

Roadmaps to Health Community Grants

Eligibility *

* Indicates required

Review the following criteria to determine if the proposed project is eligible.

Note: Please review the FAQs regarding [Match funding](#) for more information.

To be eligible for the funding described in the CFP "Total Awards" section on page 8, applicants must secure a 100 percent funding match. At least 50 percent of the match must be in cash and the balance may be in-kind match either whole or in part from the applicant organization, and/or one or more local, state, regional or national funding partners. At the time of brief proposal submission, applicants are expected to submit a description of the anticipated match. Upon notification, all finalists will be required within seven (7) business days to provide documentation that the matching funds have been secured.

1. Do you meet this eligibility criteria? *

- Yes
- No

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Applicant Organization *

* Indicates required

Provide the following information about the applicant organization. **Include the formal legal name of the organization that, if awarded, will receive grant funds.**

Note: If the Applicant Organization is a college or university, include the appropriate School, Department or Unit.

Applicant Organization *

School/Department/Unit

Address *

Address (line 2)

City *

State / Territory *

Zip Code + 4-digit extension *

Phone Number *

Fax Number

Website

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Key Contacts *

* Indicates required

- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home."
- Use the "Copy feature" to copy completed organizational and address information to a new contact. Choose a role from the drop-down menu and select the "Copy" button.
- If the Key Contact Organization is a college or university, include the appropriate School, Department or Unit.

Project Director *

This is the person with the responsibility for carrying out the project. This person will be the primary recipient of all key Foundation correspondence: copy of award notice, post-award financial and monitoring and grant closure.

E-mail *	<input type="text"/>		
Confirm E-mail *	<input type="text"/>		
Prefix *	<input type="text"/>		
First Name *	<input type="text"/>		
Middle Name	<input type="text"/>		
Last Name *	<input type="text"/>		
Suffix	<input type="text"/>		
Degree(s)	<input type="text"/>		
Organization *	<input type="text"/>		
Position *	<input type="text"/>		
School/Department/Unit	<input type="text"/>		
Address *	<input type="text"/>		
Address (line 2)	<input type="text"/>		
City *	<input type="text"/>		
Country	<input type="text"/>		
State / Territory *	<input type="text"/>		
Zip or Postal Code *	<input type="text"/>		
Office Phone Number *	<input type="text"/>	Phone Extn	<input type="text"/>
Cell Phone Number	<input type="text"/>		
Fax Number	<input type="text"/>		

Co-Project Director

If applicable, provide the following information for the co-project director who will share responsibility for this project.

E-mail *	<input type="text"/>		
Confirm E-mail *	<input type="text"/>		
Prefix *	<input type="text"/>		
First Name *	<input type="text"/>		
Middle Name	<input type="text"/>		
Last Name *	<input type="text"/>		
Suffix	<input type="text"/>		
Degree(s)	<input type="text"/>		
Organization *	<input type="text"/>		
Position *	<input type="text"/>		
School/Department/Unit	<input type="text"/>		
Address *	<input type="text"/>		
Address (line 2)	<input type="text"/>		
City *	<input type="text"/>		
Country	<input type="text"/>		
State / Territory *	<input type="text"/>		
Zip or Postal Code *	<input type="text"/>		
Office Phone Number *	<input type="text"/>	Phone Extn	<input type="text"/>
Cell Phone Number	<input type="text"/>		
Fax Number	<input type="text"/>		

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Project Title & Summary Information *

* Indicates required

Provide the following information specific to the proposed project.

- Project Title (maximum 150 characters)
- Requested Amount (up to \$200,000)
- Duration (up to 24 months)

Title *

Requested Amount \$ *

Start Date

Duration *

months

Executive Summary

Briefly summarize your proposed project in no more than one paragraph of 2,000 characters including spaces (approximately 300 words). This summary should address the following:

- Applicant Organization
- Social or economic factor being targeted
- Policy or system-change objective
- Description of multisector coalition or network
- Description of community engagement strategy
- Specify matching funds partners

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Proposal Information Questions *

* Indicates required

1. What is the focus area for this proposal? *

- Education
- Income & Employment
- Family and Social Connectedness
- Community Safety

2. What level of policy or system-change objective is being targeted? *

- Institutional
- Municipal/City
- County
- Statewide
- Other

3. What type of organization is submitting a proposal for this funding opportunity? *

- Business coalition
- College or University
- Community organization
- Government agency
- Other (please explain)
- Hospital
- Non-profit
- Public Health agency

4. How did you learn about this Call for Proposals (CFP)? *

Select all that apply.

- From an email announcement
- From a colleague in the same institution
- From a colleague in a different institution
- At a national meeting/conference
- Other
- From the RWJF Web site
- From another Web site
- From a journal, other publication
- From a listserv

5. Name up to three communications outlets/vehicles (websites, listservs, newsletters, etc.) where you would normally find announcements for funding opportunities such as the one you are applying for.

Maximum of 500 characters, including spaces.

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Project Proposal Narrative *

* Indicates required

To Begin

Download the template shown below. Follow the instructions included on the template. Upload the completed template by selecting the "Upload document" button in the Uploaded Documents column.

To Upload

To maintain the original formatting, **you must convert your document(s) to the PDF format prior to uploading.** For additional information, refer to Troubleshooting Tips link to the left.

Description	Templates	Uploaded Documents
Project Proposal Narrative * Download the Project Proposal Narrative Template to the right. Follow the instructions included in the template to complete and upload. Help for converting to a PDF document is available in the "Troubleshooting Tips" located in the Reference section to the left.	Project Proposal Narrative	

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Roadmaps to Health Community Grant Program

Brief Proposal

Narrative Template

Instructions for using this template.

This template is to be used to provide your proposal narrative.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Complete the **Proposal Narrative Categories** shown below (maximum of 5 pages). Additional information on the categories below is available in the “Reference” section—located in the online system.

Your Brief Proposal Narrative should include the following;

Applicant Organization

- A brief description of the applicant organization and how the organization’s mission aligns with the proposed project
- A brief description of the applicant organization’s capacity to undertake the project, including experience conducting policy or system change advocacy.
- Describe how the applicant organization (or the project director) has:
 - A demonstrated history of managing funds, (e.g. foundation or government) to support non-lobbying advocacy efforts.
 - Strong previous or current relationships with legal counsel with expertise on the lobbying and political activity restrictions that apply to public charities and private foundations.

Social or Economic Factor

- A brief description of the social or economic factor to be addressed, including data describing that factor in the targeted population.
- A brief description of the evidence base or rationale that supports the proposed policy or system change as a strategy to address a factor that influences health.

Policy or System Change

- A brief description of the policy or system to be changed.
- A brief description of the plan and strategy for achieving the policy or system change, including identification of key decision makers.

Multisector Coalition or Network

- A brief description of the proposed coalition or network members and a brief description of the group’s experience working together.
- A brief description of the role and experience of each key partner in the project.
- A brief description of additional partners needed to achieve coalition or network goals, and a plan to develop these partnerships.

Community Engagement

- A brief description of the community that will be affected by the policy or system change, including data on population size and need.
- A brief description of the process used to define, assess and prioritize the community’s needs and a description of how the proposed policy or system change target was selected.

- A brief description of how members of the population affected by the policy or system change were involved in the development of the proposed action strategy and how they will be engaged throughout the project.

Matching Funds Partners

- Anticipated matching funding partners.

Additional Information

- The name, title and contact information for the project director.
- Expected duration of the proposed grant, which is not to exceed two years.
- Complete the Budget Table and Budget Narrative that follows the Brief Proposal Narrative section (maximum of 1 page total).
- Delete this block of instructions.
- **Save your final Proposal Narrative in PDF format.** Refer to the online Applicant Guide, Upload a Document section (see link on left navigation bar) for more information on uploading your PDF file. Refer to Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to PDF format.
- Upload the PDF file to the Project Proposal Narrative section of the online system.

NOTES:

- The **Proposal Narrative Categories** are limited to five pages.
- The Budget and Budget Narrative do not count towards the five-page limit.
- You will not be able to upload a document that is greater than six pages.
- Do not adjust the margins or font style/size of this template (already set at Arial 12 and 1.5 line spacing).
- No hardcopy materials will be accepted as part of your online submission.

Don't forget...delete this block of instructions before uploading this template.

Identifying Information

Project Title: (Your Project Title goes here.)

Proposal I.D.: (Your Proposal ID—located in the upper right corner of the online system goes here.)

Applicant Name: (Your Project Director's Name goes here.)

Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here.)

Proposal Narrative Categories

Applicant Organization:

Social or Economic Factor:

Policy or System Change:

Multisector Coalition or Network:

Community Engagement:

Matching Funds Partners:

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BUDGET

Note: Budget and Budget Narrative **do not** count towards the five-page limit of your narrative. Do not exceed one page for the Budget Table and Budget Narrative. You will not be able to upload a document that is greater than six pages.

An important component of your brief proposal is the preparation of an initial budget estimate. Please complete every line in the table below using your best judgment when projecting project expenses. Following the table, provide a brief narrative.

Definitions:

- Personnel – salary and fringe benefit costs.
- Other Direct Costs – office operations, communications/marketing, travel, meeting expenses, and project space.
- Purchased Services – consultant and/or contract costs.
- Indirect Costs – administrative expenses related to overall operations. The Foundation's approved rate for Indirect Costs is 12% of Personnel, Other Direct Costs and Purchased Services. When Purchased Services total more than 33% of the RWJF portion of a budget, the Foundation limits indirect costs on the Purchase Services category to 4%.
- Other Support – cash match and in-kind support.

Don't forget...delete this block of instructions before uploading this template.

Budget Table

Budget Category	RWJF Support	Other Support
Personnel		
Other Direct Costs		
Purchased Services		
Indirect Costs		
GRAND TOTAL		

Budget Narrative

(Your Brief Budget Narrative goes here.)

Grant Duration