

2011 Health Impact Project Call for Proposals Frequently Asked Questions

ELIGIBILITY & WHO CAN APPLY

Q – Who is eligible to receive a grant under this program?

A – Eligible institutions include state, tribal or local agencies; tax-exempt educational institutions; nonprofit organizations (organizations that are exempt from federal income tax as an organization described by Section 501(c)(3) of the IRS code). Institutions must be located in the United States or its territories to be eligible for a grant under this program.

Q – If my organization does not have 501(c)(3) status, is my organization still eligible to apply?

A – Yes. If it is a state, tribal or local government, or a governmental agency (such as a health department, planning department or department of environmental quality). Also, it is acceptable for a non-501(c)(3) organization (including for-profit organizations) to be a partner, subcontractor or supporting organization for an eligible applicant's proposal.

Q – If my organization has not done an HIA before, may we apply for this funding?

A – Yes. We encourage applications from both organizations experienced with HIA, and those who have not completed an HIA before. Prior HIA experience is *not* required. We encourage both public health organizations and agencies, and applicants whose primary focus is not health, to apply. Applicants from outside the field of public health must demonstrate partnerships that provide appropriate health expertise. Applicants from public agencies must demonstrate a robust plan for engaging community stakeholders in the HIA. For more information please refer to the question below on training and technical assistance.

Q – If my organization does not have experience in health impact assessment, will the Health Impact Project provide any guidance or assistance?

A – Many applicants for this funding will have no prior experience with the HIA process and methods; some may lack the full range of technical expertise—such as familiarity with epidemiology or specific modeling methods—necessary to complete the proposed scope of work. The Health Impact Project will provide two types of training and technical assistance for grantees: a specialized package of training and technical assistance in HIA; and, consultation with experts in a specific subject area required for the analysis. Applicants invited to submit full proposals will be asked to describe their training and technical assistance needs in the proposal. The HIA training and technical assistance will be provided by nationally recognized experts and will be tailored to meet the needs of each grantee. Grantees who have not previously conducted a successful HIA will be expected to help organize and attend an on-site, two-day training that will include your HIA project team, partners and relevant stakeholders. The tailored technical assistance package may also include, for example, consultation with experts in specific methods and subject areas; help in developing collaborative partnerships with other stakeholders; guidance on communications strategies; or guidance on developing an effective plan for implementing HIA recommendations.

Q – If we already have a grant from RWJF or Pew, can we apply for this funding?

A – Yes, provided that the project for which you are applying under this initiative is distinct from your other RWJF or Pew-funded projects.

Q – Is there a limit on the number of proposals submitted by a single organization?

A – Applicants may submit separate brief proposals for up to two projects during this solicitation. The Health Impact Project will not fund more than one full proposal per organization.

Q – Can multiple organizations submit a joint proposal?

A – Strong partnerships or coalitions of groups with a stake in the outcome are often very important to the success of an HIA. We strongly encourage collaborative proposals from two or more organizations. You will need to identify the lead project director, the organization that will receive the grant and the relationship between the lead organization and other partners.

Q–Are there restrictions on collaborations with for-profit firms?

A – A grantee may choose to subcontract part of the HIA work to a for-profit firm. For-profit firms may not be grantees or subgrantees.

Q – Can individuals apply for funding?

A – No. We do not award grants to individuals.

Q – If my organization has not worked on public health issues before, may we apply for this funding?

A – Yes. We encourage applications from organizations both within and outside the field of public health. Applicants from organizations whose focus is not public health must demonstrate partnerships that provide appropriate health expertise, through, for example, collaborating with the local health department or university-based public health experts. For more information regarding access to technical assistance, please see the question on HIA training and technical assistance.

Q – What if I am building on to an existing grant or I am seeking additional support from other funders? What kinds of information do I need to provide?

A – Applicants who have other sources of funding, or are currently seeking other sources of funding for the same project, will be considered provided that they can make a strong case for how our funds will add value to the project or enable important policy outcomes that would otherwise not occur. If you have other funding, describe in the proposal narrative the work that you are undertaking with that funding, its funding level and the ways in which your proposal will leverage or supplement existing funding. Existing grant support should be listed in the budget worksheet in the "Non-Pew Support" column. If you are applying for funding but have not yet received a response, you will need to provide documentation of the other award when available, and account for these funds in the line-item budget and budget narrative.

Q – If I am awarded funding under my proposal, am I prohibited from seeking other sources of funding for the same project?

A – No. We encourage grantees to leverage our funding and seek additional sources of support for the project. Grantees should notify the Health Impact Project when additional funds from other sources are awarded for a project that the Health Impact Project is funding. In particular, grantees should describe how these funds will add value to the project or enable important policy outcomes that would otherwise not occur.

HOW TO APPLY

Q – Do I have to submit a brief proposal online?

A – Yes. There are two stages in the competitive proposal process: (1) applicant organizations submit a brief proposal that describes the project and; if invited, (2) select applicant organizations will then submit a full proposal, budget, budget narrative and organizational documents for review.

Q – How do I submit a brief proposal online?

A – Proposals will only be accepted through the online application system. A link to the application system is available at www.healthimpactproject.org.

Q – What is the deadline to submit a brief proposal? A – Please submit brief proposals via the online application system by June 1, 2011.

Q – How can I check the status of my brief proposal?

A – When you submit your brief proposal—and if invited, your full proposal application—through the online application system, a confirmation page will appear indicating that you have successfully submitted your proposal. We expect to respond to all complete brief proposals by July 1, 2011. If you have not received a response by July 2, 2011, please contact us at healthimpactproject@pewtrusts.org. Please be sure to include the name of the applicant institution and contact information in your communication.

Q – Do I need to submit a budget?

A – For the brief proposal phase, you will only be asked to include the amount of grant funds you are requesting. If you are selected to submit a full proposal, you will be asked to submit a detailed budget and budget narrative.

Q – What is the page limit for the brief proposal?

A – There is not a page limit for the brief proposal or full proposal. However, the number of words for various sections of the brief proposal and full proposal are detailed through the online application. For the brief proposal, it is approximately 700 words. For the full proposal, it is approximately 2,500 words. There are not any limits on word length for the budget section.

Q – Can I fax or e-mail a brief proposal or full proposal? Can I send a brief proposal or full proposal via standard mail?

A – NO FAXED, E-MAILED OR MAILED BRIEF OR FULL PROPOSALS WILL BE ACCEPTED. The brief proposal and full proposal, including budget and required documents, must be submitted through the online application system. A link to the application system is available at www.healthimpactproject.org.

Q – If we are not chosen for one of the grants as part of this solicitation, will we still be eligible for other RWJF and/or Pew grants?

A – Yes. Interested applicants may apply for other RWJF and/or Pew grants.

Q – Will I receive specific comments on my proposal after a decision is made?

A – Due to the large volume of proposals we receive, we cannot promise to provide individual critiques of or comments on all brief proposals. We may, however, be able to offer limited feedback on a case-by-case basis. But, this is not guaranteed and is dependent upon the volume of proposals received.

Q – What happens after I submit my brief proposal?

A – We will notify applicants whether or not they are invited to submit a full proposal by July 1, 2011. Applicants will be notified by e-mail. If your project is invited to submit a full proposal, you will then have until September 16, 2011 to submit a full proposal.

Q – What happens after I submit my full proposal?

A – The advisory selection committee will review full proposals and Pew will notify full proposal applicants of a funding decision in December 2011. We will contact applicants regarding the status of the proposal and any additional information that may be required regarding the proposal or technical assistance needs within six weeks of receipt of the full proposal.

BUDGET QUESTIONS

Q – How much can I request for my project? What is the grant period?

A – We will award grants of \$25,000 to \$125,000 for up to eight HIA demonstration projects to be completed within 18 months.

Q – Is this the only funding cycle for these funds?

A – We have not determined whether there will be future funding cycles. To be placed on our mailing list to receive any future notifications of funding availability, please send us an email at healthimpactproject@pewtrusts.org. Please include “mailing list” in the subject line. All funding opportunities will also be listed on our Web site at www.healthimpactproject.org.

Q – What is the allowable rate for indirect costs? What is covered under indirect costs?

A – The Health Impact Project allows up to 10% for indirect costs. Contact the project office at healthimpactproject@pewtrusts.org for a complete explanation of indirect costs.

Q – Who will review my brief proposal and full proposal?

A – Health Impact Project staff will review all brief proposals. An advisory selection committee of Health Impact Project staff, RWJF staff and experts from related disciplines will review full proposals from invited organizations monthly and make recommendations to Pew, which will then make final grant decisions.

Q – What can grant funds be used for?

A – Grant funds may be used for project staff salaries and benefits; consultant fees; subgrants or contracts with partner organizations; data collection and analysis; meetings; supplies; project-related travel; and other direct project expenses including a limited amount of equipment essential to the project and indirect expenses. Grant funds may *not* be used for certain purposes, including to subsidize individuals for the costs of health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities or as a substitute for funds currently being used to support similar activities. Please note that Pew limits the amount of indirect costs it will support to no more than 10 % of salaries and benefits covered directly by the grant.

In addition, no part of the grant can be used to carry on propaganda or otherwise attempt to influence legislation within the meaning of applicable provisions of the Internal Revenue Code and the Treasury Regulations thereunder. In addition, no part of the grant can be used to participate or intervene in any political campaign on behalf of (or in opposition to) any candidate for public office.

Grant funds will also be used to pay for travel for up to two project team members to attend the annual grantee meeting (to the extent that such expenses are permissible under the grantee's applicable ethics rules).

Q – In addition to the project itself, what reporting and other activities are required of Health Impact Project grantees?

A – Grantees are expected to meet Pew requirements for the submission of narrative and financial reports, as well as provide periodic information needed for overall project performance monitoring and management. Project directors will be asked to participate in an annual meeting in Washington, D.C., and provide regular phone progress reports on their grants. Additionally, Health Impact Project staff and consultants may visit the grantee. At the close of each grant, the grantee is expected to provide a written report on the project and its findings, according to reporting guidelines outlined in the grant agreement. Additionally, grantees must submit their completed HIA and any other reports or public documents developed with grant funding.

Pew monitors the grantees' efforts and stewardship of grant funds to assure accountability. Grantees will be required to submit narrative and financial reports periodically at the conclusion of the project.

RWJF or Pew, at its discretion, may support an independent evaluation of the project and its grantees. As a condition of accepting these funds, grantees will be required to participate in the evaluation.

ABOUT HEALTH IMPACT ASSESSMENT

Q – I've seen several different definitions and/or types of HIAs. How do RWJF and Pew define a health impact assessment?

A – Because HIA is an emerging field, a number of definitions for HIA have been advanced and several variations are in common usage. Please see the Web site at www.healthimpactproject.org for our description of HIAs and the HIA process.

Q – Are there guidelines or standards in place for health impact assessment?

A – While grantees will be expected to follow the steps of HIA as outlined on our Web site, there is not currently a single, universally accepted standard for health impact assessment in the U.S. or internationally. Our Web site contains links to a number of general resources that describe the HIA process, methods and best practices. RWJF is also a funder of a current National Academy of Sciences/Institute of Medicine review of HIA practice in the U.S., which will lay the groundwork for more consistent standards. The report is expected to be published in the spring or summer of 2011, and the Health Impact Project will announce the final report when it is publicly available.

PROPOSAL-SPECIFIC QUESTIONS

Q – The decision-making process that we hope to address in an HIA is also undergoing an environmental impact assessment (EIA). What are the relative benefits and drawbacks of working within or outside the EIA process?

A – In general, when the decision targeted by the HIA will involve an EIA, the Health Impact Project strongly encourages applicants to consider ways to formally integrate the HIA into the EIA process. This is a complex question, however, and Health Impact Project staff can discuss this with prospective applicants on a case-by-case basis. Please e-mail us at healthimpactproject@pewtrusts.org with a brief description of your proposed project and your question.

The National Environmental Policy Act (NEPA) mandates an environmental assessment or environmental impact statement (EIS—a form of EIA) for any federal decision that may have significant impacts on the environment. Nineteen states and territories have similar laws. NEPA and some state environmental policy acts (SEPAs) have strong requirements to address health. Although HIA is new in this context, early work in several states has indicated that HIA can be an excellent tool for an agency seeking to enhance its treatment of human health in an EIA. Furthermore, provisions in NEPA and some SEPAs allow local or state agencies to cooperate in the preparation of an EIA, and this has proven to be a powerful venue for HIA.

On the other hand, EIA is sometimes unpopular, and viewed as an overly bureaucratic and litigious process which is used to stop or delay projects. In addition, some of the health recommendations that could be made in an HIA may lie outside the authority of an

environmental regulatory agency, and consequently, multi-stakeholder collaboration between the regulatory agencies, health agencies, impacted communities and the proponents of a project is essential.

For these reasons, it is important to carefully consider the context, stakeholders, benefits, and drawbacks of working within, in parallel or separately from the EIA process.

Q – The CFP discusses “dissemination” of HIA findings and recommendations. What does this mean? What are measures of successful dissemination?

A – HIA is a powerful tool to translate public health data into policy change. The process of putting recommendations into practice, or getting them formally adopted, however, is complex and varies depending on the setting. As it is described in the call for proposals, effective dissemination refers to the process of working within the legal, regulatory, political and multi-stakeholder context of the proposal being evaluated to develop actionable solutions to the health issues raised in the HIA. For some HIAs, this may require working within an existing legal structure such as a zoning ordinance or NEPA to institute new legal standards or requirements; in others, it may involve collaborating with stakeholders to develop and implement voluntary actions or negotiate compromise solutions; and in some situations, it may involve advocacy to gain visibility and traction for the issues raised in the HIA.

Q – My organization does not have extensive experience with communications, especially about public health and/or health impact assessment. Will there be any form of communications support?

A – The Health Impact Project communications team, where feasible, will provide training and tailored communications assistance to grantees. This will be handled on a case-by-case basis. Please contact the Health Impact Project office at healthimpactproject@pewtrusts.org with any questions.

Q – Are there any topic areas for which you will NOT accept proposals?

A – Proposals should consider all of the important health implications of the policy being evaluated, rather than focusing on only one issue. Proposals that address only a single health issue associated with the targeted decision-making process will generally not be considered. In addition, we are not accepting proposals that focus solely on clinical health care issues.

Q – It says in the CFP that funds should be included for grantees to participate in an annual grantee meeting or regional training. What does this mean?

A – The Health Impact Project will convene annual meetings for our grantees. Attendance at the annual meetings will be mandatory for all current grantees, and grantees must budget for travel to these meetings. For a grant with a one-year timeline, the grantee should budget for a single meeting. For a two-year timeline, please budget for two meetings. The meetings will provide an opportunity for grantees to learn from each other’s and other HIA practitioners’ experiences, successes and challenges in the field. The annual meetings may also offer additional training opportunities, which will be chosen based on needs identified through our work with our current grantees.

Q – Are you only accepting proposals related to the topic areas mentioned in the CFP?

A – No. The topic areas mentioned in the CFP are intended only as examples of some of the policy areas which might be ripe for HIA. Applicants are free to propose other topic areas as well, as long as the HIA addresses a proposal under active consideration with clear implications for health. As outlined in the CFP, because many of the HIAs done in the United States to date have focused on aspects of urban land use planning, proposals focused on other areas will receive preference. In addition, because the Health Impact Project has already funded several HIAs specifically addressing transit-oriented development, we will not consider proposals in this area.

Q – The CFP Selection Criteria mention that projects will be selected based on their potential to add value to the decision-making process. Can you explain how you will determine this?

A – Not all policies, programs or projects require an HIA. Screening—the first step in the HIA process—should be done carefully to consider the potential benefits and costs of doing an HIA, and determine whether it is likely to add value to the decision at hand.

The health effects of some proposals are relatively simple and obvious, and in those cases an HIA may not be necessary in order to highlight them or create recommendations. For example, a policy that is being contemplated specifically for health purposes—such as a ban on smoking in restaurants—may not need an HIA in order to evaluate or effectively communicate the health impacts.

In other cases, though, a proposed policy or project might have health implications that appear fairly clear at first glance, but would still benefit from an HIA that focused on evaluating whether there are alternatives or other measures that could be included in the proposal to maximize the gains and minimize harms. For example, many health experts would agree about the potential benefits of a new urban subway line, such as reducing air pollution, traffic and related injuries. But such a project might still benefit considerably from an HIA, in which alternatives for routing, location of stops, or pedestrian corridors might be explored in order to ensure the maximum benefit for health.

OTHER

Q – Are you offering other funding for HIA?

A – The Health Impact Project is considering funding a small number of solicited proposals on topics that will help build the strongest possible case for the value of HIA as an approach to informed policy making. These proposals will be solicited from other organizations by the Health Impact Project.

Q – How can I find out more about RWJF and Pew initiatives?

A – Please visit our Web sites, www.rwjf.org and www.pewtrusts.org for more information about funding opportunities, interest areas and other information related to each

organization's mission and work. Visit our Health Impact Project Web site at www.healthimpactproject.org to read more about the project.

Q – Whom do we contact for questions (e.g., how to use the online application system, which activities would be within the scope of the program or how to get more information about health impact assessment)?

A – Two Web conferences will be held after the release of the CFP to provide prospective grantees with additional information: one will focus on a general description of the grant initiative, application process and selection criteria; the second will provide prospective applicants with an introduction to the screening phase of HIA, in order to help them select appropriate decision topics for their proposals. These will be archived on the Web site for later review. Interested applicants are encouraged to visit our Web site for more information at www.healthimpactproject.org. Health Impact Project staff will be available by phone and e-mail to address any questions that prospective applicants may have after reviewing these materials.