

CCTST Partnership Development Grants

Letter of Intent**

August 30, 2023

Final Proposals

October 18, 2023

Grantees Notified

December 1, 2023

Grant Project & Budget Period

April 1, 2024 – March 31, 2025

**strongly encouraged, not required

Objective:

The purpose of the Partnership Development Grant is to facilitate collaborations between academic researchers and community organizations so they can work together on health research that benefits the community. Funding can be used to develop new partnerships or to strengthen existing partnerships. These grants will allow partnerships to conduct preliminary research activities focused on health outcomes and impact that will prepare teams to apply for research grants. Examples of possible research activities include:

- Conducting a needs assessment to better understand a health problem
- Completing an environmental scan to better understand the local context of a health issue
- Facilitating activities that assess community readiness to address a health problem
- Collecting pilot data needed to demonstrate potential impact

Examples of activities that are <u>not</u> a good fit for this grant are facilitating meetings, providing health services, or hosting events.



Grant Funding:

Community-academic partnerships can receive up to \$5,000 in funding for a one-year funding period. We expect funding will be used to support preliminary research activities. For example, funding might be used to provide incentives to participants, to pay for costs associated with evaluation, or to purchase supplies needed to engage the community in research activities.

Note: all CCTST funding is for direct costs only; no facilities and administration costs are included. Funding may not be used for operating support or salaries for existing programs. Funds may also not be used for duplicative programs or purposes. Funding cannot be used for journal fees.

Who Should Apply?

The Partnership Development Grants must include at least one community partner and at least one academic partner. Community programs, agencies, physician practices and other not-for-profit organizations may apply as community partners or community principal investigators. Faculty or affiliates of CCTST partnering institutions may be considered academic partners or academic principal investigators. Applicants can be working together for the first time or part of an existing collaboration that is looking to take the next step in their work together.

All applicants are required to become a member of the CCTST at https://cctst.uc.edu/user/register.

Membership is free and entitles applicants to resources to support their programs.

Proposal Requirements and Criteria for Review:

A committee of academic and community members will review all proposals and evaluate the potential for building or strengthening a sustainable community-academic partnership, how the partnership will address community health priorities, expected outcomes, how the project will impact community health, and plans for future collaborations and the sustainability of the partnership.

We highly encourage partnerships focused on high need neighborhoods, including Avondale, Price Hill, Covington, Walnut Hills, and Madisonville. This year, we also encourage partnerships focusing on asthma, mental/behavioral health, substance abuse, obesity, adult neuroscience, primary care/prevention, COVID-19 health and safety, social determinants of health, health inequities, and infant and maternal health. However, all neighborhoods and content areas are welcomed.

The proposed programs and numbers served should be described relative to the dollars requested. If your proposal is not approved for funding, it may be considered for other relevant CCTST programs.

Letter of Intent

Letters of intent are optional, but strongly encouraged. LOIs should be no more than one page and must include: (1) name, title, and contact information of coordinating partner, (2) description of both partners (academic and community partners applying for the grant), including mission, experience and or prior evidence of impact of previous work/collaboration, and (3) reason for interest in this opportunity, and (4) 1-2 sentences describing the methods and evaluation plan for your project. LOIs should be submitted to REDCap (Link in Footer) by August 30, 2023 at midnight. A copy of the submitted LOI and corresponding feedback will be provided to reviewers after proposals are submitted.



Application Instructions and Format

Your application must include the items outlined below. Note that incomplete proposals may be eliminated from review:

- 1. A completed face page (1 page or less)
- 2. Proposal addressing all required sections outlined below. (Note: The proposal itself (not including face page and appendices) should not exceed 4 pages in 12-point type.)

Title of Partnership Project:

Brief statement of purpose:

• Why are you starting this partnership project? What is the community health concern or research question you hope to be able to address through this partnership?

Project plan:

- Description of how this project improves the ability of the partner organizations to engage in research in the community
- Main components of the project
- Timeline indicating the sequence of steps in project implementation (grant activities must be completed within 12 months; the 12-month period begins upon receipt of funds.)
- Budget with brief justification of how you arrived at the budget numbers.
- For projects proposing in-person meetings or interventions, how will you complete the project if in-person meetings or interventions are not possible due to public health concerns (i.e., social distancing)?

Description of outcomes and impact:

- Describe the expected outcomes
- Describe how the impact of the project will be evaluated
- Briefly describe how you will measure success

Plan for future collaborations and sustainability:

- Briefly describe how the proposed project will lead to future collaborations and/or impact between the academic and community partner(s)
- Describe the partnership's options to sustain the relationship after the grant period

3. Appendices:

- a. **Appendix A (Required):** Community Partners must provide a 1–2-page description of the applicant organization's mission, history, and current work in the subject area of this proposal should be appended. If there are other collaborating agencies, they should submit letters of support that acknowledge their role in the partnership.
- b. **Appendix B (Required):** Academic Partners must provide a 1–2-page bio sketch of the lead academic partner must be appended. If there are additional collaborating academic partners, then please include a one to two paragraph description of the experience and interest of each relative to this proposal.
- c. **Letters of Support (Required):** Include letters from all key partners in the proposal. A **letter of agreement** may also be submitted.
- d. Additional appendices of **up to 3 pages** should be included only if the appended material helps explain key elements of the proposal and has been referenced in the text of the proposal. Please limit additional appendices to only information that is vital for the review.



Support and Queries

Application materials and an FAQ document can be viewed and downloaded from the CCTST Community Engagement website (https://www.cctst.org/programs/community-engagement/partnership-development-grants) or requested by e-mail.

Questions and technical assistance requests should be directed to the CCTST Community Engagement Core Program Managers at (513) 803-0917 or ctsa@cchmc.org.

Final Proposals

Final proposal should be submitted via electronic form: https://redcap.research.cchmc.org/surveys/?s=KWTRLYKW88RXPTTK

If you need alternative accommodations, please email **ctsa@cchmc.org** at least 48 hours prior to submission deadline.





CCTST Partnership Development Grant Face Page

	Title of Project: Coordinating Partner Name Degree(s) Position Title Organization/ Agency	
3.	Academic / Community Partner Name Degree(s) Position Title Organization / Agency	
4.	Which health topic(s) does your project address? (Check all that apply)	
	☐ Asthma/Respiratory Health ☐ Primary Care/Disease Prevention ☐ Obesity ☐ COVID-19 Safety & Health ☐ Substance Abuse Prevention ☐ Early Childhood Literacy	☐ Adult Neuroscience ☐ Mental/Behavioral Health ☐ Infant & Maternal Health ☐ Social Determinants of Health/Health Disparities ☐ Cancer ☐ Other; (please describe):
5.	Estimated Number of Persons to be Served Youth: Special health conditions or other (please of	Adult:
6.	6. Description of Proposed Project/Abstract (100 words or less):	
7.	Total funds requested (no more than \$5,000)): \$
	Line Item	Dollar Amount
8. Brief description of how funds will be used (i.e. budget summary):		

