

December 2, 2011

Successful Grant Writing

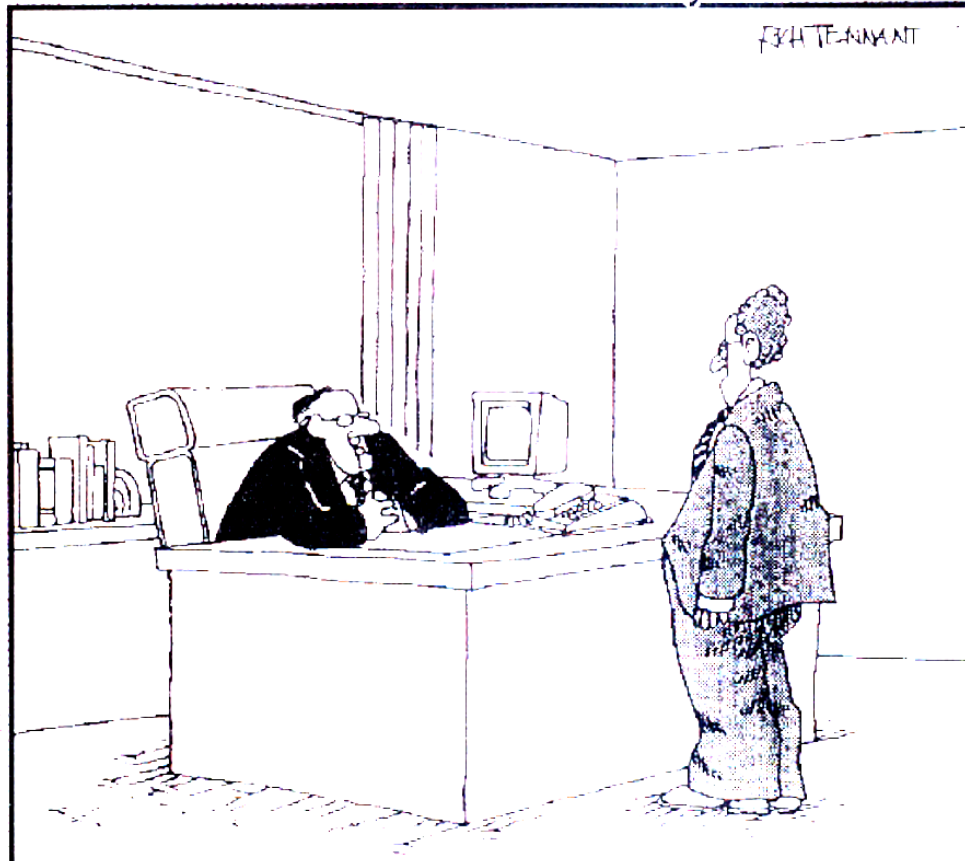
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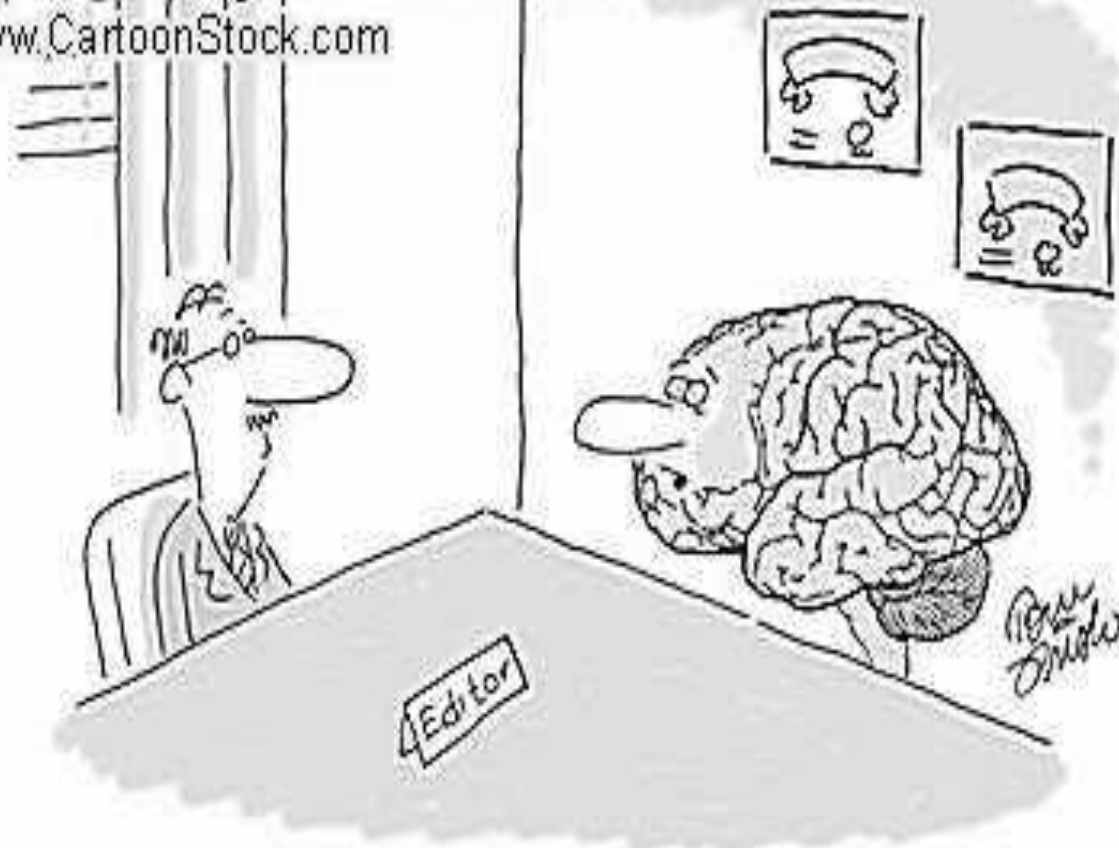
The 5th Wave

By Rich Tennant



“The short answer to your request for a grant is, ‘No.’ The long answer is, ‘No, and get out of my office.’”

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"I have a lot of really good ideas, but I just can't get them down on paper."

Reasons for Grant Writing

- ◆ To continue program components that must have ongoing funding
- ◆ To add program components to existing programs at minimal cost
- ◆ To fund an new identified area of need or programming

Types of Grants

- ◆ Private
- ◆ City/State
- ◆ Federal



1. Read and respond to the request for proposal (RFP)

- ◆ Carefully read the entire **RFP**.
- ◆ Follow the directions in the **RFP**.
- ◆ Review and check that you addressed all **RFP** directions before submission.
- ◆ Adopt the same language in the **RFP** for your proposal
- ◆ The **RFP** is your cookbook, don't deviate from the recipe!



"Never, ever, think outside the box."

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2. Assume an uninformed but intelligent reader

- ◆ Use clear, accessible language
- ◆ Stick with direct statements and active voice
- ◆ Avoid insider jargon and acronyms
- ◆ Come to a consensus on shared terminology (especially if multiple individuals are working on one proposal).

Common Grant Components

- ◆ Abstract or Executive Summary
- ◆ Organizational Background / Resources
- ◆ Need / Problem to be Addressed
- ◆ Goals and Objectives
- ◆ Project Activities
- ◆ Outcomes and Evaluation
- ◆ Budget
- ◆ Sustainability
- ◆ Appendix

Abstract / Executive Summary

- ◆ Perhaps the **MOST** important section of the proposal - the 1st impression for the reviewer
- ◆ Usually one page.
- ◆ Write after the grant narrative is complete.
- ◆ Use key sentences from other sections.

Format: Abstract / Executive Summary

- ◆ WHY: Significance or need for the program
- ◆ WHAT: Proposed program/initiative description and overarching goal or purpose
- ◆ FOR WHOM: Target Population
- ◆ HOW: Program activities
- ◆ WHAT BENEFITS: Expected outcomes and accomplishments

Sample Abstract

[FOR WHOM] Hepatitis B is a major health disparity among Asian and Pacific Islander Americans (APIs), who make up 4.2% of the U.S. population but comprise half of those infected with the disease nationwide.

[WHY] Despite this, APIs and health care and social service providers who work with them lack the knowledge and awareness to adequately address this disease. Existing health information is often unclear, not actionable or inappropriate for API audiences. There is demand among stakeholders and gatekeepers for a centralized hub to access, discuss and share existing resources and develop new materials appropriate for API audiences.

[WHAT] The goal of this proposal is to develop the B Free Hub, an online hepatitis B information and resource center targeting intermediary groups (community-based organizations, health departments, public health organizations and facilities, professional groups and primary care doctors) who provide services and outreach to API communities in the US.

Sample Abstract

[HOW] The specific aims of this proposal are 1) to develop a user-centric, web-based interactive resource center and digital repository containing culturally, linguistically and factually appropriate hepatitis B–related information to persons and organizations that interact directly with APIs; 2) to develop innovative tools and user-friendly, interactive technology to evaluate and assess educational materials, and 3) to provide training and education through interactive forums to build capacity among users to develop, evaluate and disseminate high-quality educational materials to reduce hepatitis B-related health disparities in their communities. We propose to achieve these aims through the collaborative efforts of a multidisciplinary team with expertise in health library science, web and systems programming, community-based health disparities research, health literacy, consumer-based and social marketing and hepatitis B. The B Free Hub, its materials and content will apply health literacy strategies and principles of social marketing and community-based participatory research and will address the key socioeconomic determinants of health.

Sample Abstract

[WHAT BENEFITS] The hub will empower users to develop, evaluate and exchange linguistically and culturally appropriate information resources for hepatitis B advocacy, prevention, care and treatment. Its ultimate impact will be to provide community groups, service providers and health facilities with the information and resources to eliminate the devastating effects of hepatitis B and its associated liver diseases among high-risk groups, and to prevent unnecessary deaths.

Grant Component: Organizational Background

Includes:

- ◆ History and mission
- ◆ Major accomplishments
- ◆ Current programs and activities—especially ones related to grant application
- ◆ Target population
- ◆ Collaboration with local or other groups

Sample Organizational Background

The Center for the Study of Asian American Health (CSAAH) was founded in 2003 as a National Institute of Health-funded P60 EXPORT Center and received a designation as a National Research Center of Excellence in 2007. CSAAH is a partnership of an academic medical and research center (NYU), several healthcare and public hospital organizations, and more than 55 community and government partners dedicated to addressing health disparities among Asian Americans. Its mission is to reduce health disparities in the Asian American community through research, training and community partnerships. It has used CBPR as a framework for reducing health disparities in Asian American communities. With a guiding principle of *equitable collaboration and partnership*, CSAAH has initiated several CBPR projects to document the particular experiences of Asian Americans and their healthcare. For example, CSAAH is actively engaged in research efforts to work in the areas of hepatitis B and cancer. Namely, the Asian American Hepatitis B Program, a NYC City Council funded coalition dedicated to reducing the burden of hepatitis B infection in the Asian American community through increased awareness, outreach, education, screening, vaccination and follow-up care. Through collaborations with various partners, these initiatives have reached 10,000 individuals, increasing awareness of prevalent health issues in the Asian American community, encouraging utilization of prevent services, and connecting the community to appropriate treatment services.

Grant Component: Need/ Problem to Be Addressed

- ◆ Convinces funder that what you are proposing is necessary.
- ◆ Describes the problem you are trying to solve:
 - Is it disproportionate in your community?
 - What is the impact on those affected?

Grant Component: Target Population/ Community to be Served

- ◆ Who does it affect?
- ◆ How many?
- ◆ Where?
- ◆ Why?

Sample Description of Target Population

◆ Korean Americans, one of the most homogeneous Asian subgroups in terms of race, language, and cultural factors, are also one of the fastest-growing Asian sub-populations in the U.S.^{1,2} More than one million Korean Americans, comprising 11% of the total of Asian American populations were living in the U.S. in 2000.³ In 2000, NYC had the second-largest population of Korean Americans in the United States, second only to Los Angeles. Korean Americans make up the third-largest Asian subgroup in NYC, and the population of Koreans in the city grew by 30 percent from 1990 to 2000.^{4,5} Approximately 70% of Koreans in the U.S. are foreign-born compared to 11% of the general U.S. population.⁶ Compared to 8% of the general U.S. population, 46% of Koreans have LEP. Furthermore, 39% of Koreans reported living in linguistically isolated households compared to 4% of the general U.S. population.⁵ In 2005, the majority of Koreans in NYC were foreign born compared to the total city population (77% vs. 37%). The majority of Koreans in the city (53%) have lived in the U.S. for 15 years or more. And 52% reported LEP.⁷ Among NYC residents, Koreans report some of the highest uninsured rates, with 37% uninsured.⁸ Individuals who report LEP are less likely to be insured, and less likely to receive key preventive health measures, such as immunizations, mammograms and routine checkups.⁵

Using Data to Strengthen the Application

- ◆ If you make a claim about your organization, you must document it.
- ◆ If you address a need in your proposal, you will have to support it.

Common Data Sources

- ◆ Internal/ Agency
- ◆ Local
- ◆ State
- ◆ Federal
- ◆ Literature Review

Categories of Data

◆ Quantitative

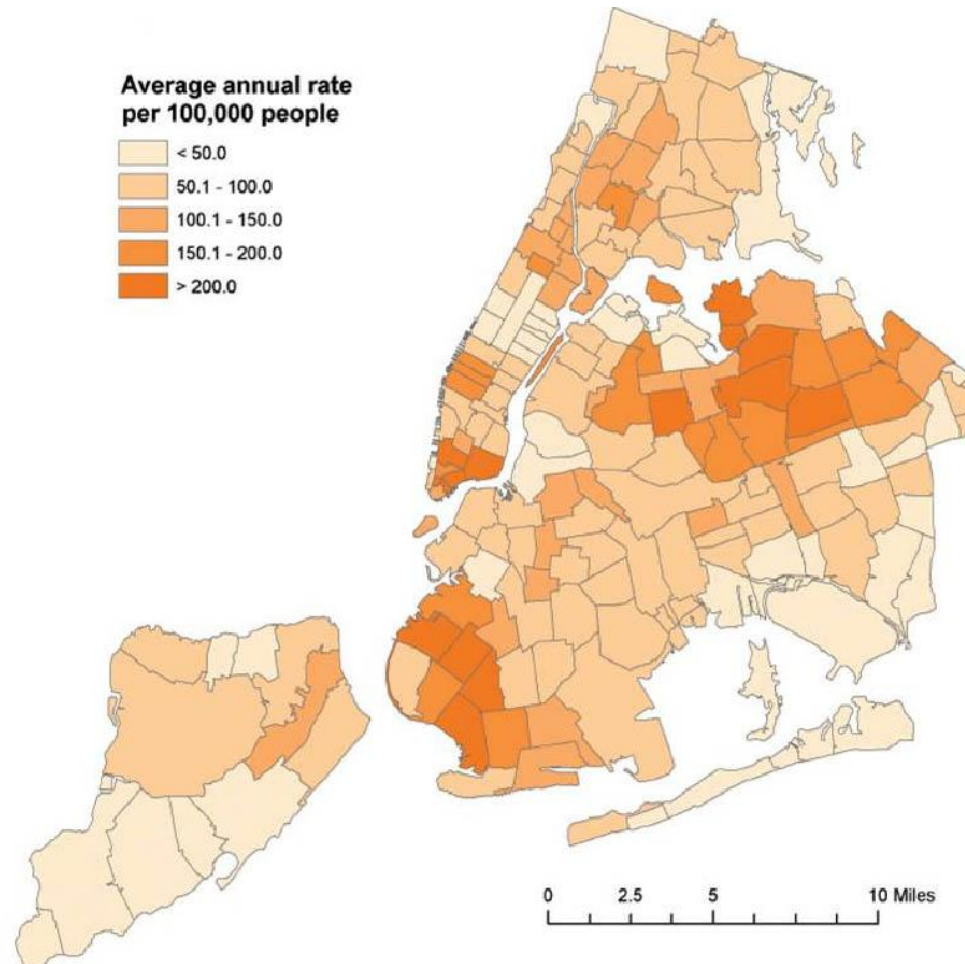
- Statistics most common form
- Can provide hard #s that reviewers can immediately grasp.

◆ Qualitative

- Case studies most common form
- When presented well, adds context and “feel” to proposal that statistics cannot match

Using Quantitative Data to Make Your Case

Hepatitis B prevalence by zip code



Using Qualitative Data to Make Your Case



CAPTION (16 year old community member): In this picture I see that there is no sidewalk. This shows that it is hard to be active... Sometimes my sisters and I want to run in the morning but we can't.

Considerations for Selecting Data

- ◆ Choose relevant data to support your problem statement
 - The more local the data, the better
- ◆ Data should be RELIABLE and REFERENCED
 - Missing or non-existing data can be just as powerful as supportive data
 - Don't ignore data that does not support your proposal – especially if it is reliable data.
 - ◆ If you don't have a cogent argument about why the statistic is not relevant or applicable -- your proposal is probably not going to get funded.

Grant Component: Goals

- ◆ Global, visionary statements about where program or target population will be at the end of the grant funding.
- ◆ Clear, concise, one-sentence statements that are:
 - Non-specific, non-measurable, and usually cannot be attained.

Sample Goals

- ◆ To increase access to primary health care for underserved communities in New York City.
- ◆ To reduce disparities in health outcomes for diabetes in the South Asian and Korean communities using a CBPR approach in partnership with community-based organizations in NYC.

Grant Component: Objectives

- ◆ Also referred to as “milestones” or “benchmarks”
- ◆ Realistic targets that answer the following:
WHO is going to do *WHAT*, *WHEN*, *WHY*
and *TO WHAT STANDARD*.

Grant Component: Objectives

◆ SMART objectives

- **S**pecific – *what exactly are we going to do, with or for whom?*
- **M**easurable – *is it measurable and can we measure it?*
- **A**chievable – *can we get it done in the proposed timeframe?*
- **R**elevant – *will this objective lead to the desired results?*
- **T**ime-frame – *when will we accomplish it?*

Sample SMART Objectives

- ◆ By September 2011, implement a community health worker intervention (CHW) program in 5 community senior centers, reaching 100 individuals at risk for diabetes.
- ◆ By December 2011, conduct 20 community health fairs providing screening and education for diabetes to reach 50 or more individuals per fair.
- ◆ By March 2012, participants of the CHW program will demonstrate a 60% increase in awareness of diabetes risk factors.

Grant Component: Program Activities / Timeline

- ◆ Program Activities: What you will do to meet your objectives?
- ◆ Timeline: When will the objectives be met?

Sample Program Activities

- ◆ Sample Objective: By September 2011, implement the CHW program in 5 senior centers, reaching 100 individuals at risk for diabetes

Sample Program Activities

Sample Objective: By September 2011, implement the CHW program in 5 senior centers, reaching 100 individuals at risk for diabetes

Steps:

- ◆ Hire project coordinator.
- ◆ Identify and recruit five senior centers to participate in program.
- ◆ Identify and recruit CHWs
- ◆ Gather and/or develop CHW training, promotional and other program materials.
- ◆ Conduct CHW training.
- ◆ Promote program through presentations/activities in the senior centers, and other community venues that will be identified.
- ◆ Develop regular forum for coordinator and CHWs to share successes/challenges.
- ◆ Conduct ongoing program evaluation.



3. Present a detailed research plan

- ◆ Specify major tasks and timelines
- ◆ Use flow charts and work plans
- ◆ Help reviewers visualize the project

Grant Component: Timeline / Workplan

- ◆ Timeline: Tells the reviewer when activities will begin and end during the grant period. Can be one year or longer.
- ◆ Workplan: Presents procedures/ activities, outcomes, responsible person(s), and timeline necessary to carry out the proposed program.

Grant Component: Timeline/ Workplan

Keep in mind the following:

- ◆ If grant is for more than one year, develop a workplan/ timeline for each year.
- ◆ Include all of the activities and steps necessary to implement the project in the timeline.
- ◆ Goals should be realistic based on the amount of money requested in the budget and the length of project period.
- ◆ Targets should be achievable in the indicated timeframe.

Sample Workplan and Timeline

GOALS: Improve health outcomes and prevent diabetes in seniors attending community-based senior centers in Flushing, Queens

OBJECTIVE: By March 2014, Implement a CHW intervention program in 5 community-based senior centers, reaching 100 individuals at risk for diabetes.

OUTCOMES: Participants will engage in healthier diet and exercise behaviors and increase nutritional knowledge and lose weight.

Activity	Timeline	Person(s) Responsible	Evaluation Questions	Indicators	Data Source
1. Identify and recruit 5 senior centers	3/12 – 5/12	Project coordinator			
2. Identify and recruit a cohort of CHWs	4/12 – 6/12	Project coordinator and senior center liaisons			
3. Conduct training of CHWs	6/12 – 8/12	Project coordinator, health coordinators			
4. Coordinate the implementation of the CHW intervention	8/12 – 8/13	Project coordinator, CHWs			
5. Evaluate the results of the CHW intervention	8/13 – 3/14	Evaluator			

Current Environment

- ◆ Fewer dollars
- ◆ Increased competition
- ◆ Greater expectations to show impact
- ◆ Increased scrutiny

Grant Component: Evaluation

- ◆ Collection of information about a program's activities, characteristics, and outcomes to answer the questions: "Did you do what you said you would do?" And "What difference did the program make?"
- ◆ Evaluations help to:
 - Improve program effectiveness
 - Inform decisions about future programming
 - Identify the results of a program's efforts

Process Evaluation

- ◆ Did you do what you said you would do?
 - Sample measures:
 - ◆ # of training sessions delivered
 - ◆ # of individuals who attended and received training and counseling
 - ◆ # of organizations recruited to participate in the coalition.

Outcomes Evaluation

- ◆ Did it make a difference?
- ◆ Sample Measures:
 - Improved diabetic control;
 - Weight loss;
 - Increase in appointments/visits kept

Evaluation Data Sources

- ◆ Minutes of meetings
- ◆ Attendance sheets
- ◆ Pre/post surveys
- ◆ Participant weight loss logs
- ◆ Participant satisfaction surveys
- ◆ Patient medical record data

Sample Evaluation

GOALS: Improve health outcomes and prevent diabetes in seniors attending community-based senior centers in Flushing, Queens

OBJECTIVE: By March 2014, Implement a CHW intervention program in 5 community-based senior centers, reaching 100 individuals at risk for diabetes.

OUTCOMES: Participants will engage in healthier diet and exercise behaviors and increase nutritional knowledge and lose weight.

Activity	Timeline	Person(s) Responsible	Evaluation Questions	Indicators	Data Source
1. Identify and recruit 5 senior centers	3/12 – 5/12	Project coordinator	How many senior centers contacted?	# of senior centers recruited	Activity log/ meeting minutes
2. Identify and recruit a cohort of CHWs	4/12 – 6/12	Project coordinator, senior center liaisons	How many individuals were contacted?	# of CHWs recruited	Activity log
3. Conduct training of CHWs	6/12 – 8/12	Project coordinator, health coordinators	How many CHWs were trained?	# of CHWs trained and retained.	Activity log
4. Coordinate the implementation of the CHW intervention	8/12 – 8/13	Project coordinator, CHWs	How many CHW interventions conducted?	# of programs implemented at the senior centers	Activity log and program records
5. Evaluate the results of the CHW intervention	8/13 – 3/14	Evaluator	How many individuals participated? How much did knowledge improve? How much weight did participants lose?	# of participants Scores on knowledge and behavior assessments Avg weight loss of participants	Attendance records Pre and post nutrition assessments Weight and diet records and diaries

Evaluation Checklist

- ◆ Does the evaluation section:
 - Address the stated goals and objectives?
 - Clearly articulate what will be evaluated?
 - State what information will be collected, how often, and by whom?
 - State who will be responsible for analyzing the data?
 - Discuss how the information and conclusions will be used to improve the program and/or add to the knowledge base of the topic area?

Sample Budget

	FTE	Annual Salary	Total Cost	Organization Contribution or Other Funds	Request
Personnel					
1. Project Coordinator	1.0	50,000	50,000	0	50,000
2. Health Educator	.50	40,000	20,000	0	20,000
3. Administrative Assistant	.20	25,000	5,000	5,000	0
4. Grants Manager	.10	35,000	3,500	3,500	0
Subtotal personnel			78,500	8,500	70,000
Fringe Benefits @ 25%			19,625	2,125	17,500
Total personnel			98,125	10,625	87,500
Other Than Personnel Services (OTPS)					
Equipment			1,500	0	1,500
Supplies			3,000	0	3,000
Travel			1,000	0	1,000
Telephone			500	0	500
Other					
Subtotal OTPS			6,000	0	6,000
Total Direct			104,125	10,625	93,500
Indirect at 20%			20,825	14,325	6,500
GRAND TOTAL			124,950	24,950	100,000

Sample Budget Narrative

- ◆ Project Coordinator, TBA, 1.0 FTE, \$50,000: A bilingual coordinator will be hired who will have overall responsibility for the planning, implementation and evaluation of the program. S/he will supervise the health educator.
- ◆ Equipment: \$1,500 is allocated for a laptop computer for the project coordinator.

Grant Component: Sustainability and Dissemination

- ◆ How will you maintain project activities after project period and funding is over?
 - E.g. – Generate new revenues, incorporate into current operations, or no further funding required
- ◆ How will you share what you've learned from this experience?
 - E.g. - Presentations, articles, toolkit, community forums, etc

Appendices

- ◆ Letters of support
- ◆ Memoranda of Agreement
- ◆ Resumes/Bio Sketches
- ◆ Table of organization
- ◆ Sample data collection instruments
- ◆ Ancillary data and information
- ◆ Published articles
- ◆ Financial statements



Final Tips

- ◆ Follow instructions completely (e.g. page length, font and spacing requirements).
- ◆ Pay attention to the review criteria
- ◆ Spelling and grammar do make a difference.
- ◆ Use proofreaders - build in time and designate a person who is not part of the grant writing to review proposal draft. It's better to get feedback and criticism from a colleague than the Reviewer.
- ◆ Many grants have page restrictions. During the writing process don't worry about adhering to this – you can always cut at the end
- ◆ Polish and re-polish your abstract – may be the only narrative some reviewers will read.



Final Tips cont.

- ◆ Gain consensus on shared terminology -- several staff members may be working on components of a grant application, thus agreement on shared terminology should be determined at the outset
- ◆ What you decide to leave out can be just as important as what you include in the application
- ◆ Use the Appendices but remember that Reviewers may not take the extra effort to look at the Appendix item so be clear and make your point in the text
- ◆ Apply early and apply often! If you are unsuccessful, read the Reviewer comments, revise and resubmit
- ◆ Take advantage of the Freedom of Information Act and request and review successful proposals.

Grant Application Review Exercise

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able

“Agreed. We fund only those proposals
we can understand.”