

Research in Transforming Health & Health Care Systems 2017 Call for Proposals

Eligibility Criteria *

* Indicates required

Preference will be given to applicants that are public agencies or are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

- Grant funds may *not* be used for the following:
 - lobbying activities
 - general operating expenses or to pay off existing deficits
 - providing services for which third party reimbursement is available
 - endowment or capital costs, including construction, renovation or equipment
 - basic biomedical research
 - conducting conferences or symposia if that is your primary purpose for the grant
 - international programs or institutions
 - providing support to individuals

- The applicant institution must be based in the United States or in a U.S. territory.

1. Do you fit the eligibility criteria described above? *

- Yes
 No
-

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Applicant Organization and Tax Verification *

* 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.

You may use the "Select organization information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will become prepopulated with the required data. If that occurs, please be sure to proofread the prepopulated information to ensure that it is accurate and current. Feel free to edit as needed. [Use this link](#) to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

Organization *	<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 Code + 4-digit extension *	<input type="text"/>
Phone Number *	<input type="text"/>
Fax Number	<input type="text"/>
Website	<input type="text"/>

Tax Verification

1. Applicant Organization Tax ID (Employer ID Number)
2. Is the applicant organization tax-exempt under section 501(c)(3) of the Internal Revenue Code, or a state university, or a governmental entity? *
 Yes No
3. Is the applicant organization a private foundation, or a Type III supporting organization? *
 Yes No

Research in Transforming Health & Health Care Systems 2017 Call for Proposals

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.

You may use the "Select contact information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will become prepopulated with the required data. If that occurs, please be sure to proofread the prepopulated information to ensure that it is accurate and current. Feel free to edit as needed. [Use this link](#) to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

Principal Investigator *

This is the person with the responsibility for overseeing 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. Additionally, after the application is submitted, this person will be asked to provide feedback to an independent survey firm on the application process and applicant characteristics in a brief, online survey. RWJF will share this person's contact information, including email address, with the survey firm for the sole purpose of soliciting feedback.

Email *	<input type="text"/>
Confirm Email *	<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

State / Territory *

Zip or Postal Code *

Office Phone Number *

Phone Extn

Cell Phone Number

Fax Number

Co-Principal Investigator or Project Manager

If applicable, provide the following information for the project co-principal investigator or project manager who will share responsibility for this project. This person will also receive all key Foundation correspondence as described above.

Email *

Confirm Email *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number *

Phone Extn

Cell Phone Number

Fax Number

Other Contact

The "Other Contact" should be the Principal Investigator's assistant or another person we can contact if the Principal Investigator is unavailable.

Email *

Confirm Email *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number *

Phone Extn

Cell Phone Number

Fax Number

Financial Contact *

The financial contact should be someone with whom we can communicate regarding budgetary matters.

Email *

Confirm Email *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number * Phone Extn

Cell Phone Number

Fax Number

Financial Officer *

This is the person who will receive all payments for this award.

Email *

Confirm Email *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

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"/>	

Authorized Official *

This is the person who receives the Letter of Agreement for a project and whom the applicant organization has designated as being authorized to sign contracts on behalf of the organization. This person will receive a copy of the award notice.

Email *	<input type="text"/>	
Confirm Email *	<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)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number *

Phone Extn

Cell Phone Number

Fax Number

Highest Ranking Official *

This person is generally the highest ranking individual of the applicant organization (e.g., CEO, president, chancellor or similar officer). The award notice is addressed to this person.

Email *

Confirm Email *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number*

Phone Extn

Cell Phone Number

Fax Number

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Research in Transforming Health & Health Care Systems 2017 Call for Proposals

Project Information Questions *

* Indicates required

1. What is the primary academic discipline of the project's principal investigator? *

- Health Services Research
- Economics
- Statistics
- Sociology
- Political Science
- Public Policy
- Public Health
- Public Administration
- Law
- Business Administration
- Medicine
- Other (please specify)

2. What is the highest degree(s) completed by the principal investigator? *

- Doctoral (e.g., Ph.D., M.D., J.D., etc.)
- Masters
- Bachelors
- Other (please specify)

3. Please select the best description of the organization where the principal investigator is located. *

- University
- Non-university-based research organization
- Non-university-based health policy organization
- State agency
- Local agency
- Nonprofit advocacy organization
- Association
- Other (please specify)

4. Has the principal investigator submitted a proposal to RWJF before? *

Note: This question is for internal tracking purposes only. Your answer will not affect the outcome of your proposal.

- Yes
- No
- Not sure

5. Did any previous submission result in an award? *

Note: This question is for internal tracking purposes only. Your answer will not affect the outcome of your proposal.

- Yes
- No
- Not sure

6. Has anyone else on the project team submitted a proposal to RWJF? *

Note: This question is for internal tracking purposes only. Your answer will not affect the outcome of your proposal.

- Yes
- No
- Not sure

7. Did any submission by a team member result in an award? *

Note: This question is for internal tracking purposes only. Your answer will not affect the outcome of your proposal.

- Yes
- No
- Not sure

8. Did anyone on the project team contact RWJF or AcademyHealth prior to submitting this proposal? *

- Yes
- No

9. How did you hear about the Research in Transforming Health and Health Care Systems program? *

Select all that apply.

- Email
- Social Media
- Website

- Colleague
- Internet
- Conference
- Mailing
- Other (please specify)

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Research in Transforming Health & Health Care Systems 2017 Call for Proposals

Full Proposal Narrative *

* Indicates required

To Begin

Download the template shown below. Follow the instructions included on the template.

To Upload

Upload the completed template by selecting the "Upload document" button in the "Uploaded Documents" column. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," located in the Reference box to the left.

Description	Templates	Uploaded Documents
<p>Full Proposal Narrative *</p> <p>To maintain the original formatting, <i>you must convert your document to a PDF file prior to uploading.</i> For additional information, refer to "Troubleshooting Tips," located in the Reference box to the left.</p> <p>Download the template in the "Templates" column to the right, and follow the instructions carefully.</p>	Full Proposal Narrative	

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Research in Transforming Health & Health Care Systems 2017 Call for Proposals

Project Summary *

* Indicates required

Proposed Project Title *

Total Amount of RWJF Funding *
Requested \$

Project Start Date

Number of months anticipated to *
complete project

months

Project Summary *

In no more than 2000 characters, including spaces (roughly 300 words), please summarize your proposed work in the text box below. This project summary should briefly describe each component of your proposal.

The system will not permit a response that exceeds 2000 characters, including spaces.

Note: If you paste directly from Word or another program into a text box, the character count may not be accurate. This is due to "hidden" html code included when pasting directly from these programs. To help avoid this:

- Use the formatting bar and choose either the "Paste as Plain Text"  or "Paste from Word"  icon to copy text into the text box. Once you click in the text box, these icons will become available for use. Using either of these icons should help remove some of the hidden code.
- For an accurate character count, type your summary directly into the area below instead of pasting from Word or another program.

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Budget Worksheet *

* Indicates required

An important component of your proposal is the preparation of a budget. Complete every field on this page using your best judgment when projecting expenses. Refer to the *Glossary & Instructions* section of the *Budget Preparation Guidelines* for complete instructions on the following categories:

- Personnel—salary and fringe costs.
 - Amount – enter the RWJF requested amount.
 - FTE (if shown) – this column does not calculate.
 - Total – this column will replicate the “Amount” column for a single budget period and will show the cumulative total for multiple budget periods (if applicable).
- 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 percent of Personnel, Other Direct Costs and Purchased Services. When Purchased Services total more than 33 percent of the RWJF portion of a budget, the Foundation limits indirect costs on the Purchased Services category to 4 percent.

Project funding for Research in Transforming Health & Health Care Systems (RTHS) will range from \$50,000 to \$150,000 to accommodate studies of 6-12 months.

Preference will be given to rapid-turnaround projects that can be completed within 6 months. *Projects lasting longer than 6 months must provide strong justification for the extended grant period.*

For additional information, refer to the ["Budget Preparation Guidelines"](#) link shown on the left.

"Duration" and "Project Total" are auto-populated by data from the "Project Summary" screen.

Duration	Project Total
----------	---------------

Budget Worksheet

	Amount
	Duration* 12 months
Personnel	
Other Direct Costs	
Purchased Services	
Indirect Costs	
Total	

SAMPLE - not intended for submission

Research in Transforming Health & Health Care Systems 2017 Call for Proposals

Budget Narrative *

* Indicates required

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 maintain the original formatting, **you must convert your document(s) to a PDF file prior to uploading.** For additional information, refer to "Troubleshooting Tips," located in the Reference box to the left.

Description	Templates	Uploaded Documents
Budget Narrative * For additional information, review the "Budget Preparation Guidelines" in the Reference box found in the left-hand column.	Budget Narrative	

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Research in Transforming Health & Health Care Systems 2017 Call for Proposals

Supporting Documents *

* Indicates required

All documents must be converted to a PDF file prior to uploading, in order to preserve your original document formatting. For additional information regarding converting your document to PDF, refer to the "Applicant Guide" (see link on the left), "Upload a Document" section.

The following two supporting documents are *required*:

1. CV/Resume
2. Proposed Timeline/Work Plan

The following two types of supporting documents are *optional*:

1. Letters of Support
2. Appendices

To prepare, upload and submit these documents:

- Be sure to carefully read and follow the instructions.
- Complete the "Identifying Information" section, if requested.
- Convert each document to a PDF.
- Follow the instructions in the "Upload Documents" section of the "Applicant Guide" (link on left side of screen).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
CV Instructions * See the instructions link in the "Templates" column to the right.	CV Instructions	
Proposed Timeline/Work Plan * Download the template (see link in "Templates" column to the right) and follow the instructions carefully.	Timeline/Work Plan Template	
Optional Letters of Support If you choose to submit letters of support, see the instructions link in the "Templates" column to the right.	Letter of Support Instructions	
Optional Appendices If you choose to submit appendices, download the template (see link in "Templates" column to the right) and follow the instructions carefully.	Appendices Template	

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Polls and Surveys *

* Indicates required

Please respond to the question below to let us know if there are to be any polls or surveys conducted as a part of this proposed project, or as part of any projects for which you will use Foundation funds, including any subcontract agreements.

Note: RWJF-funded surveys must conform to the [Code of Professional Ethics and Practices](#) of the American Association for Public Opinion Research (AAPOR).

All grantees and subcontractors conducting a survey will be expected to fill out two survey forms, describing their [Survey Design](#) and [Survey Results](#). If awarded a grant, links to both survey forms will be emailed to the project director 30 days after the award date. Please note it is the responsibility of the project director to acquire this information from all subcontractors and send to the Foundation.

A survey is defined as any quantitative study of human populations that has the following characteristics:

1. The population to be studied is defined.
2. A sample is selected from this population.
3. Characteristics of this sample are measured.
4. Sample statistics are calculated.
5. Inferences are made from the sample statistics to the population parameters of interest.

The following types of research do **not** constitute survey research: focus groups, specialized interviewing, additional analysis of a previously fielded survey, laboratory or other experiments.

For additional information and FAQs, please read the [RWJF Guidelines for Funding and Releasing Polls and Surveys](#).

1. Will any polls or surveys be conducted as part of this proposed project? *

If you are unsure if your proposed project will contain a poll or survey, please select "Yes" at this time.

Yes No

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Research in Transforming Health & Health Care Systems Proposal Narrative

Instructions for using this template.

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

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.

This proposal narrative should provide a concise and complete description of the proposed research, methods, and policy relevance. Your narrative should contain the information necessary for reviewers to understand fully the project being proposed.

Use the headings and bullets shown below this instruction box *as a guide* to organize your narrative. *You may delete headings and bullets in your response.*

The proposal should be in traditional narrative format; it should not be in bullet form.

Delete this block of instructions before uploading your proposal narrative.

Save your final Proposal Narrative as a PDF file. 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 the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.

Upload the PDF file to the Proposal Narrative section of the online system.

NOTES:

Your narrative should be typed in **12-point Arial font and black type**. **The entire narrative, including section headings, may not exceed 10 pages with double spacing** and one-inch margins on the top, bottom and sides of the page.

No hardcopy materials will be accepted as part of your online submission.

References may be included within the narrative or uploaded as part of the optional appendices template (see Supporting Documents section of this website).

Remember to delete this block of instructions—and the guidelines shown in blue under each section heading—before uploading this template.

Identifying Information

Project Title: (your project title goes here)

Proposal I.D.: (your proposal ID goes here—found in the upper right corner of any screen in this online system)

Applicant Name: (your Principal Investigator's name goes here)

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

(Your Proposal Narrative goes here. Do not exceed 10 pages, double-spaced. You may delete the following headings and bullets in your response.)

A. Nature of the Research or Evaluation and its Policy Significance

Include a precisely framed statement of the research questions or hypotheses upon which the proposed project is based.

Include information on the relevance of the research question and proposed analysis with respect to its policy significance and its potential impact on health and health care systems. This discussion should include the underlying rationale for the analysis as well as the reasons for the proposed study.

Include a clear description of the impact(s) (e.g., on affordability, access, coverage, costs, premiums, outcomes, quality, etc.) of the health and health care issues that will be assessed.

B. Prior Analyses and Research Studies

Present a review of similar and relevant prior analyses and research studies by the applicant and others, including work reported in the medical and health services literature as well as work known to be underway. Distinguish the proposed study from prior work.

C. Project's Approach and Methodology

Include the identification of specific measurable outcomes related to the health and health care system issues under examination.

Describe the analytic approach, including the proposed research design, statistical methodologies, theoretical models and assumptions, as well as the data sources and acquisition plan and the limitations of data to be analyzed.

D. Deliverables

Include description of target audiences and dissemination strategies. Discuss ability to inform decision makers and create timely deliverables for wide dissemination, based on preliminary findings and throughout the life of the grant, in addition to papers suitable for peer-reviewed publication.

E. Barriers

Discuss any barriers or limitations that may impede the project and describe how they might be overcome.

Research in Transforming Health & Health Care Systems

Full Proposal Budget Narrative

Instructions for using this template.

An important component of the submission process is the preparation of a detailed budget narrative, which links the requested funding from the budget worksheet with specific elements of the proposed project. Best judgment should be used when projecting program expenses. This template must be used to provide a budget narrative for the proposed project.

You should:

Familiarize yourself with the Budget Preparation Guidelines located in the “Reference” box, located on the left-hand side of all screens in the online system.

Once you have accessed the guidelines, you can print them by selecting “Print Budget Guidelines” found in the upper right corner of the screen.

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.

In the table shown below, complete all **categories** and **sub-categories** for which you are requesting funding..

Delete this block of instructions.

Save your Budget Narrative as a PDF file. 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 the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.

Upload this file to the Budget Narrative section of the online system.

For each of the categories and sub-categories below, explain — completely and in as much detail as possible — how the funds for this line item will be spent and how the amount was determined. Refer to the Robert Wood Johnson Foundation (RWJF) Budget Preparation Guidelines available in the Reference Materials section of the online system for more information.

NOTES:

Delete any categories (e.g., Personnel, Other Direct Costs) or sub-categories (e.g., Other Staff, Travel, Consultants) that are not included in your budget.

Include detailed Full Time Equivalent (FTE) information for each person/role in the Personnel category where funds are being requested.

If polls or surveys are a component of your project, under Other Direct Costs, list amount of each non-Personnel and non-Purchased Services cost (e.g., fielding and administrative costs, design and development of survey instruments, mailing of questionnaires, expenses related to telephone surveys, printing and dissemination of findings) associated with your survey in Surveys section. There may also be survey costs budgeted under Personnel (e.g., temporary help, interviewers, data coders) and/or Purchased Services (e.g., consultant or contract costs). RWJF is interested in capturing total poll or survey costs for your project, Therefore, in addition to budgeting poll or survey costs in their appropriate budget subcategories, also state total amount budgeted for poll or survey costs from all budget subcategories in Surveys section.

Include a Contract Budget and Fact Chart, if applicable, for any contracts that are a part of your proposed project.

Do not adjust the margins or font style/size of this template.

No hardcopy materials will be accepted as part of your online submission.

Remember to delete this block of instructions before uploading this template.

Identifying Information

Project Title: (your project title goes here)

Proposal I.D.: (your proposal ID goes here—found in the upper right corner of any screen in this online system)

Applicant Name: (your Principal Investigator’s name goes here)

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

Category	Narrative
Personnel	
Note: You <i>must</i> include base annual salary and full time equivalent (FTE) information for each person/role where funds are being requested in this category. We recommend you insert a table with this information. See Personnel section of Budget Preparation Guidelines for complete instructions.	
Principal Investigator	
Project Staff	
Administrative Staff	
Other Staff	
Fringe Benefits	
Other Direct Costs	
Office Operations	
Polls and Surveys	
Communications/ Marketing	
Travel	
Meeting Expenses	
Equipment	
Project Space	
Other	
Purchased Services	
Consultants	
Contracts *	
Indirect Costs	
Indirect Costs	
In-kind Support	

***If contracts are a part of your proposed budget, you *must* complete one Contract Budget and Fact Chart for each contract.** Copy and paste the chart below if there are multiple contracts. Enter “TBD” when information is not yet known. See Glossary & Instructions, Contracts and Deliverables sections for additional information. If there are no contracts, delete these instructions and chart shown below before uploading to the online system.

Contract Budget and Fact Chart

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	

BN Form 05152014

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Research in Transforming Health & Health Care Systems

Key Project Staff Curricula Vitae Instructions

CVs should include information on education, professional experience, publications and funded or unfunded research.

Although no specific format is required, *each CV should be no more than 10 pages.*

You may upload a separate CV for the principal investigator and other key project staff.

For a hard copy CV, you should scan each one individually and save to your computer as a PDF file. To upload, select the “Upload document” button found in the Uploaded Documents column.

For an electronic CV, you should save each one individually to your computer as a PDF file. To upload, select the “Upload document” button found in the Uploaded Documents column.

NOTES:

Save your CV as a PDF file. 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 the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.

The maximum page limit per CV is 10.

To upload more than one CV, select “Upload document” after you have uploaded your first CV in the Uploaded Documents column.

Research in Transforming Health & Health Care Systems

Proposed Project Timeline/Work Plan

Instructions for using this template.

This template is to be used to provide your project timeline.

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 **Timeline Chart** shown below.

- Include major tasks described in your Proposal Narrative.
- Include the months that will be required to complete your tasks.
- In the first column, list the major objectives for the implementation and delivery of this project, including the activities, tactics, tasks or milestones that will be necessary to meet each objective.
- Account for the time required to begin your project implementation, hire staff, and engage partners when contemplating activities for your proposed project.
- Grantees will be required to report progress according to these timelines.

Delete this block of instructions.

Save your final Project Timeline as a PDF file. 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 the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.

Upload the PDF file to the "Supporting Documents" section of the online system.

NOTES:

No hardcopy materials will be accepted as part of your online submission.

Remember to delete this block of instructions—and the guidelines shown below—before uploading this template.

Identifying Information

Project Title: (your project title goes here)

Proposal I.D.: (your proposal ID goes here—found in the upper right corner of any screen in this online system)

Applicant Name: (your Principal Investigator's name goes here)

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

At the start of the project, please identify the projected project periods in which activities will be undertaken. Date periods are divided into six-month periods. Please fill out the projected work plan for as many six-month periods that your project is projected to last. Use the following code to indicate the status of the grant activity:

- B – Will Begin/Began
- C – Will Complete/Completed
- O – Ongoing

Please note that this is meant to outline the major project milestones and estimated grant schedule. It is expected that plans for activities may be revised throughout the project.

TIMELINE CHART

Months 1-12

KEY ACTIVITIES	PERIOD 1 (Months 1 – 6)	PERIOD 2 (Months 7 – 12)
Administration		
Refine Design		
Data Collection		
Data analysis		
Dissemination		
Other Activities		

Research in Transforming Health & Health Care Systems

Letters of Support Instructions

Letters of Support are **optional** and may be uploaded individually or combined and uploaded as one comprehensive document.

You may wish to print this document in its entirety before you begin, so that you will have the instructions available at all times.

For hard copy letters, you should scan the letter and save to your computer as a PDF file. To upload, select the “Upload document” button found in the Uploaded Documents column.

For electronic letters, you should save the letter to your computer as a PDF file. To upload, select the “Upload document” button found in the Uploaded Documents column.

NOTES:

Save your Letter(s) of Support as a PDF file. 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 the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.

To upload, select “Upload document” in the Uploaded Documents column.

You may upload each letter individually. After each upload, another “Upload document” button will appear. A “Remove” button will also appear, in case you need to delete an uploaded document.

Research in Transforming Health & Health Care Systems

Optional Appendices

Instructions for using this template.

This template may be used to provide additional information in support of your project. You will need to follow the instructions below only if you choose to submit appendices. If appendices are *not* applicable, you do not need to upload this template.

Appendices are optional and should be combined and uploaded as one comprehensive document. The first/cover page of the “Appendices Template” should list the materials that are being submitted. **The “Appendices,” including the cover page, may be no more than 10 pages in length (double-spaced).**

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 **Appendices** section below. You may include any documents directly related to the proposed project. Examples of materials you may submit in this appendices template include:

- bibliography or references for the proposal narrative
- evidence of prior work
- fact sheets
- press clippings outlining your efforts
- description(s) of the organizations with whom you will work or other documents directly related to the proposed project
- electronic copies of surveys
- questionnaires
- data collection instruments
- forms or protocols directly relevant to the proposed study

If your appendices are hardcopy documents (e.g., a brochure), complete the **Identifying Information** shown below this block of instructions. Use the resulting document as a cover page and scan along with your hard copy documents. Upload that document following the instructions below.

Delete this block of instructions before uploading your appendices.

Save your final Appendices Template as a PDF file. 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 a PDF file.

Upload the PDF file to the “Supporting Documents” section of the online system.

NOTES:

The appendices file you upload may not exceed 10 pages (double-spaced), including the cover page.

No hardcopy materials will be accepted as part of your online submission.

Remember to delete this block of instructions before uploading this template.

Identifying Information

Project Title: (your project title goes here)

Proposal I.D.: (your proposal ID goes here—found in the upper right corner of any screen in this online system)

Applicant Name: (your Principal Investigator's name goes here)

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

Appendices (list below the materials that you are submitting as appendices)

SAMPLE: Page 30 Of 30
- not intended for submission -