



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

Friday, February 28, 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

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NEW:

[Cooperative Agreement]

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**



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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. 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



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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.

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



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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 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>

[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



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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.

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)



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- Reduced morbidity and mortality
- Reduced disparities

Website:

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

ADMINISTRATION FOR NATIVE AMERICANS - HHS ADMINISTRATION FOR CHILDREN & FAMILIES

Please click on the link provided for 3 different grant opportunities.

<http://www.acf.hhs.gov/grants/open/foa/office/ana>

HEALTHY START - HRSA

Please click on the link provided for the 3 levels of funding opportunities.

<http://www.hrsa.gov/grants/apply/assistance/healthystart/>

MARCH DEADLINES:

► Cooperative Agreements For Linking Actions For Unmet Needs In Children's Health

Short Title: Project LAUNCH

Deadline: Monday, March 3, 2014

Award Amount- Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding:

\$10,202,000

Anticipated Number of Awards:

Up to 13

Anticipated Award Amount:

Up to \$800,000 per year

Length of Project:

Up to 5 years



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Cost Sharing/Match Required?:

No

Proposed budgets cannot exceed \$850,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2014 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Description: The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of federal, state, territorial, tribal, and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments, and entering school ready to learn and able to succeed.

Project LAUNCH is grounded in the public health approach, working towards coordinated programs that take a comprehensive view of health, addressing the physical, emotional, social, cognitive, and behavioral aspects of well-being. The public health approach addresses the health needs of the population rather than only addressing the health problems of individuals. Project LAUNCH seeks to improve outcomes at the individual and community levels by addressing risk factors that can lead to negative outcomes, especially impoverished communities. Project LAUNCH simultaneously promotes protective factors that support resilience and healthy development which can protect individuals from later social, emotional, cognitive, physical, and behavioral problems; including early substance and alcohol use. A major objective of this grant program is to strengthen and enhance the partnership between health and mental health at the federal, state/territorial/tribal, and local levels. States, territories, and tribes will select a local community within the larger jurisdiction to be a partner in Project LAUNCH. States, territories, and tribes will bring together child-serving organizations to develop policies, financial mechanisms and other reforms to improve the integration and efficiency of the child-serving system.

Project LAUNCH seeks to address health disparities among racial and ethnic minorities through this program by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority young children and families served.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. SAMHSA has identified eight Strategic Initiatives to focus the Agency's work



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on people and emerging opportunities. Project LAUNCH is part of the Prevention of Substance Abuse and Mental Illness strategic initiative, which aims to support communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.

Project LAUNCH cooperative agreements are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Website: <http://beta.samhsa.gov/grants/grant-announcements/sm-14-004>

> FY14 Mobilization for Health: National Prevention Partnership Awards (NPPA) Program

OS-PAW-14-001- Office of the Assistant Secretary for Health — Department of Health and Human Services

Deadline: Mar 3, 2014 Refer to the grant announcement regarding application submission requirements, dates and times.

Award Amount: Estimated Total Program Funding: \$7,700,000

Award Ceiling: \$500,000

Award Floor: \$50,000

Expected Number of Awards: 35

Description: This funding opportunity is designed to assist the offices within HHS/Office of the Assistant Secretary for Health (OASH) to fund activities with the OASH-wide mission, as well as their office mission. HHS/The Office of the Assistant Secretary for Health (OASH) oversees 9 core public health offices, as well as 10 regional health offices, and 10 Presidential or Secretarial advisory committees. More information about OASH can be found at: <http://www.hhs.gov/ash/>. OASH Offices consisting of the National Vaccine Program Office and the Office on Women's Health, and the Regional Health Offices contributed in developing this announcement. A number of OASH offices contributed to developing the funding program (National Vaccine Program Office, Office on Women's Health, and the Regional Health Offices). In addition, the Office of Minority Health, within the Office of the Secretary, contributed to developing the OASH funding announcement and may support activities that align with both the Office of Minority Health mission and the OASH-wide mission. OASH is interested in leading by example through this funding opportunity announcement to truly tackle the systemic issues that present barriers for many Americans to access preventive services. OASH is interested in working across traditional categories to meet priority needs because people most at risk for missing preventive services often fit more than one category, and systemic approaches in reaching underserved populations need to be more effective in achieving a healthier population.



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Website: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=249324>

► Planning And Developing Infrastructure To Improve The Mental Health And Wellness Of Children, Youth And Families In American Indian/Alaska Natives (AI/AN) Communities

Short Title: Circles of Care VI

Deadline: Friday, March 7, 2014

Award Amount: Anticipated Total Available Funding:

\$4,381,941

Anticipated Number of Awards:

Up to 11

Anticipated Award Amount:

Up to \$400,000 per year

Length of Project:

Up to 3 years

Cost Sharing/Match Required?:

No

Proposed budgets cannot exceed \$400,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Description: The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Short Title: Circles of Care VI) grants. The purpose of this program is to provide tribal and urban indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.



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The Circles of Care grant program draws on the system of care philosophy and principles that are implemented in the SAMHSA Cooperative Agreements for the Comprehensive Community Mental Health Services for Children and Their Families Program. A system of care is defined as a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with mental health needs and their families. In the system of care approach, families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals and that address each person's cultural and linguistic needs. A system of care helps children, youth, and families function better at home, in school, in the community, and throughout life. Community leaders and constituency groups work in partnership with child serving agency directors and staff members to formulate methods to improve relationships between provider groups, address service capacity issues, and increase cultural competence in the overall system.

The Circles of Care program is also intended to address the impact of historical trauma on the well-being of AI/AN communities through community and culturally-based activities. The multiple traumas encountered by AI/AN people have contributed to the uprooting of traditional tribal cultural practices and a dismantling of the AI/AN family structure. In combination, these "historically traumatic events" resulted in a significant loss of culture, language, and traditional ways of life.

Note: For the purposes of the Circles of Care program, historical trauma will be defined as the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. (Brave Heart, 2003, p. 7).

"Wellness" is defined as being in balance and taking care of physical, emotional, mental, and spiritual needs of individuals and families. Achieving this wellness includes developing and integrating programs, supports and systems (both formal and informal) that promote positive mental health, prevent substance use and abuse, improve physical health, strengthen spiritual and cultural connections, and address environmental and social factors. (Hodge and Nandy, 2011).

Circles of Care grants are authorized under section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

The Circles of Care grants closely align with SAMHSA's Prevention of Substance Abuse and Mental Illness and Trauma and Justice Strategic Initiatives by focusing resources on reducing the impact of substance abuse and mental illness on American communities and addressing the behavioral health impacts of trauma through a systematic public health approach. In addition, the Circles of Care grant provides the opportunity for AI/AN communities to support youth and young adults as they transition to adulthood by facilitating collaboration between child and adult serving agencies.

Website: <http://beta.samhsa.gov/grants/grant-announcements/sm-14-003>



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➤ The Prevention Internship – Due March 14, 2014

[Please feel free to pass this announcement to any individual you know that would be interested in participating.]

The U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) is accepting applications for the Prevention Internship.

The Prevention Internship, a component of CSAP's Prevention Fellowship Program, invites qualified individuals, with strong interest in substance abuse prevention and behavioral health, for a 5-month paid internship in participating Strategic Prevention Framework Tribal Incentive Grant (SPF TIG) locations and other Tribal Organizations throughout the United States. (Visit the application Web site at www.seiservices.com/SAMHSA/csap/preventionfellowship for a list of participating locations.)

The Prevention Internship offers participants front-line experience in the field of substance abuse prevention within SPF-TIG locations and Tribal Organizations across the country. The Prevention Internship will focus on providing interns with hands-on experience as well as trainings focusing on substance abuse prevention, Epidemiology, Data Collection and Evaluation. The Prevention interns learn new techniques, master best practices in the field, and apply knowledge gained from their professional and cultural experiences.

Prevention interns are accepted on a location-by-location basis, depending on the sites of SPF - TIG land Tribal Organizations locations. Interns will receive a stipend of \$15 – 20 per hour and will be required to work 40 hours per week from April 14 – September 12, 2014. They will not be provided with insurance, travel, lodging, per diem allowances, or conference registration reimbursement.

Each intern will be assigned a mentor at his or her SPF-TIG and other Tribal Organizations. The mentor will be responsible for helping the intern to develop skills and learning and for providing the intern with a detailed description regarding his or her roles and responsibilities. An intern's responsibilities may include designing, coordinating, implementing, or assessing the performance of substance abuse prevention programs. The work may include developing prevention plans to increase substance abuse awareness; developing prevention education programs; organizing and participating in trainings for staff or other organizations; and preparing and maintaining reports, records, and documents pertaining to funding sources, data collection, and program evaluation.

Applications will be accepted from eligible candidates through Friday, March 14, 2014. The program overview, application instructions, locations, FAQs and the online application are available at <http://www.seiservices.com/samhsa/csap/preventionfellowship/newapplicant.aspx>



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Contact Person:

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➤ **Motor Vehicle Injury Prevention: Evaluation of Increased Nighttime Enforcement of Seatbelt Use**

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

Deadline: March 19, 2014, by 5:00 PM U.S. Eastern Time.

On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Award Amount: \$400,000

Description: The purpose of this research is to determine the effects of substantially increasing nighttime seatbelt use enforcement, combined with strong and targeted publicity components and community involvement, on nighttime seatbelt use and morbidity and mortality due to motor vehicle crashes. Projects may be either a) program development accompanied by piloting the program and a pilot evaluation or b) evaluation of an existing program already implemented in a state or local municipalities.

Website: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=249391>



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➤ Community Approaches to Reducing Sexually Transmitted Diseases

Centers for Disease Control and Prevention (CDC)

Deadline: Letter of Intent (LOI): 3/17/2014

4/10/2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

Amount: \$350,000 for 3 years

Description: The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2014 funds for a cooperative agreement with national organizations with demonstrated experience and capacity of implementing community engagement methods (e.g. community-based participatory research) and multi-sector partnerships to promote sexual health, advance community wellness, influence sexual health behavior and practices, and reduce STI disparities. In accordance with the Healthy People 2020 Goals for the nation, this FOA focuses on reducing the proportion of adolescents and young adults with Chlamydia trachomatis infections, reducing Chlamydia rates among females aged 15-44 years, reducing gonorrhea rates, reducing sustained domestic transmission of primary and secondary syphilis, congenital syphilis, GC incidence, and reducing the proportion of young adults with genital herpes infection due to herpes simplex type 2.

Website: <http://www.grants.gov/web/grants/view-opportunity.html?opId=251204>

➤ Research to Prevent Prescription Drug Overdoses

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

Deadline: March 19, 2014, by 5:00 PM U.S. Eastern Time.

On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Award Amount: \$200,000

Description: The purpose of this FOA is to conduct research to assess the impact of policies and administrative practices on the inappropriate prescribing or abuse of prescription opioid analgesics. This funding will support projects that: (1) evaluate the impact of current legislation that requires state oversight of pain management clinics or sets out registration, licensure, or ownership requirements for such clinics, or (2) evaluate the impact of formulary management and benefit design strategies used by



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public or private insurers and pharmacy benefit managers (e.g., quantity limits, step therapies, preferred drug lists, prior authorization, tiered formularies, and drug utilization review programs) that are applicable to all beneficiaries, not just those identified as abusing drugs or engaged in fraudulent activity.

Website: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=249388>

➤ **Implementation Cooperative Agreements For Expansion Of The Comprehensive Community Mental Health Services For Children And Their Families Program**

Short Title: System of Care Expansion Implementation Cooperative Agreements

Deadline: Friday, March 21, 2014

Award Amount- Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding:

\$23,000,000

Anticipated Number of Awards:

23

Anticipated Award Amount:

Up to \$1,000,000 per year

Length of Project:

Up to 4 years

Cost Sharing/Match Required?:

Yes

Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2014 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Description: The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2014



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Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (System of Care (SOC) Expansion Implementation Cooperative Agreements) grants. The purpose of this program is to improve behavioral health outcomes for children and youth with serious emotional disturbances and their families.

This program supports the operation, expansion, and integration of SOC through the creation of sustainable infrastructure which allows for the provision of and access to required services and supports that adhere to the values, principles, and practices comprising the system of care approach to become the primary way in which children's mental health services are delivered throughout the nation.

This cooperative agreement is intended to support the availability and provision of mental health and related recovery support services to children and youth with emotional disturbances along with the implementation of systemic changes in policy, financing, services and supports, training and workforce development, and other areas that are necessary for expanding and sustaining the system of care approach, and to accomplish these goals through linkages with other health reform implementation efforts.

The goal of the SOC Expansion Implementation cooperative agreements is to build upon progress made in developing comprehensive strategic plans to expand and sustain the SOC values and principles to address children and youth with serious emotional disturbances and their families. SAMHSA expects that these grants will help facilitate wide scale adoption and operation of the SOC framework (across large geographic regions such as those represented by states, tribes, and territories) and increase State Medicaid and other third party reimbursement for the SOC spectrum of services and supports.

Applicants are expected to implement plans to create comprehensive and sustainable policies, infrastructure, required services and supports consistent with the requirements authorized under Sections 561-565 of the Public Health Service Act, as amended.

The SOC Expansion Implementation cooperative agreements closely align with SAMHSA's Recovery Support, Trauma and Justice, and Health Reform Strategic Initiatives by focusing resources on reducing the impact of substance abuse and mental illness on American communities and addressing the behavioral health impacts of trauma through a systematic public health approach.

The SOC Expansion Implementation Grant is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 6th month of the project at the latest.

The SOC Expansion Implementation grants are authorized under Sections 561-565 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Website: <http://beta.samhsa.gov/grants/grant-announcements/sm-14-002>



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FY 2014 Coordinated Tribal Assistance Solicitation (CTAS)

Deadline: 7:00 p.m. ET on Monday, March 24, 2014.

Award Amount: See announcement guidelines.

Description: The U.S. Department of Justice is pleased to announce that it is seeking applications for funding to improve public safety and victim services in Tribal communities. This solicitation provides federally-recognized Tribes and Tribal consortia an opportunity to develop a comprehensive and coordinated approach to public safety and victimization issues and to apply for funding. DOJ's existing Tribal government-specific programs are included in, and available through, this single Coordinated Tribal Assistance Solicitation.

The Department's Tribal government-specific competitive grant programs outlined in this solicitation are referred to as Purpose Areas. Applicants may apply for funding under the Purpose Area(s) that best addresses Tribes' concerns related to public safety, criminal and juvenile justice, and the needs of victims/survivors of domestic violence, sexual assault, and other forms of violence. Below is a snapshot of the Purpose Areas. See detailed information for each Purpose Area in Part F of the solicitation:

Public Safety and Community Policing (COPS)

Comprehensive Tribal Justice Systems Strategic Planning (BJA)

Justice Systems, and Alcohol and Substance Abuse (BJA)

Corrections and Correctional Alternatives (BJA)

Violence Against Women Tribal Governments Program (OVW)

Children's Justice Act Partnerships for Indian Communities (OVC)

Comprehensive Tribal Victim Assistance Program (OVC)

Juvenile Justice (OJJDP)

Tribal Youth Program (OJJDP)

Website: www.justice.gov/tribal/open-sol.html ;
<http://www.justice.gov/tribal/ctas2014/2014ctas-solicitation.pdf>



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➤ Evaluating Promising Strategies to Build the Evidence Base for Sexual Violence Prevention

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

Deadline: March 19, 2014

Award Amount: \$450,000

Description: The purpose of this announcement is to support research to rigorously evaluate the effectiveness of primary prevention strategies for the perpetration of sexual violence. The National Center for Injury Prevention and Control's research priorities for sexual violence prevention include evaluating the efficacy and effectiveness of programs, strategies, and policies across all levels of the social ecology to prevent and interrupt the development of sexual violence perpetration. In addition, the Center's research priorities highlight the need to identify effective programs, strategies, and policies that might prevent multiple types of violence concurrently, including sexual violence, intimate partner violence, and other forms of violence, and evaluating the economic efficiency of such programs, strategies and policies. Research funded under this announcement will address these priorities by rigorously evaluating programs, strategies, or policies for their impact on rates of sexual violence perpetration in one of two areas: (a) strategies that engage boys and men, or (b) structural, environmental, and/or policy interventions. Although the primary focus of research conducted with these funds should be on reducing sexual violence perpetration, the inclusion of other violence-related outcomes (e.g., dating/intimate partner violence) is also encouraged.

Website: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=249253>

➤ Research on Integration of Injury Prevention in Health Systems Centers for Disease Control and Prevention — Department of Health and Human Services

Deadline: March 19, 2014

Award Amount: \$200,000 ceiling amount, (\$800,000 total)

Description: The purpose of this funding is to support research that informs the link between public health and clinical medicine in injury prevention by: 1) developing the evidence base for clinical preventive services in the area of prescription drug overdose and 2) investigating models for partnership between hospitals and state/local health departments in designing community health needs assessments and improvement plans that incorporate injury prevention.

Website: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=249268>



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▶ System of Care Expansion Implementation Cooperative Agreements SAMHSA

Deadline: Friday, March 21, 2014

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$23,000,000

Anticipated Number of Awards: 23

Anticipated Award Amount: Up to \$1,000,000 per year

Length of Project: Up to 4 years

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 Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (System of Care (SOC) Expansion Implementation Cooperative Agreements) grants. The purpose of this program is to improve behavioral health outcomes for children and youth with serious emotional disturbances and their families.

This program supports the operation, expansion, and integration of SOC through the creation of sustainable infrastructure which allows for the provision of and access to required services and supports that adhere to the values, principles, and practices comprising the system of care approach to become the primary way in which children's mental health services are delivered throughout the nation.

This cooperative agreement is intended to support the availability and provision of mental health and related recovery support services to children and youth with emotional disturbances along with the implementation of systemic changes in policy, financing, services and supports, training and workforce development, and other areas that are necessary for expanding and sustaining the system of care approach, and to accomplish these goals through linkages with other health reform implementation efforts.

The goal of the SOC Expansion Implementation cooperative agreements is to build upon progress made in developing comprehensive strategic plans to expand and sustain the SOC values and principles to address children and youth with serious emotional disturbances and their families. SAMHSA expects that these grants will help facilitate wide scale adoption and operation of the SOC framework (across large geographic regions such as those represented by states, tribes, and territories) and increase State Medicaid and other third party reimbursement for the SOC spectrum of services and supports.



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Applicants are expected to implement plans to create comprehensive and sustainable policies, infrastructure, required services and supports consistent with the requirements authorized under Sections 561-565 of the Public Health Service Act, as amended.

The SOC Expansion Implementation cooperative agreements closely align with SAMHSA's Recovery Support, Trauma and Justice, and Health Reform Strategic Initiatives by focusing resources on reducing the impact of substance abuse and mental illness on American communities and addressing the behavioral health impacts of trauma through a systematic public health approach.

The SOC Expansion Implementation Grant is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 6th month of the project at the latest.

The SOC Expansion Implementation grants are authorized under Sections 561-565 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Website: <http://beta.samhsa.gov/grants/grant-announcements/sm-14-002>

FY 2014 U.S. Department of Justice Coordinated Tribal Assistance Solicitation

Office of Justice Programs — Department of Justice

Deadline: Mar 24, 2014

Award Amount: (Cost Sharing or Matching Requirement): Yes. Award Ceiling: \$93,500,000, see full announcement

Description: In 2009, based on a series of meetings across the country addressing violent crime in Tribal communities, the DOJ made the decision to decrease the number of applications Tribes and Tribal consortia were required to submit to receive grant funds from the U.S. Department of Justice (DOJ). In 2010, DOJ launched its first-ever Coordinated Tribal Assistance Solicitation (CTAS) combining DOJ's existing Tribal government-specific competitive solicitations into one, and thus requiring only one application from each Tribe or Tribal consortium. This approach provides federally-recognized Tribes and Tribal consortia the opportunity to develop a comprehensive approach to public safety and victimization issues. Over the past four years, through numerous meetings, Tribal written comments, face-to-face Tribal consultation, focus groups, and listening sessions, with the latest having occurred in FY 2013 at the Tribal Justice, Safety and Wellness Session held in October 2012 in Tulsa, Oklahoma, the DOJ continues to further refine CTAS. Additionally, DOJ circulated an assessment tool to Tribes each year in order to gather feedback about their experiences applying for CTAS. The DOJ incorporated feedback from the Tribal meetings, consultations, and the assessment tool and made the following changes to this FY 2014 CTAS: • The question-and-answer templates have been coordinated and refined across Purpose Areas to



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ensure more uniformity and cohesiveness and to reduce duplication. • The strategic planning program has been expanded and also provides an opportunity for successful grantees who submit an approved strategic plan to have an opportunity to request funding in future years to implement the strategic plan. • The Office on Violence Against Women (OVW) Tribal Sexual Assault Services Program will continue to be administered separate from CTAS.1 • Due to limited funding, DOJ will not be making awards under Purpose Area #4 for new construction projects for justice system facilities in FY 2014. Awards will be focused on renovation. • The Bureau of Justice Assistance (BJA) will not award any planning grants under Purpose Area #4. Applicants interested in justice system planning efforts are encouraged to apply under Purpose Area #2. • Applicable Purpose Areas have been updated to allow activities related to Tribal jurisdiction over non-Indian perpetrators of domestic violence on Tribal lands, as authorized through the Violence Against Women Reauthorization Act of 2013. • The Budget Detail Worksheet for Purpose Area #1, which is administered by the Office of Community Oriented Policing Services (COPS Office), has been redesigned. In FY 2013, 237 Tribes (individually or as part of a consortium) submitted applications, resulting in the DOJ funding nearly 200 grant awards. The awards covered nine Purpose Areas, totaling over \$90 million. As in the previous four fiscal years, this FY 2014 solicitation refers to DOJ's Tribal government-specific competitive grant programs as "Purpose Areas." Applicants may select the Purpose Area(s) that best address Tribes' concerns related to public safety, criminal and juvenile justice, and the needs of victims/survivors of domestic violence, sexual assault, and other forms of violence. In response to a single Tribal or Tribal consortium application requesting funds from multiple Purpose Areas, multiple awards may be made. Purpose Areas may be funded and administered by different DOJ program offices (see Part C "Purpose Areas—Snapshot," which identifies the DOJ program office that manages each Purpose Area). DOJ anticipates that grants will be managed by the awarding DOJ program office. In some cases, funding streams from different DOJ components may be combined into a single Purpose Area for the purposes of the application. In the event that a Tribe or Tribal consortium receives two separate awards under that Purpose Area, those grant funds must be maintained separately and all required reports for each awarded grant must be filed with the applicable DOJ component. Changes to DOJ grant programs enacted with the passage of the Tribal Law and Order Act (TLOA) continue to be incorporated into this solicitation. For more information regarding TLOA, visit www.justice.gov/tribal. In addition to the CTAS coordinated approach for funding for FY 2014, federally-recognized Tribes and Tribal consortia may be eligible for and are encouraged to submit separate applications to any non-Tribal government-specific DOJ grant programs for which they may be eligible. For information on additional funding sources, go to www.grants.gov and the web sites of individual federal agencies. The DOJ components offering Tribal government-specific grant resources through the nine Purpose Areas identified in this Coordinated Tribal Assistance Solicitation are listed below. For more information on each component, see www.justice.gov/tribal. • Office of Community Oriented Policing Services (COPS) • Office of Justice Programs, Bureau of Justice Assistance (BJA) • Office on Violence Against Women (OVW) • Office of Justice Programs, Office for Victims of Crime (OVC) • Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Website: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=249265>



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APRIL DEADLINES:

► **Message Therapy Foundation Invites Applications for 2014 Community Service Grants**

Deadline: April 1, 2014

Award Amount: Community Service grants of up to \$5,000 will be awarded to organizations that provide massage therapy to individuals who currently have little or no access to such services.

Description: The Massage Therapy Foundation is accepting applications for its 2014 Community Service program, which is designed to promote working partnerships between the massage therapy profession and community-based organizations. To qualify, organizations must be classified as a 501(c)(3) tax-exempt organization under the Internal Revenue Code; have been in existence for at least one year in the state where the proposed services are to be provided; and currently provide some therapeutic or other service programs to the community.

<http://www.massagetherapyfoundation.org/grants-contests/community-service-grants/>

► **"2014 Partnering for the Future: Investing in Native Student Success"**

The Bill & Melinda Gates Foundation's Pacific Northwest Initiative (PNW)

Deadline: April 1, 2014. Proposals due by 5:00 p.m.

Amount: See grant announcement.

Description: The Bill & Melinda Gates Foundation's Pacific Northwest Initiative (PNW) has a long-standing commitment to improve the lives of Native American children and families in Washington State and the greater Portland, Oregon area. Since 2002, the foundation has invested over \$22 million in grant funds to support a wide range of programs in rural and urban-Indian communities including: technology access; education; youth development; human services; arts; non-profit capacity building; as well as capital projects for longhouses, museums and other centers for culture and community.

As part of a planning process to determine how the foundation could make investments in a more focused manner, PNW staff worked with community leaders to discuss emerging opportunities, program priorities, and ongoing needs. Through one-on-one meetings in addition to a focused convening with Native community leaders from Washington and Oregon in 2011, four top priorities were identified including: education; health & wellness; economic development; and arts, culture, and language preservation.

As the priorities emerged, it became clear that each of these complex issues are so inter-related that it would be a challenge to select one as priority over another.



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However, since the vast majority of Native community leaders emphasized the need to invest in young people as a key strategy to ensure the long-term success of Native American communities, the foundation decided to continue investments in the area of education. This current funding opportunity represents the third year of targeted funding and is built upon a set of promising programs that were funded in the previous years. The foundation may choose to focus its investments in a new priority area in 2015 and beyond, but those decisions have yet to be made.

2014 Request for Proposals (RFP) Goals and Priority Programs

The Partnering for the Future: Investing in Native Student Success RFP is aligned with the PNW Strengthening Communities strategic goal to increase community capacity to embrace change and drive progress by supporting community identified priorities. Grants made through this RFP are intended to encourage organizational learning and build capacity for Tribal communities and Native non-profits to develop local solutions for important issues in their community. In 2014 we are looking for applicants who are interested in the development, implementation, and sharing of “best” or “highly effective” practices in your project areas and achieving your outcomes of interest. After assessing the make up of and identifying gaps in our grantee portfolio from the past two years, PNW has an increased funding interest in culturally relevant programs that:

- improve the quality and/or alignment of early learning and early elementary education for children 0-8; and
- engage parents, families, and elders in a way that leads to increased support of their children’s education.

However, please note that we continue to be interested in supporting:

- Tribes and non-profit organizations providing programs in the following areas:
 - o Arts, culture, and/or Native language programs which contribute to student outcomes and wellbeing.
 - o Opportunities that empower students through self-directed learning and educational pathways and provide leadership development opportunities.
 - o School-to-career pathways which provide Native students with educational opportunities that lead to meaningful professions, including professions that contribute to - or are supportive of - their own Tribal communities.
- Schools, school districts, and tribal governments/organizations that are committed to scaling/institutionalizing best practices related to:
 - o Supporting middle school students;
 - o Increasing and sustaining cultural competency of school staff and personnel;
 - o Incorporating and sustaining culturally relevant and accurate representations of Native history and culture into the core curriculum (example: Tribal Sovereignty Curriculum);



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- o Institutionalizing efforts to high school completion and post-secondary preparation;
- o Professional development or certificate programs to strengthen the pipeline of Native Educators in early learning, K-12, and post-secondary.

PROPOSAL SOLICITATION AND REVIEW PROCESS

The foundation is issuing this RFP through an open competitive process and will be solely responsible for making grant award decisions. Individual grant awards would likely range from \$50,000 to \$100,000 in total funding over a two-year grant term. We will consider planning efforts or program implementation with up to 15% available to support indirect costs for eligible organizations based on the foundation's policies. The foundation will expect applicants to identify other funding sources as we will not provide 100% support for project costs.

Website: <https://unison.gatesfoundation.org/Pages/Default.aspx>

➤ Health Impact Project – RWJF

Deadline: April 2, 2014 (6 p.m. ET); Deadline for receipt of brief proposals.

Amount: Up to six Demonstration Project grants for up to \$100,000 each completed within 18 months; and up to five Program Grants for up to \$250,000 each completed within 24 months. Program Grants must include \$100,000 in matching funds or in-kind support from the grantee or partner organizations.

Description: The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation (RWJF) and The Pew Charitable Trusts (Pew), promotes the use of Health Impact Assessments (HIAs) and related approaches to help policy-makers in a wide range of fields incorporate health considerations into new policies, programs, plans, and projects, and make decisions that reduce unnecessary health risks, improve health, and decrease costs. This call for proposals (CFP) supports two types of initiatives: 1) HIA demonstration projects that inform a specific decision, with a focus on tribes, states, and territories that have had limited experience with HIAs to date; and 2) HIA program grants that enable organizations with previous HIA experience to develop sustainable HIA programs that integrate HIAs and related approaches in policy-making at the local, state, or tribal level. The Health Impact Project also partners with additional funders to support HIAs on specific topics or in a defined state or region. We will provide information regarding the availability of additional funds through periodic announcements to our mailing list and on our website.

Website: http://www.rwjf.org/en/grants/calls-for-proposals/2014/health-impact-assessment-portfolio.html?cid=xem_a8017



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➤ 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>

JUNE DEADLINES

➤ 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 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



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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](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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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

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



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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

➤ **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.

Healthy Kids: The foundation supports programs that work to ensure that all children



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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

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.

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



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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. 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.

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.

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.

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OREGON & SW WASHINGTON ONLY

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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 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

Kind Regards,

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