

May 20, 2011

# Grant Writing for Sustaining Our Work

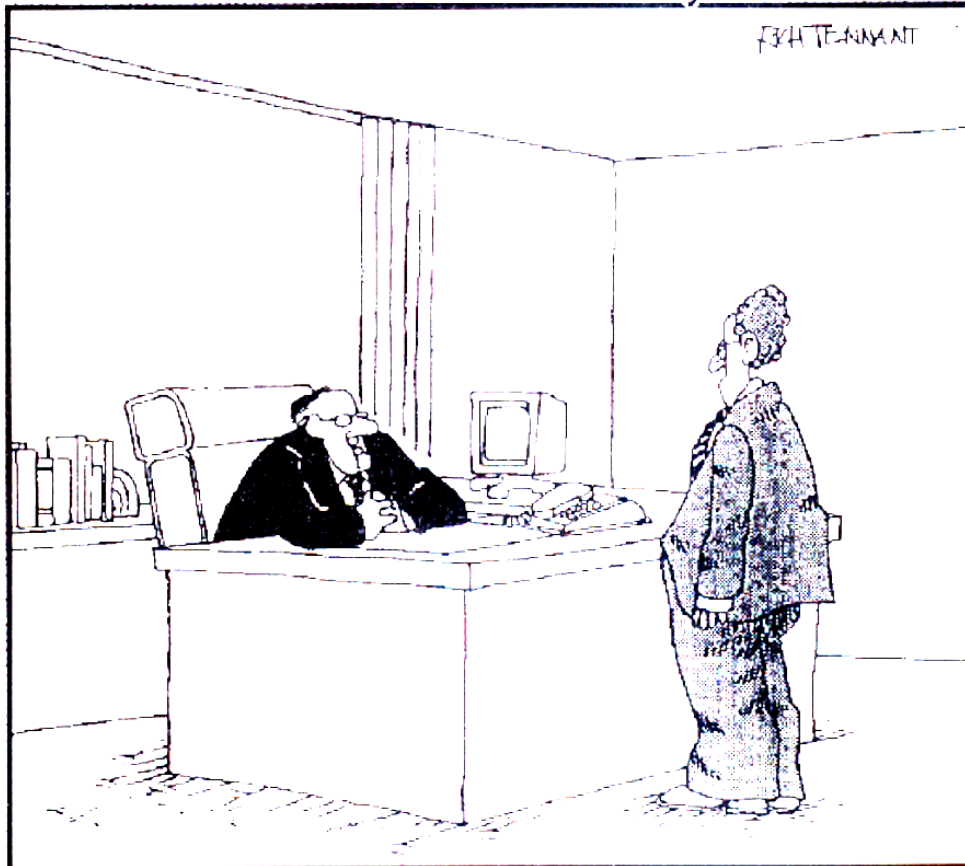
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# The 5<sup>th</sup> Wave

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.’”

# 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

# Three Important Rules

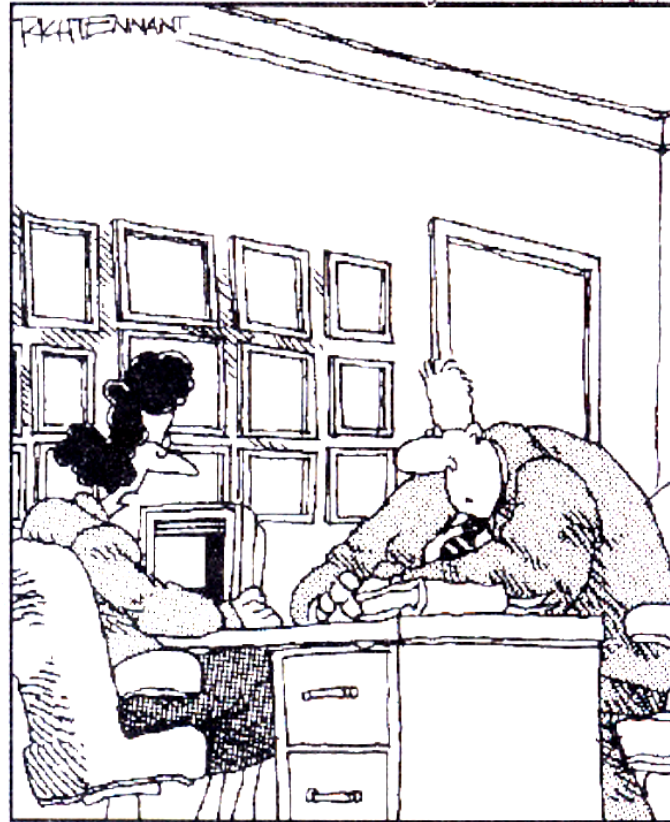
- ◆ Read the **directions**.
- ◆ Follow the **directions**.
- ◆ Review and check to make sure you addressed all the **directions** before submission.

# 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

# The 5<sup>th</sup> Wave

By Rich Tennant



"I appreciate you sharing your dreams and wishes for starting your own pool and spa business, but maybe I should explain more fully what we at the Make-A-Wish Foundation are all about."

# Abstract / Executive Summary

- ◆ Perhaps the MOST important section of the proposal - the 1<sup>st</sup> 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 subpopulations in the U.S. (APIAHF 2005; Kim et al. 2006). More than one million Korean Americans, comprising 11% of the total of Asian American populations were living in the U.S. in 2000 (Barnes and Bennett 2002). 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 (APIAHF 2005; AAFNY 2004). Approximately 70% of Koreans in the U.S. are foreign-born compared to 11% of the general U.S. population (Census, 2000). 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 (APIAHF 2005). 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 (U.S. Census 2006). Among NYC residents, Koreans report some of the highest uninsured rates, with 37% uninsured (Kim et al., 2006). 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 (APIAHF 2005).

# 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

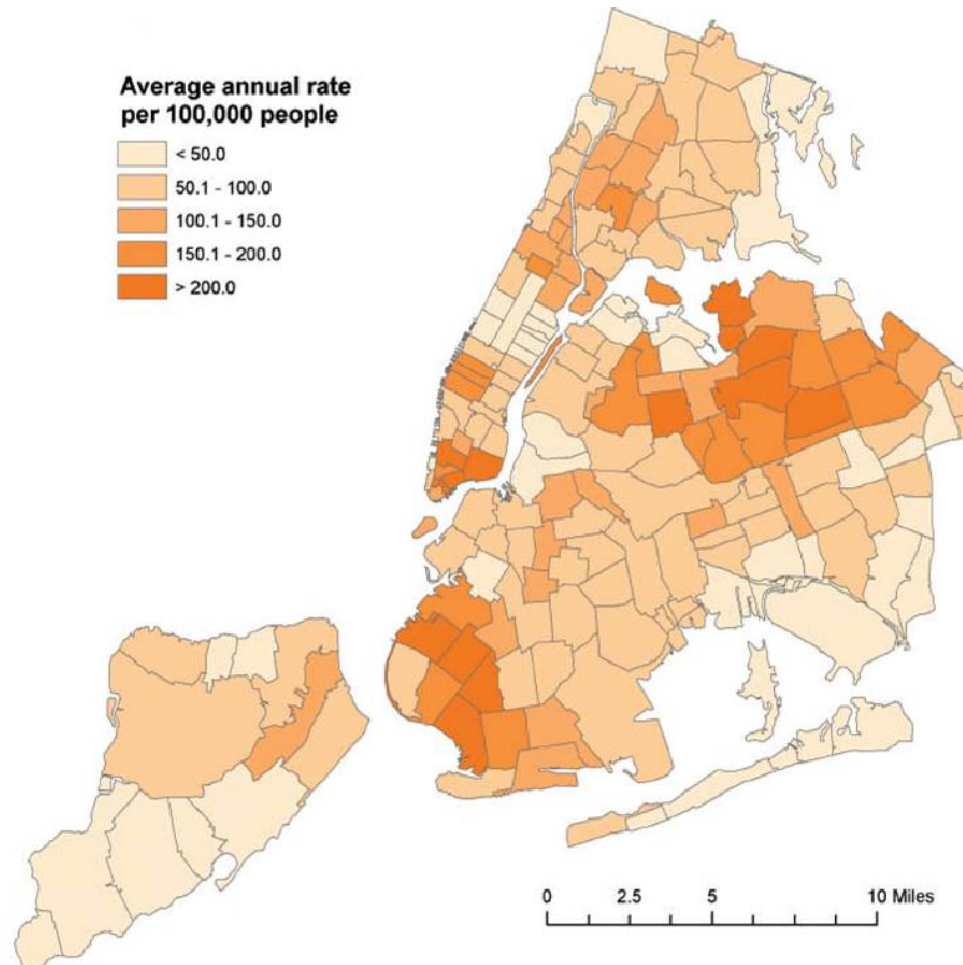
- Statistics most common form
- Can provide hard #s that reviewers can immediately grasp.

## ◆ 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 the *Fine, Fit and Fabulous* program in 5 faith organizations, 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 Fine, Fit and Fabulous 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 *Fine, Fit and Fabulous* program in 5 faith organizations, reaching 100 individuals at risk for diabetes

# Sample Program Activities

Sample Objective: By September 2011, implement the *Fine, Fit and Fabulous* program in 5 faith organizations, reaching 100 individuals at risk for diabetes

## Steps:

- ◆ Hire project coordinator.
- ◆ Identify and recruit five churches to participate in program.
- ◆ Gather and/or develop training, promotional and other program materials.
- ◆ Conduct a train-the-trainer program for five church coordinators.
- ◆ Promote program through presentations/activities in the churches, church bulletins, and other venues that will be identified.
- ◆ Develop regular forum for coordinators to share successes/challenges.
- ◆ Conduct ongoing program evaluation.

# 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

**Goal:** Improve the health outcomes of individuals with diabetes in the southwest Bronx.

**Objective:** By March 2009, implement the *Fine, Fit, and Fabulous* program in 10 churches, reaching 200 individuals at risk for diabetes.

**Outcome:** Participants will engage in healthier diet and exercise behaviors, increase nutrition knowledge, and lose weight.

Activity	Timeline	Person(s) Responsible	Evaluation Questions	Indicator(s)	Data Source
1. Identify and recruit 10 churches to host <i>Fine, Fit, and Fabulous</i> programs.	03/08 – 05/08	Project coordinator			
2. Conduct a train-the-trainer session for the 10 coordinators of the <i>Fine, Fit, and Fabulous</i> .	6/08	Project coordinator			
3. Coordinate the implementation of the <i>Fine, Fit, and Fabulous</i> program at 10 churches.	7/08-12/08	Project coordinator, faith based health coordinators, fitness instructor			
4. Evaluate results of each <i>Fine, Fit, and Fabulous</i> program.	1/08-2/09	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

# 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
<b>Personnel</b>					
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
<b>Other Than Personnel Services (OTPS)</b>					
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
<b>Total Direct</b>			104,125	10,625	93,500
Indirect at 20%			20,825	14,325	6,500
<b>GRAND TOTAL</b>			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

# Identifying Funding Sources



# Final Tips

- ◆ Review applications from past awardees with similar proposals
- ◆ As you may have several staff members working on components of a grant application, make sure to come to agreement on shared terminology at the outset
- ◆ Many grants have page restrictions during the writing process don't worry about adhering to this – you can always cut at the end
- ◆ 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
- ◆ Build in time and designate an outside person to do a final review of the grant application

# Questions and Answers