL RESOURCE DIGEST**

Welcome to Centers for Disease Control and Prevention’s (CDC) tribal resource digest for the week of July 24, 2017. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.



*From Left: David Espey, Ramona Antone-Nez, Anisha Quiroz, Radeanna Comb, Darlene Tracy, LaTisha Marshall, Colin Gerber, Rose James, Sylvadrick Young, Graydon Yatabe*

*July 2017 Navajo Nation Visit  
 Window Rock, AZ*

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## Request for Photos

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Anisha Quiroz, [AQUIROZ@cdc.gov](mailto:AQUIROZ@cdc.gov) with a short description of the photo.

## Announcements

### Medicare DPP

On Thursday, July 13th, the CMS second proposed rule on the Medicare DPP Expanded Model was published in the Federal Register. Facts sheets and a link to the proposed rule can be found [here](#). The first rule was published in November 2016.

The second rule proposes additional policies necessary for suppliers to begin providing MDPP services nationally in 2018, including the proposed MDPP payment structure, supplier enrollment requirements and compliance standards. The comment period is open until September 11, 2017. Information will be coming soon about a CMS webinar to go over the proposed rule.



Save the Date



This three-day conference will bring together a dynamic partnership around family wellness. Federal, State, Tribal and Urban programs will be on site to provide training, information and resources for culturally informed strategies that focus on building and sustaining

family wellness. Tribes will be provided training and support to develop their Tribal Action Plan geared towards capacity building. Special emphasis will focus on program sustainability by engaging technology, business practices and revenue enhancement. Register [here](#). For more information about this conference, contact: [chris.poole@ihs.gov](mailto:chris.poole@ihs.gov)

Reservations can be made by calling 1-866-4WINDS1 (494-6371). The room rate is \$93/night. Use the group code 0917GLATHB. This group rate will be good until August 21st, 2017 (8/21/17).

When: **September 12-14, 2017**

Where: **Four Winds Casino Resort—New Buffalo, MI**

### Tobacco Use Website

Last week Million Hearts launched the [Tobacco Use](#) webpage to inform and optimize implementation of evidence-based tobacco cessation strategies. The Tobacco Use webpage also features the Tobacco Cessation Protocol, available online and as an app through Epocrates®, a free athenahealth service for clinicians (please note: to view the guidelines, registration is required).

## Funding Opportunities

### Empowered Communities for a Healthier Nation Initiative

Description: Grants to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations through implementing evidence-based strategies with the greatest potential for impact, especially in communities disproportionately impacted by the opioid epidemic, childhood obesity, and serious mental illness. Read more [here](#).

Deadline: **August 1, 2017**

## Webinar

### Mountain States RHEC's Native American Cultural Competency Webinar Series: Cultural Needs Assessments for Health for Providers Working with Tribal Communities

Are you interested in learning more about tribal communities and how to best serve American Indians and Alaska Natives? The Mountain States Regional Health Equity Council (RHEC) aims to end health disparities in Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. One of its main priorities is to provide education and awareness of cultural and linguistic competency within the region. The RHEC is hosting a webinar training series on the history of tribes and treaties, utilization of Culturally and Linguistically Appropriate Services standards (National CLAS Standards) and cultural sensitivity when working with tribal communities, and the impact of cultural needs assessments. Read more and register [here](#).

When: **July 31, 2017 @ 11:00 Mountain Time**

**Great Plains Tribal Chairmen's Health Board**  
Community Health Webinar Series

Promoting Health Equity through  
Programs and Policies

The Community Health Department will be hosting monthly webinars for tribal partners. Contact information below regarding times and dial-in information.

Marie Zephier, MPH  
Program Manager, GPGHW  
Great Plains Tribal Chairmen's Health Board  
Marie.zephier@gptchb.org  
1770 Rand Road, Rapid City, SD 57702  
(P) 605.721.7373 ext. 122 (F) 605.721.2876

Date	Topic	Presenter(s)
8/9/17	Traditional Plants and their Uses	Terra Houska, Tobacco Health Educator
9/13/17	Using the Indiginized Traditions to Make Health Choices	Thosh and Chelsea
10/11/17	Active Living Everyday	Kendra Roland, Cancer Prevention
11/8/17	LEAN Essentials	Eugene Giago, PC
12/13/17	Making PSE Changes in Tribal Communities	Shannon Udy, PSE Health Educator

Tribal communities bear a disproportionate burden of social, economic, and/or environmental disadvantage relative to other racially or ethnically defined population groups. Therefore, ensuring that all American Indians and Alaska Natives (AI/ANs) achieve the highest level of health possible will require broad-spectrum action that goes beyond addressing individual determinants and disease management to include action to address such disadvantages.

The changing landscape of public health, with a multi-disciplinary approach focused on the social determinants of health, is a true opportunity to advance the well-being of AI/AN communities. The National Indian Health Board (NIHB), in partnership with the NPA, has taken a proactive and strategic approach to building the public health capacity of tribal health departments through information gathering and dissemination, capacity building, and awareness raising. Register [here](#).

When: August 24, 2017 @ 3-4 ET

**Contact Information**

National Center for Chronic Disease Prevention  
and Health Promotion

Office of the Medical Director  
4770 Buford Highway, MS F80  
Atlanta, GA 30341  
(770) 488-5131

<http://www.cdc.gov/chronicdisease/index.htm>

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Anisha Quiroz at [AQUIROZ@cdc.gov](mailto:AQUIROZ@cdc.gov) with the words "TRIBAL DIGEST" in the subject line.



Farm to School in Native Communities

In partnership with numerous community leaders, the National Farm to School Network has been exploring opportunities to expand farm to school activities in Native communities. They have learned from their partners that with a community-based and multi-generational framework, farm to school can be a nexus of economic development, food sovereignty, health and nutrition, and cultural revitalization. Read more and register [here](#).

When: August 3, 2017 @ 2-3 ET

## New Campaign Assets: National Prediabetes Prevention Campaign, Phase 2

**O**n Tuesday, 7/25/2017, CDC's Division of Diabetes Translation (DDT) will launch Phase 2 of the National Prediabetes Awareness Campaign. This is the first-ever national public service campaign to raise awareness about prediabetes on TV, radio, print, and digital channels.

There is still a critical need to increase awareness of prediabetes—84.1 million US adults have prediabetes, and 90% of whom don't know it. In order to have the greatest collective impact, DDT partnered with the Ad Council, American Diabetes Association, and American Medical Association to develop the multi-year public service campaign.

For Phase 2, the campaign has created six new video [public service announcements](#) (PSAs) and additional out-of-home advertisements. The new campaign encourages viewers to take a one-minute prediabetes risk test to know where they stand and discover how they can decrease their risk of developing type 2 diabetes — and it does so with some adorable helpers.

The new campaign, once again developed pro bono by Ogilvy New York for the Ad Council campaign, features puppies, hedgehogs, and baby goats. The new, lighthearted PSAs offer viewers a “perfect way to spend a minute” where they can learn where they stand by taking the one-minute prediabetes risk test while also doing something everyone loves — watching cute animal videos. The campaign highlights that it's important for people at risk to speak with a doctor about getting their blood sugar tested and visit [DolHavePrediabetes.org](http://DolHavePrediabetes.org) to learn more about prediabetes.

The positive message behind the campaign is that prediabetes can often be reversed by making everyday lifestyle changes. Diagnosis is key, as research shows that people who are aware of their condition are more likely to make the necessary long-term lifestyle changes that can help delay or prevent type 2 diabetes. This includes losing weight and adopting new habits such as healthy eating and physical activity. Prediabetes can be a health wake-up call for many.

Viewers can take a real-time risk test while watching the PSAs and then visit [DolHavePrediabetes.org](http://DolHavePrediabetes.org) to find more information about prediabetes, lifestyle tips, and links to [CDC's National Diabetes Prevention Program](#), which connects visitors to CDC-recognized programs across the country. **Per the Ad Council's model, all media will run entirely in donated time and space.**

The campaign will also include a special radio PSA featuring NBA player Julius Randle. Randle, whose mother has type 2 diabetes, discusses simple, actionable steps to help reverse prediabetes and avoid the kind of scare he experienced when an unexpected diagnosis of type 2 diabetes impacted his family.

The ADA, AMA, and CDC are also working with their local offices, affiliates, and partners to promote the campaign in their communities, with evidence-based materials to aid physicians and other health care providers in the screening, diagnosis, and treatment process.

In order to help you spread the word at your level(s), we have updated a [Prediabetes Awareness toolkit](#) for CDC grantees to provide a wealth of materials to assist you, including pre-packaged content and language to use for existing or new opportunities. You'll have access to these resources and much more:

- All PSAs and campaign assets
- Campaign FAQs
- Ideas for connecting with your local community on site and online
- Tips for working with local media
- Ways to engage with corporate partners
- Tips for ordering campaign materials
- Social media

Also, attached to this email is a customizable press release that you can use in your communities. Thank you for your support in spreading the word about this critical effort. We are confident these playful, upbeat PSAs will get noticed and spur people to take action.

**Your Health Idaho**  
**Tribal Quarterly Meeting**  
August 2, 2017 | 9:00 AM Mountain Time  
Fort Hall -TBD

**Conference Line**

Dial- in: 415-594-5500  
Access Code: 307-199-216#

**AGENDA**

- Approve minutes from last meeting
- ACA Update – Latest News
  - Legislative Updates
- YHI Updates
  - YHI Certification Updates
  - Live Training Schedule
  - BridgeSpan update
- Carrier Discussion of Benefits and Tribal member issues.
- Other Business
- Next Meeting