



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

Friday, April 18, 2014

**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 announcements 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. Fridays, 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. Also, at the end of this announcement there are several funding organizations that do not have deadlines and do accept proposals all year round. Thank you for your time, please do not hesitate to contact me:

**Tara Fox, Grant Specialist**  
E-mail: [tfox@npaihb.org](mailto:tfox@npaihb.org)  
Office Phone: (503) 416-3274

### **NEW:**

- **PPHF-2014 - Campus Suicide Prevention Grant** - Substance Abuse and Mental Health Services Administration

**DEADLINE:** Tuesday, May 27, 2014

**AMOUNT:** 3 years - Up to \$102,000 per year.

**Cost Sharing/Match Required?:** Yes

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 PPHF-2014 Campus Suicide Prevention grants (PPHF-2014). The purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education. This program is designed to assist colleges and universities build a foundation for their efforts to prevent suicide attempts and completions and to enhance services for students with mental and substance use disorders that put them at risk for suicide and suicide attempts.

SAMHSA intends that these grants will assist colleges and universities to have a campus free from the tragedy of suicide which also supports the National Strategy for Suicide Prevention Objective 8.1 (see page 53).

The Campus Suicide Prevention grants support an array of campus activities to help grantees build a solid foundation for delivering and sustaining effective mental health



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and substance abuse prevention, treatment, and recovery support services. Grant funds cannot be used for direct clinical services.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The Campus Suicide Prevention grant closely aligns with SAMHSA's Prevention of Substance Abuse and Mental Illness Strategic Initiative as well as the expected impact on behavioral health disparities (Appendix H of the RFA: Addressing Behavioral Health Disparities). More information is available at the SAMHSA website.

The Campus Suicide Prevention Grant Program is authorized under the Garrett Lee Smith Memorial Act (Section 520E-2 of the Public Health Service Act, as amended) and is financed by the Prevention and Public Health Funds (PPHF-2014). This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

### **Eligibility**

Eligibility for SAMHSA's Campus Suicide Prevention Grant program is statutorily limited to institutions of higher education. Applicants from both public and private institutions may apply, including State universities, private four-year colleges and universities (including those with religious affiliations), Minority Serving Institutions of higher learning (i.e. Tribal colleges and universities, Historically Black Colleges and Universities or Hispanic-serving institutions and Asian American Native American Pacific Islander Serving Institutions), and community colleges.

Entities that have previously been awarded a Garrett Lee Smith Campus Suicide Prevention Grant are not eligible. SAMHSA is limiting the eligibility to applicants who have not previously received an award in order to allow for a broader distribution of the limited funds across campuses and universities. Since the purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education, this program assists colleges and universities in preventing suicide attempts and completions. It also enhances services for students with mental and behavioral health problems, such as depression and substance use/abuse that put them at risk for suicide and suicide attempts. These grants assist colleges and universities in having a campus free from the tragedy of suicide.

Such institutions may carry out the activities of this grant through for example, college health/wellness/counseling centers, college and university psychological services centers, mental/behavioral health centers, psychological training clinics, academic departments or institutions of higher education-supported, evidence-based mental health and substance abuse programs. The activities of this grant may be carried out



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with the engagement of student-run services such as student organizations and/or student government councils. If a consortium is formed to carry out the activities of this grant, a single institution in the consortium must be the legal applicant, the recipient of the award on behalf of the consortium, and the entity legally responsible for satisfying the grant requirements.

#### WEBSITE:

<http://beta.samhsa.gov/sites/default/files/grants/pdf/sm-14-014.pdf>

#### ➤ Demonstration Projects to End Childhood Hunger - USDA

**DEADLINE:** Letter of Intent to Apply Date: May 1, 2014 no later than 11:59 PM (EDT). Application Submission Date: July 7, 2014, no later than 11:59 PM (EDT). Award Date: October 2014.

**AMOUNT:** Approximately \$30 million will be awarded for up to five demonstration projects in the form of cooperative agreements between USDA-FNS and grantees. The remaining funds will be used for independent evaluations of each project. Depending on the nature of the proposals submitted, up to five (5) applicants may be awarded grants, with no single project exceeding \$10,000,000. Applicants that commit matching resources, including in-kind resources, to the project will receive competitive priority. The cooperative agreements will provide for an implementation phase of up to 12 months and the demonstration projects will operate for at least 12 months, but no more than 24 months.

**DESCRIPTION:** The purpose of the demonstration projects is to test innovative strategies to end childhood hunger, including alternative models for service delivery and benefit levels that promote the reduction or elimination of childhood hunger and food insecurity. Projects may include enhanced SNAP benefits for eligible households with children; enhanced benefits or innovative program delivery models in school meals, afterschool snacks programs, and the Child and Adult Care Food Program; and other targeted Federal, State or local assistance, including refundable tax credits, emergency housing, employment and training, or family preservation services, for households with children who are experiencing food insecurity.

USDA is interested in targeting areas or populations where there are currently elevated levels of food insecurity or gaps in nutrition assistance program coverage. HHFKA requires that at least one demonstration project be carried out on an Indian reservation in a rural area with a service population having a prevalence of diabetes that exceeds 15 percent. The primary outcome measure for the evaluation will be the change in the prevalence of food insecurity among children as measured by the USDA food security measure. Other site-specific outcomes related to particular interventions may be considered for the evaluation, but will be secondary to food insecurity among children.



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### WEBSITE:

[http://www.fns.usda.gov/sites/default/files/RFA\\_EndChildhoodHunger.pdf](http://www.fns.usda.gov/sites/default/files/RFA_EndChildhoodHunger.pdf)

### ➤ CDC - Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS)

The CDC released a funding opportunity announcement, CDC-RFA-CE14-1402, to support a five-year cooperative agreement. Funded states and territories collect and disseminate surveillance data on violent deaths (homicides and suicides), deaths of undetermined manner, and deaths from unintentional firearm injuries. The purpose of the funding is to improve:

- planning for violence prevention programs;
- implementation of violence prevention programs; and
- evaluation of violence prevention programs.

Awardees will be required to collect standard CDC data elements on all violent deaths in their targeted areas and submit data to CDC using a CDC-based web system. Data elements must be collected from three sources (a list of all the data elements can be found in Appendix 1):

- death certificates (DC);
- coroner/medical examiner (CME) reports (including toxicology reports); and
- law enforcement (LE) reports.

Awardees can choose:

- to collect data on all violent deaths in their jurisdiction (e.g., all violent deaths in the state or territory) for all funding years; OR
- to conduct a pilot in year one of funding that leads to the collection of all violent deaths in their jurisdiction in years two through five of funding; OR
- to collect data on violent deaths occurring in a subset of counties in which more than 80% of all violent deaths occur in their jurisdiction OR at least 1,800 violent deaths occur (see FOA for more details).

All three choices are considered equally responsive to the FOA. Funding to awardees is determined by the number of violent deaths collected.

### Eligibility

Eligible applicants include:

- U.S. state governments (including the District of Columbia) or their bona fide agents; and



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- U.S. territorial governments or their bona fide agents.

Only one application will be accepted from each state or territory.

#### More Information

- Announcement about FOA with directions for finding announcement on Grants.gov
- Appendix 1 for FOA CDC-RFA-CE14-1402: Data elements in NVDRS [PDF 255KB]
- Appendix 2 for FOA CDC-RFA-CE14-1402: Six Counties with largest number of violent and undetermined deaths in 2010 by U.S. State [PDF 357KB]

#### WEBSITE:

<http://www.cdc.gov/violenceprevention/fundedprograms/foa/ce14-1402.html>

#### ➤ Early Care and Education Research Scholars: Child Care Research Scholars

Administration for Children and Families - OPRE — Department of Health and Human Services

**DEADLINE:** Letters of intent are due **May 15, 2014** and applications are due **June 16, 2014**. If you have questions regarding these grant announcements, please email [HSGraduateResearchReviews@icfi.com](mailto:HSGraduateResearchReviews@icfi.com), [ChildcareScholars@icfi.com](mailto:ChildcareScholars@icfi.com), or call 1-877-350-5913.

**AMOUNT:** Applicants may apply for project periods up to 24 months with two 12-month budget periods. Up to \$25,000 may be awarded for each budget period.

**DESCRIPTION:** The purpose of these grants is to support dissertation research addressing issues of significance related to Head Start, Early Head Start, and CCDF, that will inform policy decisions and solutions, particularly for underserved/understudied populations, utilizing the most rigorous research methodology, and promoting mentor-student relationships that support students' independent lines of research.

Funds for Head Start and Child Care Graduate Student Research Grants are available to accredited public, State-controlled, and private institutions of higher education acting on behalf of a doctoral-level graduate student. All eligible applicants must have a faculty mentor, who has a Ph.D. or equivalent in the respective field, and conducts research as a primary professional responsibility in their university/institution. Eligible U.S. institutions may apply on behalf of their own university faculty who will serve as Principal Investigator for an international non-U.S. citizen who is an advanced graduate student enrolled in their program.

**What types of research are supported?** Proposed projects must address applied research questions that will inform and improve Head Start, Early Head Start, and/or child care policies and practice on topics of current interest. For suggestions of topics



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that may be of interest to ACF, please see each full announcement. For information about previous Head Start and Child Care Graduate Student Research Grants, see

For information about previous Head Start and Child Care Graduate Student Research Grants, see <http://www.acf.hhs.gov/programs/opre/research/project/head-start-graduate-student-research-program-0> or - <http://www.acf.hhs.gov/programs/opre/research/project/child-care-research-scholars-0>, respectively.

#### **WEBSITE:**

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=253869>

#### ➤ **Early Care and Education Research Scholars: Head Start Graduate Student Research Grants**

Administration for Children and Families - OPRE — Department of Health and Human Services

**DEADLINE:** Jun 16, 2014 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

**AMOUNT:** \$25,000

**DESCRIPTION:** The Office of Planning, Research and Evaluation (OPRE) of the Administration for Children and Families (ACF) plans to provide funds for Head Start Graduate Student Research Grants to support dissertation research by advanced graduate students who are working in partnership with Head Start programs and with faculty mentors. Competitive applicants will 1) demonstrate a collaborative partnership with their program partners, and 2) pursue research questions that directly inform local, State, or Federal policy relevant to multiple early care and education practice. Applicants should consider pursuing data collection across contexts, including child care, pre-k, home-visiting programs, Head Start, Early Head Start, and/or others. Applicants are expected to demonstrate an established partnership with their early care and education program partners that should be apparent throughout the research plan, from development and refinement of the research questions through the proposed data collection, interpretation, and dissemination. For more information about OPRE, please go to <http://www.acf.hhs.gov/programs/opre/index.html>. For further information about previous Head Start Graduate Student Research Grantees, please refer to [http://www.acf.hhs.gov/programs/opre/hs/grad\\_student/index.html](http://www.acf.hhs.gov/programs/opre/hs/grad_student/index.html). The \*EXPIRED\* Funding Opportunity Announcement for the prior Fiscal Year can be reviewed at <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2013-ACF-OPRE-YR-0573>. Awards are dependent on the availability of funds and the best interest of the federal government.

#### **WEBSITE:**

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=253868>



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### The Taco Bell Foundation for Teens

To uphold the Taco Bell Foundation for Teens (“TBFT”) mission, Taco Bell grantees must use provided monies towards the experiences or programs approved by TBFT. Experiences or programs must fulfill the following requirements, including:

Inspire teens to stay in school, graduate and go onto achieve their full potential.

Enable teens to discover and eventually pursue their career and/or educational interests. Examples include, but are not limited to: college/vocational tours, job shadow experiences, mentorship programs, GED support, career exploration.

Allow teens to participate in a program or experience that meets the following criteria:

- Real-world, hands-on learning
- Interactive with real students, professors, mentors and/or career professionals
- Inspiring and fun!
- All approved organizations will have to meet the following criteria:
- Ability to fulfill the above requirements
- 501 (c)(3) IRS approved organization.
- Broad base of funding support and long-term organizational strategic plan
- Dedicated staff that’s capable of executing funded experience or program
- Able to spend the entire 2014 granted funds on the approved program by end of grant term.
- Organizations that fall within the below criteria are not eligible for funding:
- Debt reduction, capital campaigns, endowments, annual fund appeals
- Individuals (educational and Taco Bell Foundation for Teens scholarship recipients excluded)
- Projects/programs limited to a specific race, creed, national origin, handicap or ethnicity.
- Fundraising sponsorships
- Program costs that have already concluded
- Events, venues, clubs and associations linked to a specific political party or religion
- Programs or events sponsored by competitors in a quick service restaurant category

### WEBSITE:

<http://www.tacobellfoundationforteens.org/our-programs/our-grants/>



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### ➤ THE RITA & ALEX HILLMAN FOUNDATION

#### HILLMAN INNOVATIONS IN CARE PROGRAM

#### ABOUT THE RITA & ALEX HILLMAN FOUNDATION

The Rita & Alex Hillman Foundation mission is to improve the lives of patients and their families through nursing-driven innovation. To this end, the Foundation cultivates nurse leaders, supports nursing research, and disseminates new models of care that are critical to making the U.S. health-care system more patient-centered, accessible, equitable, and affordable. The Foundation's goal is to leverage nursing's unique knowledge to help ensure that the healthcare system can deliver the high-quality care patients need and deserve.

#### PURPOSE

The goal of the Hillman Innovations in Care Program is to advance leading-edge, nursing-driven models of care that will improve the health and health care of vulnerable populations, including the economically disadvantaged, racial and ethnic minorities, LGBTQ, the homeless, rural populations, and other groups that encounter barriers to accessing health-care services.

We seek bold, creative, patient- and family-centered approaches that challenge conventional strategies, improve health outcomes, lower costs, and enhance patient and family caregiver experience.

#### AREAS OF INTEREST AND TYPES OF GRANTS

The Hillman Foundation specifically seeks proposals that address the health-care needs of vulnerable populations in the following areas:

- Maternal and Child Health
- Care of the Older Adult
- Chronic Illness Management

The Hillman Innovations in Care grants will consider support for two types of proposal:

1. The adaptation of proven, well-established nursing-driven models to new or expanded settings or patient populations.

Example: A highly successful nurse home-visitation program targeting first-time mothers and their children is adapted to serve the needs of family caregivers and their elderly loved ones.

2. The expansion of emerging nursing-driven models with early evidence suggesting a strong likelihood for achieving Triple Aim-like outcomes on a broad scale.



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Example: A Type 2 diabetes prevention program targeting Hispanic residents of an urban housing project shows promising outcomes after 5 years of operation. The nurse-managed health center that administers the program seeks to expand its outreach by collaborating with local social service organizations and other community health centers.

All proposals must address the potential for:

- Improving health, lowering costs, and enhancing patient and caregiver experience
- Scalability
- Sustainability

Priority consideration will be given to proposals that include one or more of the following:

- Engagement of patients, families, caregivers, and community organizations
- Health and wellness promotion and disease prevention
- Inter-professional or multidisciplinary collaboration
- Institutional and community partnerships
- Provision of care in non-hospital settings

We will not consider:

- White papers, literature reviews, or support for publishing
- Basic science or research
- Development of stand-alone technology including medical devices and mobile apps not integral to the overall design of the program
- Capital projects or improvements

#### SIZE AND LENGTH OF GRANTS

The program will award at least two grants of up to \$600,000 each, distributed over a 36-month period. Projects are expected to begin January 1, 2015, and end December 31, 2017.

#### WHO SHOULD APPLY

We welcome applications from institutions and care settings from across the spectrum of care, and from practitioners representing a diverse range of backgrounds.

We believe that transformative ideas are as likely to come from community health clinics as they are from major academic research centers.



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#### **AWARD EVALUATION CRITERIA**

**Health Impact:** Will the project have a significant impact on the health of vulnerable populations? Does the proposal clearly explain the pathway to impact, including how it will improve health and the provision of care?

**Boldness and Creativity:** Does the proposal present creative solutions that address significant health and health-care problems in a new way? Does the proposed intervention have the potential to leapfrog conventional approaches?

**Technical Merit/Execution Plan:** Are the proposed concept and approach based on sound analysis and technical rigor? Are feasible activities set out for the 36-month timeline of the grant? Does the approach represent an efficient use of resources? Does the budget reflect appropriate use of resources?

**Leadership:** Are the project leader and key team members qualified to carry out the proposed activity? Do the leaders and key team members demonstrate the commitment, needed skills, and leadership to bring solutions to scale?

**Institutional Support:** How does the host organization bring support and commitment to the proposed project? How does it align with institutional priorities?

**Scalability:** Can the innovation and delivery mechanisms be readily implemented in systems and/or communities to improve health or health care? What are the barriers to scaling up? Does the environment in which the work will be performed contribute to the probability of success? Does the approach take advantage of unique opportunities, including partnerships with private/social enterprises and/or the public sector?

**Sustainability:** Does the proposal outline a course for developing a path to sustainability in the three-year timeframe?

#### **ELIGIBILITY CRITERIA Who is eligible?**

- U.S. 501(c)(3) nonprofit organizations that are not classified as private foundations. (The Foundation will consider only organizations that can provide proof of qualifying non-profit status, including a tax-exempt determination letter from the Internal Revenue Service)
- International organizations that are the equivalent of U.S. 501(c)(3) organizations that are submitting a project that focuses within the United States
- Government entities
- Faith-based organizations that welcome and serve all members of the community regardless of religious belief



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#### **Who is not eligible?**

- Individuals
- Organizations that discriminate on the basis of race, color, religion, gender, national origin, citizenship status, age, disability, sexual orientation, or veteran status

#### **APPLICATION INSTRUCTIONS**

The application process consists of three parts: (1) a brief proposal, (2) a full proposal, and

(3) a site visit.

The brief proposals will consist of:

- A brief (two-page/ single spaced/12-pt font) letter of intent
- A brief (1-page max) description of your organization or institution
- Bios of the project team
- Up to five (5) items that provide additional evidence/information to support the application, which may include a brief video (no more than two minutes), published articles, brochures, or letters of support

All proposals must be submitted electronically to [innovationsincare@rahf.org](mailto:innovationsincare@rahf.org)

Once your brief proposal has been received, you will receive a confirmation e-mail. Program staff will contact you via phone or e-mail should we require more information about your application. If your project is selected to move forward in the review process, we will request a full proposal. You will receive an e-mail with instructions for completing a full proposal for our review. Organizations that are selected for a site visit will be contacted by phone or e-mail; visits will be scheduled by mutual convenience.

A copy of this RFP can be downloaded on the Rita and Alex Hillman Foundation website at: <http://www.rahf.org/grant-programs/hillman-innovations-in-care-program/>

#### **ACTIVITIES AND DELIVERABLES**

The project leaders funded under this effort will be expected to engage in the activities and provide the specific deliverables listed below, which will help to demonstrate project progress and success:

- Progress reporting, including conversations via teleconference, site visits, and written reports
- Dissemination of knowledge through publications in peer-reviewed literature, etc.
- Provision of a final report that captures a clear assessment of the impact of the project. This report will also identify social, cultural and other barriers to expanded



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implementation, and an initial plan for scaling the intervention that addresses these barriers

In addition to engaging in investigative activities related to their proposed project, grantees will be expected to:

- Actively participate in meetings or workshops that bring together grantees to share learning and best practices
- Participate in public engagement activities

#### REVIEW PROCESS

The HIC Advisory Committee will review the proposals along with Hillman staff and consultants. The Committee will advise on the merit of proposals, based on the evaluation criteria.

The Board of Directors of the Rita and Alex Hillman Foundation will make the final decisions, at the Board's sole discretion.

#### APPLICATION SCHEDULE

Brief proposals due

Applicants invited for full proposal

Full proposals due Awards announced Funds distributed

Projects begin

- May 1, 2014
- May 25, 2014
- July 10, 2014
- October 31, 2014
- December 2014
- January 1, 2015

#### ALLOWABLE COSTS

Grant funds may be used for the following cost categories:

1. Personnel
2. Travel
3. Consultants
4. Direct Supplies



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5. Equipment: Please note, partial or full support for equipment may be requested.

Funding for infrastructure will be limited.

6. Other Research Costs

7. Sub-grants/ Subcontracts

8. Indirect costs: Please note, the Hillman Foundation will provide a limited amount of indirect costs, based on the nature of the applicant organization, to a maximum of 15% of direct costs of the grantee's administered grant value (Items 1-7 outlined above). This amount will be included in the \$600,000 of direct costs (i.e., total value of the grant will be \$600,000).

Proposals with thoughtful and efficient use of resources will be preferred over proposals representing comparable efforts that do not have the same value for the investment. In some circumstances (e.g., rapidly changing technologies), subcontracting specific project activities to an outside institution with the infrastructure and expertise to deliver results may be considered advantageous over establishing in-house capacity.

#### **PRIVACY NOTICE**

To help us in the evaluation and analysis of projects, all proposals, documents, communications, and associated materials submitted to the Rita and Alex Hillman Foundation (collectively, "Submission Materials") will become the property of the Foundation and will be shared with other members of the Advisory Committee, Board of Directors, and other funding partners or potential funding partners. We will report publicly on the number of applications received.

The proposals may be subject to confidential external review by independent subject-matter experts and potential co-funders, in addition to analysis by our staff and consultants. Please carefully consider the information included in the Submission Materials. If you have any doubts about the wisdom of disclosure of confidential or proprietary information, we recommend you consult with legal counsel and take any steps you deem necessary to protect your intellectual property. You may wish to consider whether such information is critical for evaluating the submission, and whether more general, non-confidential information may be adequate as an alternative for these purposes.

We respect confidential information we receive. Nonetheless, notwithstanding your characterization of any information as being confidential, we may publicly disclose all information contained in Submission Materials to the extent as may be required by law and as is necessary for potential co-funders and external reviewers to evaluate them and the manner and scope of potential funding, consistent with appropriate regulations and their internal guidelines and policies. WEBSITE:

<http://www.rahf.org/grant-programs/hillman-innovations-in-care-program/>



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**VIA (Email) for Posting PLEASE READ - THANK YOU:**

Dear Tribal Leader,

In response to several issues I heard at the HHS Tribal Consultation, I have several opportunities to offer. First, if you have submitted a grant to HRSA in the last two years that was not successful and would like technical assistance from my office, please let Aphrodyi Antoine [aantoine@hrsa.gov](mailto:aantoine@hrsa.gov) or me know. We would be glad to work with you.

Second, several leaders expressed the need for additional behavioral/mental health services and substance abuse treatment services. HRSA is assisting primary care providers to integrate behavioral health services into the primary care setting. Our HRSA Regional Office will be providing adobe connect webinars/conference calls on this type of integration. You will hear from Gary Gant [GGant@hrsa.gov](mailto:GGant@hrsa.gov) in my office in late May about these sessions, set to begin in June.

The third opportunity is an announcement today from SAMHSA for a grant opportunity. The grant announcement is below:

HHS -Department of Health and Human Services  
Substance Abuse & Mental Health Services Administration

Strategic Prevention Framework Partnerships for Success State and Tribal Initiative  
(SPF-PFS) Modification 1

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=252522>

HRSA is available as a resource to you. Please don't hesitate to let us know how we can be of service to you.

Respectfully,

Laurie Wylie, MA, RN - Regional Administrator

Office of Regional Operations, Region X - Health Resources and Services Administration

Department of Health and Human Services - 2201 Sixth Avenue, Suite 843, MS-23

Seattle, WA 98121 PHONE: 206-615-2491

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### **APRIL DEADLINES:**

#### **▶ THE KAISER PERMANENTE COMMUNITY FUND:**

##### **FOCUSING ON WHERE HEALTH BEGINS.**

The Kaiser Permanente Community Fund at Northwest Health Foundation is a ten-year, sunset fund with a mission to improve the health of communities throughout the Kaiser Permanente Northwest service region, with a specific focus on addressing the “upstream” factors that create or inhibit community health, also known as the social determinants of health.

##### ***FOCUSING THE FUND***

KPCF was created as a ten-year, sunset fund when Kaiser Permanente Northwest established it in 2004 with \$28 million. To date, it has awarded \$22.5 million in grants to more than 170 organizations in Oregon and SW Washington.

Since the first grant cycle in 2005, the Fund has seen a consistent increase in the number and quality of funding requests, as well as a deeper community appreciation of social determinants of health. Over the years, we have witnessed a broadened understanding of how non-medical factors influence health, and a reframing of how health is perceived and achieved in our region.

In 2013, KPCF Advisors focused the remaining years in the fund on targeted investment in three social determinants of health: early life & childhood development, educational attainment and economic opportunity.

##### ***EARLY LIFE & CHILDHOOD DEVELOPMENT***

Research has long established the critical role that the first few years of a child’s life play in their lifelong health, as well as their educational, economic and social success. Several KPCF grantees have focused their efforts on expanding access to quality early childhood development programs in order to set children on a positive life course.

KPCF will strengthen the foundations of health by equipping communities to reduce disparities in prenatal and early life to ensure that communities thrive.

##### ***EDUCATIONAL ATTAINMENT***

Few factors influence health more than educational attainment. For example, Americans with a college degree can expect to live nearly six years longer - with better overall health - than those who do not graduate from high school. Educational attainment rates vary greatly by race, ethnicity and socio-economic status in our region, and a number of our grantees are working to close these gaps and create better outcomes for all students.

KPCF will support 100% college and career readiness by investing in community driven strategies that address inequalities through partnerships which ensure the belief that every child can succeed.



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#### ***ECONOMIC OPPORTUNITY***

A healthy region requires a healthy economy. Access to stable, family-wage jobs has been shown to positively affect health, while a dearth of such opportunities compromises health. Our prolonged economic slump has revealed the limits of traditional top-down economic development strategies, which often leave behind those who could most benefit from more intentional efforts. Several KPCF grantees have created opportunities for economic advancement using more targeted, community-driven approaches, with encouraging results.

KPCF will transform inequality into quality of life for working families and communities disproportionately impacted by poverty by utilizing the strengths of our diversity and aligning with systemic change efforts.

#### ***CROSS-CUTTING VALUES - Five cross-cutting values guide the work of KPCF in each focus area:***

- Promoting social and racial equity;
- Prioritizing community-driven strategies;
- Promoting social cohesion;
- Addressing the systemic causes of health outcomes and disparities; and
- Strategically and appropriately applying the evidence base.

#### ***INFORMATION SESSIONS***

During the last two weeks of April, we are hosting four information sessions about the 2014 KPCF cycle. This is an opportunity for organizations and community members to learn more about the Fund's strategies and priorities.

#### ***RESEARCH RESOURCES***

We've collected research related to the KPCF focus areas as well as strategies to improve the social determinants of health and health equity. View KPCF resources [here](#).

Two Funding Opportunities: Kaiser Permanente Community Fund & Learning Together

#### ***KEY DATES & EVENTS***

- Grant Cycle Opens
- APRIL 10  
Info Session - Vancouver
- APRIL 21  
Info Session - Salem
- APRIL 23  
Info Session - Hillsboro
- APRIL 25  
Info Session - Clackamas



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- APRIL 28  
Deadline: Intent to Apply Due
- MAY 14  
Deadline: Letter of Inquiry Due
- MAY 23  
Final Proposals Invited
- JULY 14  
Final Applicants Gathering
- JULY 30  
Deadline: Proposals Due
- AUGUST 15

Please check the website for more information:  
<http://www.northwesthealth.org/kpcf?zip=97201>

#### **[Cooperative Agreement]**

#### **► Rescue & Restore Victims of Human Trafficking Regional Program**

**Deadline:** 04/21/2014

**Amount:** \$110,000 per Budget Period

**Description:**

In Fiscal Year (FY) 2013 ACF implemented a new application upload requirement. Each applicant applying electronically via [www.grants.gov](http://www.grants.gov) is required to upload only two electronic files, excluding Standard Forms and OMB-approved forms. No more than two files will be accepted for the review and additional files will be removed. Standard Forms and OMB-approved forms will not be considered additional files. Please see Section IV.2. Content and Form of Application Submission for detailed information on this requirement.

Applicants are strongly encouraged to read the entire funding opportunity announcement (FOA) carefully and observe the application formatting requirements listed in Section IV.2. Content and Form of Application Submission. For more information on applying for grants, please visit "How to Apply for a Grant" on the ACF Grants Page at <http://www.acf.hhs.gov/grants/how-to-apply-for-grants>.

The central purpose of these cooperative agreements is to increase the identification and protection of human trafficking victims in the United States and to promote local capacity to prevent human trafficking and protect human trafficking victims. The Office of Refugee Resettlement (ORR) within the Administration for Children and Families (ACF) seeks to accomplish this purpose by awarding cooperative agreements to organizations that will serve as regional focal points for an intensification of local outreach to and identification of foreign victims of severe forms of trafficking in persons, as defined by the Trafficking Victims Protection Act of 2000, and their referral for protection and assistance in a targeted geographic area. Trafficking victim identification activities include direct outreach to victims; anti-trafficking training and outreach to local professionals and organizations or entities that may encounter



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victims of trafficking; active participation in a strong, multidisciplinary anti-trafficking coalition or task force; and strategic public awareness activities.

**Website:**

<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2014-ACF-ORR-ZV-0773>

**[Cooperative agreement]**

**➤ Health Impact Assessment for Improved Community Design - CDC-RFA-EH14-1407**

**Centers for Disease Control and Prevention — Department of Health and Human Services**

**Deadline:** April 28, 2014

**Award Amount:** Total funding - \$2,610,000, One year - \$145,000 x 3 years

**Description:** The Healthy Community Design Initiative (HCDI) within CDC's National Center for Environmental Health is dedicated to understanding and improving the relationship between community design and public health. HCDI focuses its efforts on two major components of the built environment: transportation systems and land-use. The design of these sectors affect, through environmental and behavioral intermediaries, injuries, physical activity, and health outcomes related to pollution exposure. The decisions that are made regarding community design impact health, but often health considerations are not incorporated into community design policies and programs. HCDI seeks to promote an evidence-based approach toward community design decision-making through three major activities: first, improving surveillance related to community design so communities have reliable local data they can use; second, encouraging Health Impact Assessments (HIAs) of policies, programs, and projects that will affect community design; and finally, supporting education and communication. This FOA fits into HCDI's activities by building capacity for HIA.

Health Impact Assessment (HIA) is commonly defined as "a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the

population. HIA provides recommendations on monitoring and managing those effects" (National Research Council, 2011). HIA can help decision-makers avoid adverse health consequences and costs and improve health. HIA may also help reduce environmental injustices by characterizing opportunities to improve the relationship between affected vulnerable groups and the policy or project.



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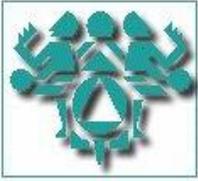
#### **CDC Project Description:**

CDC's Healthy Community Design Initiative is part of the National Center for Environmental Health's Division of Emergency and Environmental Health Services. The Initiative works to improve public health by:

- Linking public health surveillance with community design decisions;
- Improving community design decisions through tools such as Health Impact Assessment;
- Educating decision makers on the health impact of community design;
- Building partnerships with community design decision makers and their influencers;

Healthy community design, including the use of Health Impact Assessments, can improve people's health by:

- Short-Term Outcomes –
  - Changing policies/projects for which HIA was conducted
  - Enhancing Partnerships
  - Increasing knowledge / awareness among stakeholders & decision-makers about the linkages between community design and health
  - Enhancing capacity of HIA practitioners
- Intermediate Outcomes –
  - Increasing cross-sector collaboration
  - Increasing use of HIAs / health as a criteria in decision-making
  - Increasing resources for built environment work
- Long-Term Outcomes –
  - Improving the built environment (e.g., transportation systems, land use, parks and public space)
  - Environmental and behavioral impacts (e.g., reduced pedestrian/bike injuries, increased active transportation, air and water quality, transportation choices, access to healthy food, increased physical activity)
  - Reduced morbidity and mortality
  - Reduced disparities



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### Website:

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=251648>

### ► Community Leadership Development Institute

#### American Dental Association

**DEADLINE:** Tuesday, April 29, 2014.

**AMOUNT:** For this grant, up to ten travel grants will be given. The GKAS National Advisory Committee reserves the right to increase or decrease the number of awards given. (See website for more information.)

**DESCRIPTION:** Over the past eleven years, the American Dental Association's Give Kids A Smile (GKAS) Program has established itself in providing education and oral health care to nearly half a million underserved children annually. As GKAS enters its 12th year, the program's focus has evolved to become a more comprehensive program, particularly through the provision of continuity of care and the establishment of dental homes for children.

From 2007-2010, the GKAS Promising Practices Symposium offered an opportunity for like-minded individuals to come together, learn from one another and share valuable resources regarding how to move existing dental care systems to the next level for America's underserved children. In an effort to continue this experience and enhance

the concept, in 2011 & 2012 the Symposium shifted to become the GKAS Community Leadership Development Institute (GKAS Institute). Selected participants have an opportunity to learn, in-person, how to initiate, expand and/or enhance a GKAS program.

Thanks to our generous sponsors, HuFriedy, Henry Schein Cares, and the ADA Foundation, the 2014 Community Leadership Development Institute will take place where GKAS first began – St. Louis. An estimated 650 underserved children will receive comprehensive care during the St. Louis GKAS Program which is scheduled to take place October 22-25, 2014.

**Goal:** The goal of the grant application is to execute a process whereby eligible applicants interested in expanding, enhancing, or beginning their GKAS programs can apply for funds to subsidize travel expenses associated with attending the GKAS Institute.

**Eligibility Organizations:** State (constituent) and local (components) dental societies of the ADA and/or community based organizations providing oral health care for underserved children during GKAS will be considered. Applicants must reside within the U.S. 50 states.



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**Applicant Criteria:** Candidates demonstrating their commitment and ability to begin a new GKAS program or enhance an existing one will be considered.

Candidate should have experience with managing/chairing an access to care event.

These candidates should hold a position in their organization that will allow them to effectively implement lessons learned during the GKAS Institute.

Applicants do not necessarily have to be a licensed dentist or hygienist.

Applicant will be asked to serve as a GKAS Ambassador during the GKAS Institute. The GKAS Ambassador will work the duration of the October 22-25, 2014 event in a variety of capacities depending on his/her particular interest and program goals. Examples of duties of an ambassador span from being a clinic escort, working at the check-in/check-out process, sterilization area, photography, triage area, education area, entertainment area, and more. The St. Louis GKAS Clinic will allow for the needs of the participants while allowing them to experience first-hand the workings of the clinic. Due to Missouri licensing rules, not all participants present will necessarily be working as clinical practitioners.

**WEBSITE:**

<http://www.ada.org/8356.aspx>

**► Mary Kay Foundation - Domestic Violence Shelter Grant Program**

**Deadline:** Mail a cover letter, the signed application, and all required attachments by Wednesday, April 30, 2014 (postmark date).

**Amount:** \$20,000 grants to more than 150 women's domestic violence shelters across the nation for a total of \$3 million

**Description:** Only applicants operating an emergency shelter (i.e., immediate overnight housing) for survivors of domestic violence are eligible to apply. Applicants must be recognized as tax-exempt under Section 501(c) (3) of the Internal Revenue Code

**Website:**

<http://www.marykayfoundation.org/Pages/ShelterGrantProgram.aspx>



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### ► Safe Infant Sleep Systems Integration Program - HRSA-14-095

**Health Resources & Services Administration — Department of Health and Human Services**

**Deadline:** April 30, 2014

**Award Amount:** \$500,000

**Description:** This announcement solicits applications for the Safe Infant Sleep Systems Integration (SISSI) Program. SISSI aims to increase the adoption of safe infant sleep behavior among infant caregivers by activating champions of these protective behaviors within systems that intersect with families at risk. An infant caregiver is defined as the individual who puts a baby down for sleep and could be a parent, grandparent, other family members, child care provider or other guardian. Examples of systems that serve infant caregivers include, but are not limited to, home visiting programs, food and nutrition programs, community-based organizations such as Healthy Start, housing assistance authorities, child care, hospitals, community health clinics, as well as health care provider networks such as pediatricians, family physicians and obstetricians. The death of a baby before his or her first birthday is called infant mortality. Sleep-related deaths are the leading cause of death for infants between one month and one year of age, often referred to as sudden unexpected infant death (SUID). These SUID deaths can be attributed to Sudden Infant Death Syndrome (SIDS), accidental suffocation, or unknown cause of death. While all populations are impacted, African-American and American Indian/Alaskan Native families have a significantly higher risk to suffer the loss of an infant due to sleep-related circumstances.[1] The American Academy of Pediatrics (AAP) has summarized the state of scientific evidence surrounding these behaviors and identified the following description of a safe sleep environment: placing the infant to sleep on the back, in the infant's own crib without blankets or soft items or bed-sharing, and breastfeeding.[2] In this funding opportunity announcement, this cohort of behaviors is referred to as safe infant sleep behavior. Infant caregivers face barriers to implementing safe infant sleep behavior, which can conflict with cultural and familial norms about sleep habits, or even compete with caregiver needs related to sleep deprivation. Providers who serve at-risk families in the delivery of health care, public health and social services have an opportunity to educate and empower infant caregivers to adopt safe infant sleep behavior. However, promoting the latest evidence-based recommendations is more complex than the original Back to Sleep campaign message, which focused solely on infant sleep position.

To be successful, providers must be supported by organizational policies, practices and resources to enhance their efforts to translate the modern safe infant sleep message to action among infant caregivers. Some resources do exist to support these provider networks. The expanded Safe to Sleep campaign led by the National Institutes for Child Health and Human Development (NICHD) was launched in October, 2012, and provides communication materials that define and depict safe sleep behavior based on the 2011 AAP Policy Statement. In addition, organizations at the state and local level have developed interventions to translate the safe infant sleep recommendations to action among families at risk.



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However, no national, coordinated strategy to achieve measurable impact in reducing sleep-related infant death currently exists. Implementing individual behavior change on a national scale requires a multi-faceted approach that ensures common messaging through engagement of multiple stakeholders, and support of organizations within service delivery systems that intersect with infant caregivers. Over the next three years, the cooperative agreement recipient will provide leadership by establishing, facilitating, and coordinating a national safe infant sleep coalition with the purpose of integrating safe sleep promotion throughout systems that serve families, with a particular emphasis on reaching communities at higher risk for SUID.

Activities of the project should be organized into two categories: Strategic Planning Identifying and convening multi-disciplinary stakeholders to form a national coalition, ensuring representation from the following four domains: safe sleep promotion experts, including researchers and public health professionals with experience designing and implementing safe sleep educational interventions, breastfeeding advocates, leadership of key systems serving families, as described in Section I.1: Examples of systems that serve infant caregivers include, but are not limited to, home visiting programs, food and nutrition programs, community based organizations such as Healthy Start, housing assistance authorities, child care, children's hospitals, community health clinics, as well as health care provider networks primary care providers such as pediatricians, family physicians and obstetricians., and advocacy groups representing communities at increased risk for SUID, such as African-American and American Indian/Alaskan Native families.

Each of these four domains brings a crucial perspective that can provide insight to existing barriers to achieving a unified movement in safe sleep promotion. For example, breastfeeding promotion professionals might clarify in which ways the recommendation to avoid bed-sharing may be perceived as disruptive to increasing breastfeeding rates among mothers. Leadership from key systems that serve families can provide insight to realistic boundaries for policy and practice levers that can be activated to further enhance the safe sleep message. And representatives from the communities at increased risk for SUID can heighten the success of the program by providing feedback about the reality of barriers that infant caregivers face when considering safe sleep as a practice. Facilitating the coalition's development of a strategic plan to unify and augment the safe sleep message across systems that reach infant caregivers based on evidence based recommendations. Identifying key resources available and gaps preventing the successful implementation of safe sleep promotion priorities identified in the strategic plan.

Advancement of Systems Changes Leveraging partnerships to advance the recommended organizational policies and practices outlined in the strategic plan, including the tracking of systems changes at the national, state and local levels. Coordinating the development of resources such as training modules, model policy templates or health promotion materials, to facilitate the attainment of goals related to safe infant sleep promotion at the national and local levels The strategic plan produced through this program will serve as a foundational framework to inform national, state and local infant mortality reduction efforts, as well as guide policy and practice changes among systems that serve families.



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Recommendations within the strategic plan should address a variety of domains, including the following four MCHB-funded initiatives that intersect with safe infant sleep promotion: MCHB's Collaborative Innovation and Improvement Networks (CoIINs) to Reduce Infant Mortality: the first 18 states to participate in CoIIN identified SUID/SIDS as a priority area of focus for the project, and additional states have the opportunity to do the same as the initiative is launched across the country. the Maternal and Child Health Block Grant Program: this program has a longstanding charter to address infant mortality, including SUID/SIDS, most specifically cited within Outcome Measure #5- the post-neonatal mortality rate per 1,000 live births.

Healthy Start programs: one benchmark for these community-based programs aims to increase the proportion of Healthy Start participants who engage in safe sleep behaviors to 80%. Maternal, Infant and Early Childhood Home Visiting programs: several of the approved home visiting models, such as the Nurse Family Partnership, include safe sleep promotion as a standard of practice within home visits. During the project, the awardee will be expected to work collaboratively with organizations providing technical assistance to these programs, currently organizations such as the Children's Safety Network National Resource Center and the National Center for the

Review and Prevention of Child Death. This funding opportunity directly contributes to the achievement of two Healthy People 2020 Objectives: MICH-1.9 Reduce the rate of infant deaths from sudden unexpected infant deaths, and MICH-20 Increase the proportion of infants who are put to sleep on their backs. It also is responsive to the January 2013 recommendations of the Health and Human Services Secretary's Advisory Committee on Infant Mortality (SACIM); this Committee recommended to Secretary Sebelius the redeployment and modernization of key evidence-based, highly effective preventive interventions, specifying safe sleep as a priority [3]. The program also advances HRSA's strategic goals to build healthy communities and to improve health equity by addressing a public health problem that contributes to health disparities in infant mortality. Success for this program can be estimated through changes in the prevalence of safe infant sleep behavior, estimated through the Pregnancy Risk Assessment Monitoring System (PRAMS), as well as through metrics describing the efficacy of the coalition in achieving the adoption of policy and programmatic goals set forth in the strategic plan.

Of particular emphasis are measurable systems changes which empower families to embrace the safe sleep message, attain the skills and self-efficacy to implement the behavior, and further drive social norms toward practices that keep babies safe and healthy. These measures should include national, state, or local documentation of procedures or policies for delivery systems to support safe sleep. Examples of appropriate process measures are: the proportion of target service delivery systems with performance measures incentivizing the integration of safe sleep promotion into standardized practice, the proportion of MCH block grant programs that report successful integration of safe sleep promotion into their state's WIC program, the number of hospitals that adopt safe sleep policies, the proportion of community health centers that have provided safe sleep training to their staff, the proportion of child death review prevention recommendations that align with the latest science on SUID



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risk factors, the number of new stakeholder organizations which publicly endorse safe sleep practices, etc.

[1] <http://cdc.gov/sids>

[2] <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>

[3]

<http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/About/natlstrategyrecommendations.pdf>

#### Website:

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=251648>

### ➤ NLN Foundation for Nursing Education

#### Scholarship Awards

**Deadline:** Proposals must be submitted electronically as ONE PDF DOCUMENT no later than 4:00 pm ET on Wednesday, April 30, 2014 to [foundation@nlm.org](mailto:foundation@nlm.org).

**Amount:** Awards range from \$4,000 to \$8,000. The request cannot exceed \$8,000.

**Description:** The NLN Foundation Scholarship Awards Program supports the goal of attracting more seasoned and ethnically diverse nurses to become nurse educators. These scholarships are awarded to nurses pursuing advanced degrees in preparation for a career as a full-time academic nurse educator. The funds are for masters or doctoral students enrolled in accredited programs who have completed at least half of their academic program.

Candidates must be NLN members either through individual dues or through their schools' NLN membership.

Please review the Frequently Asked Questions document to determine eligibility and budget limits. NOTE: If you have questions related to the application process, please contact Sandra Deller via at [nlmf@nlm.org](mailto:nlmf@nlm.org) or Katie Michalek at [foundation@nlm.org](mailto:foundation@nlm.org).

#### Website:

[http://www.nlnfoundation.org/scholarship\\_awards.cfm](http://www.nlnfoundation.org/scholarship_awards.cfm)



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**~NOT HEALTH RELATED GRANT FUNDING OPPORTUNITY~**

**▶ POTLATCH FUND**  
**Winter Cycle Open - Winter 2014 Grant Cycle**  
**Intertribal Canoe Journey Grant Cycle**

**Deadline:** Friday, April 24th

**Amount:** Grants will be awarded in amounts ranging from \$500 to \$1,500.

**Description:** 2014 Tribal Journeys to Bella Bella

This year marks nine years of support for the Intertribal Canoe Journey, which seeks to support Pacific Northwest Tribal canoes making their way to the Heiltsuk Nation in Bella Bella, British Columbia, Canada. Funding is available to canoe families that reside in our service area and who will participate in 2014 Tribal Journeys. The funds are for the purchase of safety equipment, general support, regalia, and supplies.

For questions please contact the Office Manager

(206) 624.6076 ext. 10 or email [grants@potlatchfund.org](mailto:grants@potlatchfund.org).

**LATE PROPOSALS WILL NOT BE ACCEPTED.**

Dial-in technical support available:

Friday, March 28th (10AM to 12PM)

Friday, April 4th (10AM to 12PM)

**\*\*Request dial-in information\*\***

**Website:**

<http://www.potlatchfund.org/grants/>



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### MAY DEADLINES

#### ➤ School for Healthy Kids Issues RFP for School Breakfast and Physical Activity Grants

**DEADLINE:** MAY 2, 2014

**AMOUNT:** The program will award grants of up to \$5,000 to a thousand schools in support of school breakfast and physical activity programs. Funded schools will also receive expertise and consulting services to help them implement a successful project that leads to sustainable change.

Award amounts will be based on school enrollment, project type, potential impact, as well as a school's ability to mobilize parents and students around school-wellness initiatives.

**DESCRIPTION:** Action for Healthy Kids works to combat childhood obesity, undernourishment, and physical inactivity by helping schools become healthier places where kids can live healthier lives. To that end, the organization partners with dedicated volunteers — teachers, students, parents, school wellness experts, and more — from within the ranks of its more than sixty-thousand-strong network to create healthful school changes.

For complete program guidelines and application instructions, visit the Action for Healthy Kids Web site. <http://www.actionforhealthykids.org/resources/school-grants>

#### ➤ Community Partnerships to Advance Research (CPAR) (R01)

#### National Institutes of Health — Department of Health and Human Services

**Deadline:** May 7, 2017

**Amount:** See announcement

**Description:** This funding opportunity announcement (FOA) encourages researchers to partner with communities using Community Engaged Research (CEnR) methodologies that will enhance relationships leading to better interventions and positive health outcomes.

**Website:**

<http://grants.nih.gov/grants/guide/pa-files/PA-14-142.html>



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➤ **Prevention and Treatment of Substance Using Populations with or at Risk for HCV (R01)**

**National Institutes of Health — Department of Health and Human Services**

**Deadline:** May 7, 2017

**Amount:** See announcement

**Description:** This Funding Opportunity Announcement (R01) outlines priority areas for high impact clinical and basic research for at-risk substance using populations, including those infected with or at risk for HIV. In particular, this FOA encourages research focused on prevention and treatment of Hepatitis C Virus (HCV) to reduce new infections and identify and treat existing infections more effectively. This FOA is informed by priority areas in the 2011 HHS Action Plan, Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis.

**Website:**

<http://grants.nih.gov/grants/guide/pa-files/PA-14-137.html>

**NOT HEALTH RELATED:**

➤ **Byrne Criminal Justice Innovation Program**

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) is seeking applications from eligible entities to plan and implement place-based, community-oriented strategies to address targeted crime issues within a neighborhood as a part of a broader neighborhood revitalization initiative. Byrne Criminal Justice Innovation (BCJI) resources will target hot spots of crime where a significant proportion of crime occurs as compared to the overall jurisdiction. BCJI furthers the Department's mission by leading efforts to enhance the capacity of local and tribal communities to effectively target and address significant crime issues through collaborative cross-sector approaches that help advance broader neighborhood development goals. Applications due: **May 6, 2014**. For more information, visit <https://www.bja.gov/Funding/14BCJIsol.pdf>



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### JUNE DEADLINES

#### ► Behavioral Health Workforce Education and Training for Paraprofessionals

#### Health Resources & Services Administration — Department of Health and Human Services

**DEADLINE:** Jun 3, 2014

**AMOUNT:** \$3,400,000

**DESCRIPTION:** Eligible applicants for paraprofessional certificate programs are accredited community and technical colleges, including tribal colleges and universities. Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. More information is available at the following WEBSITE: ([http://www2.ed.gov/admins/finaid/accred/accreditation\\_pg5.html#NationallyRecognized](http://www2.ed.gov/admins/finaid/accred/accreditation_pg5.html#NationallyRecognized) ). Applicants for paraprofessional certificate programs must provide a copy of their accreditation letter as Attachment 6. Applicants who fail to attach a copy of their accreditation letter will be considered non-responsive and will not be considered for this funding opportunity. Eligible applicants for peer paraprofessional certificate programs also include organizations recognized by their state government to offer peer paraprofessional training programs, and these programs must offer a state licensure or certification to the trainee upon completion. Applicants for peer paraprofessional certificate programs that are not an accredited community or technical college must provide documentation of recognition by their state government to provide the peer paraprofessional certificate program as Attachment 6. Eligible applicant institutions/organizations must be located in the United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

This announcement solicits applications for the FY 2014 Behavioral Health Workforce Education and Training (BHWET) for Paraprofessionals grant program. In support of the White House's Now is the Time initiative, the grant program aims to expand the mental health and substance abuse (jointly referred to as behavioral health throughout the funding opportunity announcement) workforce targeting children, adolescents, and transitional-age youth at risk for developing or who have developed a recognized behavioral health disorder. Grantees will be expected to expand the behavioral health workforce by supporting education and training for behavioral health-related paraprofessionals at community and technical colleges, and training for peer professionals in other settings as appropriate. BHWET grantees will help to close the gap in access to behavioral health care services by increasing the numbers of adequately prepared behavioral health paraprofessionals working with at-risk children, youth and their families.

**WEBITE:**

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=253409>



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**▶ Translational Research to Help Older Adults Maintain their Health and Independence in the Community (R01) - PA-14-161**

**National Institutes of Health — Department of Health and Human Services**

**Deadline:** June 5, 2014 – Eastern time of application organizations. (NIH)

**Amount:** See announcement

**Description:** This Funding Opportunity Announcement (FOA) invites applications using the R01 award mechanism for translational research that moves evidence-based research findings toward the development of new interventions, programs, policies, practices, and tools that can be used by organizations in the community to help older adults remain healthy and independent, productively engaged, and living in their own homes and communities. The goal of this FOA is to support translational research involving collaborations between academic research centers and community-based organizations with expertise serving or engaging older adults (such as city and state health departments, city/town leadership councils, educational institutions, workplaces, Area Agencies on Aging, and organizations funded or assisted by the Corporation for National and Community Service) that will enhance our understanding of practical tools, techniques, programs and policies that communities across the nation can use to more effectively respond to needs of the aging population.

**Website:**

<http://grants.nih.gov/grants/guide/pa-files/PA-14-161.html>

**▶ Substance Use and Abuse, Risky Decision Making and HIV/AIDS (R03)**

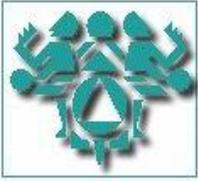
**National Institutes of Health — Department of Health and Human Services**

**Deadline:** Standard dates apply, by 5:00 PM local time of applicant organization. The first application due date for this FOA is June 16, 2014.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

**Award Amount:** \$100,000

**Description:** This Funding Opportunity Announcement (FOA) is intended to stimulate model-driven research to understand the ways that people make decisions about engaging in behaviors that impact the risk of acquiring or transmitting HIV, or to adhere to treatments for HIV. Decision making processes may contribute to both substance use/abuse and other HIV acquisition or transmission risks. A better understanding of decision making processes in the context of brain neural networks and their associated functions would lead to the development of better strategies to reduce the frequency of HIV-risk behaviors. Therefore, this FOA encourages



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applications to study 1) cognitive, motivational or emotional mechanisms and/or 2) brain neuroendocrine and reinforcement systems that related to HIV-risk behaviors or treatment non-compliance. Interdisciplinary studies that incorporate approaches from psychology, economics, anthropology, sociology, decision sciences, neuroscience and computational modeling are encouraged. This FOA for R03 applications encourages small research projects that can be carried out in a short period of time with limited resources. The R03 activity code supports different types of projects including pilot and feasibility studies; secondary analysis of existing data; small, self-contained research projects; development of research methodology; and development of new research technology. In no cases, should research involving animals be proposed.

**Website:**

<http://grants.nih.gov/grants/guide/pa-files/PA-14-063.html# Section II. Award 1>

**► Substance Use and Abuse, Risky Decision Making and HIV/AIDS (R21)**

**National Institutes of Health — Department of Health and Human Services**

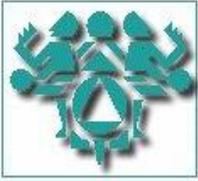
**Deadline:** Standard dates apply, by 5:00 PM local time of applicant organization. The first application due date for this FOA is June 16, 2014.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

**Award Amount:** \$200,000

**Description:** This Funding Opportunity Announcement (FOA) is intended to stimulate model-driven research to understand the ways that people make decisions about engaging in behaviors that impact the risk of acquiring or transmitting HIV, or to adhere to treatments for HIV. Decision making processes may contribute to both substance use/abuse and other HIV acquisition or transmission risks. A better understanding of decision making processes in the context of brain neural networks and their associated functions would lead to the development of better strategies to reduce the frequency of HIV-risk behaviors. Therefore, this FOA encourages applications to study 1) cognitive, motivational or emotional mechanisms and/or 2) brain neuroendocrine and reinforcement systems that related to HIV-risk behaviors or treatment non-compliance. Interdisciplinary studies that incorporate approaches from psychology, economics, anthropology, sociology, decision sciences, neuroscience and computational modeling are encouraged. This FOA for R21 applications is intended to encourage exploratory and developmental research projects by providing support for the early and conceptual stages of these projects. These studies may involve considerable risk but may lead to a breakthrough in a particular area, or to the development of novel techniques, agents, methodologies, models, or applications that could have a major impact.

**Website:** <http://grants.nih.gov/grants/guide/pa-files/PA-14-062.html>



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**▶ Substance Use and Abuse, Risky Decision Making and HIV/AIDS (R01)**

**National Institutes of Health — Department of Health and Human Services**

**Deadline:** Standard dates apply, by 5:00 PM local time of applicant organization. The first application due date for this FOA is June 5, 2014.

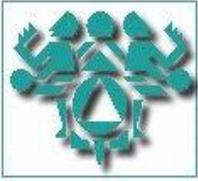
Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

**Award Amount:** n/a

**Description:** This Funding Opportunity Announcement (FOA) is intended to stimulate model-driven research to understand the ways that people make decisions about engaging in behaviors that impact the risk of acquiring or transmitting HIV, or to adhere to treatments for HIV. Decision making processes may contribute to both substance use/abuse and other HIV acquisition or transmission risks. A better understanding of decision making processes in the context of brain neural networks and their associated functions would lead to the development of better strategies to reduce the frequency of HIV-risk behaviors. Therefore, this FOA encourages applications to study 1) cognitive, motivational or emotional mechanisms and/or 2) brain neuroendocrine and reinforcement systems that related to HIV-risk behaviors or treatment non-compliance. Interdisciplinary studies that incorporate approaches from psychology, economics, anthropology, sociology, decision sciences, neuroscience and computational modeling are encouraged. This FOA for R01 applications solicits empirical, hypothesis-driven, confirmatory research and modeling approaches. Exploratory, descriptive or hypothesis-generating research are more appropriate for the complementary FOA's using the R21 or R03 mechanisms. In no cases, should research involving animals be proposed.

**Website:**

<http://grants.nih.gov/grants/guide/pa-files/PA-14-061.html>



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### **JULY DEADLINES:**

#### ➤ **Ribbons of Hope**

**DEADLINE:** The deadline for submission is July 1. Please note that Ribbons of Hope only supports programs or projects based in the USA

**AMOUNT:** Preference will be given to programs and projects that can be fully funded by the \$100,000 grant and are not reliant on other sources of funding to be successful

**DESCRIPTION: Eligibility for Grant Applicants: Before you apply for the Ribbons of Hope 2013 grant, please note the following requirements for organizations:**

Any agency or organization receiving funds from Ribbons of Hope shall have 501 (c)(3) status

Such agency or organization will have at least three years of financial records and an annual operating budget of at least \$500,000 (in-kind donations can be included)

The grant will be used for special projects or capital improvement that can be sustained by the organization after the grant allocation

The grant cannot be used for salary or other overhead or operating expenses

It is against the policy of Ribbons of Hope to contribute directly to private educational institutions, political entities or religious institutions; however, programs affiliated with such organizations can be considered

#### **Application Process**

Each applicant must download and complete the Grant Application form, available on April 1, 2014.

The form should then be completed electronically and emailed to [grants@ribbonsofhope.net](mailto:grants@ribbonsofhope.net) before the deadline of July 1, 2014. Please do not submit partially-completed forms. You will receive an email acknowledging that we have received the application.

The Ribbons of Hope Grant Committee will review all of the submitted applications.

Grant committee narrows proposals to 4 finalists by the end of October

Full membership votes in November. Following the vote, this year's grant recipient will be announced

#### **WEBSITE:**

<http://www.ribbonsofhope.net/grants/>



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### OCTOBER DEADLINES

➤ **AGD Foundation Grant Program**  
**ACADEMY OF GENERAL DENTISTRY (AGD)**

**DEADLINE:** Oct. 31, 2014

**AMOUNT:** \$25,000.00

**DESCRIPTION:** The AGD Foundation Grant Program offers financial assistance to programs in support of access to care for underserved populations. By encouraging efforts through financial grants, the AGD Foundation is able to effectively support AGD constituents and nonprofit organizations to enhance their ability to positively impact underserved populations across the nation.

The AGD Foundation Grant Program is supported by fundraisers and generous donations from AGD members and corporate supporters who help the AGD Foundation respond to those in need of quality oral health care.

There still remains a tremendous need for access to quality oral care. AGD constituents and nonprofit organizations are encouraged to apply for a grant to enhance their ability to impact the oral health of their communities. The annual grant application deadline is Oct. 31. Download the grant application [applicationico\\_msword](#). Contact [foundation@agd.org](mailto:foundation@agd.org) with questions.

**WEBSITE:**

<http://www.agd.org/agd-foundation/our-programs/agd-foundation-grant-program.aspx>



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### ➤ Academy of General Dentistry Foundation Accepting Applications for Outreach Grants

**DEADLINE:** OCTOBER 31, 2014

**AMOUNT:** \$5,000.00

**DESCRIPTION:** The mission of the Academy of General Dentistry Foundation, the philanthropic partner of the Academy of General Dentistry, is to support the efforts of the general dentist to improve the oral health of the public.

To that end, the foundation's grant program supports efforts to provide access to quality healthcare for underserved populations. In 2014, the program will award one-year grants of up to \$5,000.

Eligible applicants include organizations that have active AGD membership and are exempt from federal taxes under section 501(c)(3) of the IRS Revenue Code, or organizations dedicated to dentistry through either professional or public initiatives.

For complete program guidelines and application instructions, visit the AGD Foundation Web site. <http://www.agd.org/>

### SEPTEMBER DEADLINES:

#### ➤ Quality of Life Grants Program – The Reeve Foundation

**DEADLINE:** 2nd Cycle application submission deadline: September 2, 2014, 11:59 pm ET

**AMOUNT:** \$25,000

**DESCRIPTION:** The Christopher and Dana Reeve Foundation is accepting applications from nonprofit organizations that provide services to individuals with paralysis.

Through its Quality of Life program, the foundation will award grants to organizations working to help disabled individuals, their families, and caregivers in ways that more immediately give them increased independence through improved access, education and job training, and/or organized sporting opportunities. Special consideration will be given to organizations serving returning wounded military personnel and their families, and to those that provide targeted services to diverse cultural communities. Grant award amounts will be based on the scope of the project and its impact.

To be eligible, nonprofit organizations must be considered tax exempt under Section 501(c)(3) of the Internal Revenue Code and serve individuals with physical disabilities, particularly paralysis, and their families.



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Visit the Reeve Foundation Web site for complete program guidelines and application instructions.

**WEBSITE:**

[http://www.christopherreeve.org/site/c.ddJFKRNoFiG/b.4435149/k.A6F7/Program\\_Overview.htm](http://www.christopherreeve.org/site/c.ddJFKRNoFiG/b.4435149/k.A6F7/Program_Overview.htm)

**NOVEMBER DEADLINES:**

**▶ Avenir Award Program for Research on Substance Abuse and HIV/AIDS (DP2)**

**DEADLINE:** November 12, 2014, November 12, 2015, November 14, 2016, by 5:00 PM local time of applicant organization. Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

**AMOUNT:** 5 YEARS = \$1,500,000.00

**DESCRIPTION:** Avenir means future in French, and this award looks toward the future by supporting early stage investigators proposing highly innovative studies. The award will support those in an early stage of their career who may lack the preliminary data required for an R01 grant, but who propose high impact research and who show promise of being tomorrow's leaders in the field. NIDA has developed two Avenir Award Programs, one for HIV/AIDS research and the other for genetics or epigenetics studies. The Avenir Award Program for Research on Substance Abuse and HIV/AIDS will support creative individuals who wish to pursue innovative research at the nexus of substance abuse and HIV/AIDS. The Avenir Award Program for Research on Substance Abuse and HIV/AIDS will support research approaches for substance using populations with or at risk for HIV/AIDS that may lead to improved preventive interventions, improved therapies and/or long term retention in care, and ultimately, eradication of HIV.

**WEBSITE:**

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-15-007.html>



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### NO DEADLINE – GRANT RESOURCE INFORMATION:

#### ➤ 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 unavailable playgrounds and recreational facilities.

The \$15,000 grants will support the opening of at least four playgrounds in cities with



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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.8WbcfJRk.dpuf](http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfJRk.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/>

### **✦ AHRQ Research and Other Activities Relevant to American Indians and Alaska Natives**

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



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### Community Development Financial Institutions Funds

#### “Treasury Announces \$12.4 Million in Assistance to Native Communities”

#### **2013 NACA Program Awardees Will Stimulate Economic Development in Low-Income Areas**

**Washington, DC** – Native American, Alaska Native, and Native Hawaiian communities (Native Communities) throughout the United States will receive much-needed economic and community development assistance as a result of the \$12.4 million in Native American CDFI Assistance Program (NACA Program) awards announced today.

Thirty-five organizations serving Native Communities received awards from the U.S. Department of the Treasury’s Community Development Financial Institutions Fund (CDFI Fund) under the fiscal year (FY) 2013 round of the NACA Program. The awardees all aim to increase lending and financial services in Native Communities, stimulating economic development in some of the most distressed and low-income parts of the country.

“The Native American CDFI Assistance Program is providing critically needed funds for distressed Native and tribal areas, many of which lack traditional banking services,” said Don Graves, Treasury Deputy Assistant Secretary for Small Business, Community Development and Housing Policy. “This latest round of awards will expand the capacity of native financial institutions to develop innovative economic development solutions for the businesses and individuals in their communities.”

The awardees, all certified Native Community Development Financial Institutions (Native CDFIs) or organizations looking to become or create Native CDFIs, will receive a collective total of \$12,451,015 in Financial Assistance and Technical Assistance awards. Eighteen Native CDFIs will receive Financial Assistance awards, which are primarily used for financing capital. Seventeen organizations will receive Technical Assistance grants, which are usually used to acquire products or services, staff training, professional services, or other support.

“The FY 2013 NACA Program awards will lead to increased loans for small businesses, affordable housing, and community facilities in Native Communities, in addition to basic financial services that are essential to building household wealth and stability,” said CDFI Fund Director Donna J. Gambrell. “As the award-making arm of the CDFI Fund’s Native Initiatives, the NACA Program has consistently supported the unique organizations that are doing such vital work in these communities.”

The majority of the target markets served by the awardees are rural, although seven organizations primarily serve minor urban areas. The organizations are headquartered in fifteen different states across the country. Full information about the FY 2013 NACA Program awardees can be found in the CDFI Fund’s Searchable Award Database at [www.cdfifund.gov/awards](http://www.cdfifund.gov/awards).



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The FY 2013 NACA Program Awards announcement comes at a time when the CDFI Fund's Native Initiatives is in the middle of studying the current availability of access to capital and credit in Native Communities. The "Access to Capital and Credit in Native Communities" study will draw on focus groups, tribal consultations, and independent research to establish the current reality of capital and credit availability in Native areas. The results of the study will be used to inform the CDFI Fund's future approach to the training, technical assistance, and awards that it provides through the Native Initiatives.

Learn more about the "Access to Capital and Credit in Native Communities" study at [www.cdfifund.gov/nativestudy](http://www.cdfifund.gov/nativestudy). Additional information about the FY 2013 round of the NACA Program, including key highlights and the full award list, can be found below and at [www.cdfifund.gov/native](http://www.cdfifund.gov/native).

### **2013 NACA Program Award Resources**

Award Book: [Learn key facts and statistics about the full group of awardees](#)

Award List: [Alphabetical by Organization](#)

Award List: [Alphabetical by State](#)

Searchable Award Database: [View the profiles of individual awardees](#)

### **About the CDFI Fund**

Since its creation in 1994, the CDFI Fund has awarded over \$1.7 billion to CDFIs, community development organizations, and financial institutions through the CDFI Program, the Bank Enterprise Awards Program, the Capital Magnet Fund, the Financial Education and Counseling Pilot Program, and the Native American CDFI Assistance Program. In addition, the CDFI Fund has allocated \$36.5 billion in tax credit authority to Community Development Entities through the New Markets Tax Credit Program. Learn more about the CDFI Fund and its programs at [www.cdfifund.gov](http://www.cdfifund.gov).

### **About the Native Initiatives**

The CDFI Fund's Native Initiatives work to increase access to credit, capital, and financial services in communities by creating and expanding CDFIs primarily serving Native Communities. This is achieved through two principle initiatives: 1) a funding program – the NACA Program – targeted to increasing the number and capacity of existing or new Native CDFIs, and 2) a complementary series of training programs that seek to foster the development of new Native CDFIs, strengthen the operational capacity of existing Native CDFIs, and guide Native CDFIs in the creation of important financial education and asset building programs for their communities. Learn more about the Native Initiatives at [www.cdfifund.gov/native](http://www.cdfifund.gov/native).

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### OREGON & SW WASHINGTON ONLY

#### ➤ NORTHWEST HEALTH FOUNDATION

#### **NWHF Launches Online Sponsorship Applications**

By: Fannie Black | Posted on: September 30th, 2013

Categories: Public Health

NWHF may be headquartered in Portland, but we serve the entire state of Oregon and SW Washington. We are continually looking for new ways to establish partnerships beyond the Portland-metro area, especially to rural communities. As the grant administrator for NWHF, I'm always looking for ways to help foster those partnerships by making the funding process efficient and reaching a broader audience.

One area we recently identified as needing a more formalized process was our sponsorships. Many organizations were unaware that sponsorships were available through the Foundation and even fewer were aware of the process to obtain one. We have been working to make our sponsorship funding more accessible, and as a result we launched our online application and sponsorship policy a few weeks ago (<http://nwhf.org/sponsorships>). We are thrilled with the level of interest from organizations across Oregon and SW Washington and have received inquiries from Astoria to La Grande, Oregon, and Longview, Washington, to Grants Pass, Oregon.

The sponsorship program also provides us the opportunity to form partnerships with organizations who may not necessarily qualify for grant opportunities. There are a lot of organizations doing great work promoting health or contributing to the determinants of health and we want to work with you to increase your visibility. Please review our full policy to determine eligibility, and if you have questions about sponsorships please feel free to contact me at [fannie@nwhf.org](mailto:fannie@nwhf.org) or (503) 505-5702.

<http://nwhf.org/sponsorships>

If you would like assistance please do not hesitate to contact me at:

**Office Phone:** (503) 416-3274

**E-mail:** [tfox@npaihb.org](mailto:tfox@npaihb.org)

Kind Regards,

/s/ Tara Fox, Grant Specialist, MMS  
(Mandan, Hidatsa, & Arikara Nation)