Proposal Writing

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

A Pediatrician's Guide to Proposal Writing

A Pediatrician's Guide to Proposal Writing is designed to assist you in seeking funding from foundations and corporations and provide a brief overview of government funding. The information should serve as a starting point to help you identify appropriate funding sources, guide you through the solicitation process, and assist you in writing an effective proposal. Also included are samples of cover letters, proposals, budgets, checklists, and other resources.

Additional Support Available From the American Academy of Pediatrics
Academy staff can provide technical assistance or refer you to a colleague in your area that has had success in securing and managing grants. For more information, please contact one of the following offices:

Division of Chapter and District Relations—800/434-9016, ext 4752 Technical assistance about chapter management issues

Division of Community-based Initiatives—800/434-9016, ext 7085 Technical assistance to community-based child health initiatives

Division of Corporate and Foundation Relations—800/434-9016, ext 7948
National perspective and fund-raising advice

Getting Started

Developing Ideas

Developing a proposal takes time, thought, and planning. Before you begin, assess the need for the project by answering key questions in the following areas:

Necessity of the Project
‣ What are the community child health problems to be addressed?
‣ How will the proposed project solve the problem?
‣ How will the project impact the health and well-being of children and families?
‣ Is this a timely issue?
‣ What are other organizations doing, and does this project fill a gap?

Organizational Capacity
‣ Are you qualified to manage a project funded by a grant?
‣ Are you qualified to administer the grant within your organization?
‣ Is your project in alignment with your organization's goals?

Possible Partners
‣ Is there a similar project currently operating in the community?
‣ Who else needs to be involved?

Project Implementation
‣ When will the project take place? What is the proposed project's starting date?
‣ Where will the project be housed?
‣ How will the project be evaluated?

Project Costs
‣ What type of expenses will your project incur?
‣ What type of resources will you need – staff, volunteers, supplies, etc?
‣ How long will the project be needed?
‣ How will ongoing projects be sustained when grant funding expires?

Assign an individual to serve as the project champion—someone to plan, manage, and provide oversight to the project. This individual should have the vision, energy, commitment, and time to carry out the project.

Involving Others

It is always helpful to talk to others about your project idea and involve them early in the planning stage. These allies can suggest ways to improve or expand your idea, recommend other individuals to contact, and participate in developing or reviewing your proposal.

The following are excellent people and resources to contact:

- Pediatricians in your community
- AAP chapter officers, board members, and staff
- Local AAP Chapter Community Access to Child Health (CATCH) Facilitators. The Chapter CATCH Facilitators support community-based programs at the local level by providing their fellow pediatricians and others with guidance and encouragement.
- Local community resources such as the United Way, universities, Chambers of Commerce, faith organizations, Parent-Teacher Associations (PTAs), community trusts, community foundations, schools, local health departments, hospitals, and other child/health care organizations.
- Local civic or service organizations such as Lions, Rotary and Kiwanis clubs; and Jaycees. These organizations often support projects in their community and can provide both dollars and volunteers. Many of the clubs regularly schedule guest speakers at their meetings. This provides a wonderful opportunity to tell your story and seek support.
- State government officials such as state Medicaid directors, State Title V maternal and child health (MCH) directors, state child care administrators, and state health department representatives.
- Federal resources such as MCH Regional Program Consultants and Centers for Disease Control and Prevention (CDC) staff.

Identifying Prospects and the Solicitation Process

Once you have identified a project, the next step is to match the identified needs with the right grant-making organizations. The best place to begin your research is at a cooperating collection of the Foundation Center or the public library. The Foundation Center is an independent national organization that provides information on foundation and corporate giving and publishes directories of foundations and other grant makers for those seeking grants. Local libraries, community foundations, and other nonprofit organizations that serve as local cooperating collections agree to make the Foundation Center directories and other funding-related materials available to the public. To find the cooperating collection nearest you, contact the Foundation Center at 1-800-424-9836 or visit their Web site at www://foundationcenter.org. The Internet also is a good source for information on grant opportunities. (See Resources.)

Types of Grant Makers
There are a variety of funding sources available to support child health efforts. The following are descriptions of the types of grant makers:

Foundations
Family Foundations are established by a family or individual to provide grants to organizations in which the family has an interest. Many do not have professional staff and may be administered by an attorney, family member, or agent such as a trust officer at a bank.

Independent Foundations are larger than family foundations in assets and staff. They have guidelines for giving and submitting proposals and have professional staff to administer their giving programs. Most publish annual reports.

Corporate Foundations are established by corporations to carry out their philanthropic activities. The corporation funds the foundation, generally on an annual basis, depending on corporate profits. The foundation administers the corporation's giving program. Most have their own staff and provide proposal and giving guidelines.

Community Foundations support and serve a specific community or region. They receive funds from a variety of donors or trusts. Grant-making decisions are made by a governing board or distribution committee.

Conversion Foundations are charitable foundations that are created when a nonprofit hospital, health maintenance organization (HMO), or health insurance plan sells or otherwise transfers its assets to another corporation. Most conversion foundations fund primarily health-related projects in a defined geographic area.

Corporations

Corporations are profit-making organizations and not philanthropic entities. Generally, they provide grants to promote their image and economic self-interest and to better the community in which they operate. For a local project, the most likely corporate source is one within your community or city. In addition to the corporate foundation, corporations may provide marketing dollars to support projects that align with corporate goals or in-kind support that does not involve a direct dollar contribution on the part of the funding source, such as equipment.

Government Agencies

The best place to find federal grant opportunities is grants.gov www.grants.gov.

State Grants and Contracts—Your state government may publish a resource directory of state agencies with program descriptions and responsibilities and contact information. Your local library or legislators also may be able to assist you in identifying local funding sources. Your best information about possibilities for state contracts and grants will come from the state and local officials you interact with regularly (e.g., immunization; Medicaid; public health; Special Supplemental Nutrition Program for Women, Infants, and Children; etc). After finding appropriate state resources, you may want to contact them and ask to be added to their mailing list for announcements of future grants and contracts.

For applicants applying for federal funds on the state and local level, each respective state and local agency has established application procedures that comply with federal regulations and policies. Similarly, state and local government-funded grant programs have published rules and application procedures available upon request. If you are applying for a state contract, be prepared to justify why your organization is the only or best organization in the state to perform the duties required.

Developing a Strategy

Developing a strategy can help you and your organization focuses your activities and will help drive the project. Remember the five "Ps": **P**roper **P**lanning **P**revents **P**oor **P**erformance.

Once you have identified a possible funder, it is important to build a relationship. The most effective way to strengthen this relationship is by requesting a face-to-face meeting. This process can be time intensive and may take much longer than planned, but it will provide the opportunity for a grant maker to learn about and develop trust in your organization. The following tips will help you get started:

- Call or write the foundation or corporation and request a copy of its grant application guidelines funding priorities, and annual report. Read the entire grant application. This information will help determine whether your project falls into its grant-making priorities.

- Consider geographic proximity. Many foundations provide funds to a defined geographic area, and corporations want to support organizations that serve the community where they conduct business.

- Decide on what type of funding you are requesting. Foundations and corporations may restrict their grant making to specific types of support such as building/renovation, equipment, general/operating support, in-kind gifts, matching funds, program development, publications, research, seed money, unrestricted educational grants, development of training materials including videos, and technical assistance.

- Market your project to a foundation or corporation that has a special interest in your project area to ensure a higher success rate.

- Consider geographic proximity. Many foundations provide funds to a defined geographic area, and corporations want to support organizations that serve the community where they conduct business.

- Assess the grant maker's current economic situation. How much does it allocate for grants? What is its average grant size? How many grants do they fund annually?

- Consider those who have supported your organization or similar organizations in the past. It is much easier to get a repeat grant or an increase in grant funding than to secure a new grant maker.

- Make a list of leadership contacts. Ask your board members, friends, colleagues, legislative representatives and coworkers to make lists of all foundation or corporate contacts they have in your community. The more personal the approach, the better the chance to secure funding.

- Consider the grant-making organization's current priorities and interests. For example, if it already contributes to the local children's hospital or youth project, it could be a good prospect. The grant maker's annual report lists those organizations that have received funding in the past and will provide you with its current priorities and interests.

- Look for unusual funding partners such as liability insurance companies, crime and delinquency prevention organizations, educational institutions, etc.

- Visit with the grant makers. Invite them to your office or go to see them. Tell them about your organization, and show them how a contribution will be a productive use of their funds. Do your research. You need to know some background on the people you are going to meet. Ask questions about the grant makers to find out about their interests. Listen with genuine interest.

Don't Forget

- Do your homework. Learn as much as possible about the foundation or corporation you plan on approaching.
- Identify the name of the person who should be contacted.
- Select local foundations or corporations.
- Ask for a specific amount of funding for your project.
- Be prepared to discuss "deliverables" or products developed through the provision of grant funds and how you will measure the project's success.

Developing a Proposal

A grant proposal is a detailed project plan; it describes what you intend to do, why you intend to do it, and how you will go about it. Use clear, simple language and be as brief as possible. Do not waste money on glitzy, glossy proposals. In some cases, particularly with foundations and government agencies, there are stringent guidelines, and proposals require a specific format.

It is imperative to follow the requested format. Grant makers need a way to eliminate some of the applicants. Ignoring the grant maker's requirements may close the door before your proposal is even read. If the organization does not have a grant application, call to confirm the information it would like included in a grant request. Many organizations prefer a brief letter of intent before they decide whether to have you submit a full proposal.

Requests for proposals (RFP) may be solicited or unsolicited. With solicited proposals, a funder will request proposals from organizations to address a particular area of concern. The funder may issue a written request for proposals that describes the priorities of a specific grant program, guidelines, eligibility requirements, budget requirements, and proposal timelines.

If you do not receive specific guidelines for submitting a proposal from the grant maker, the following outline is often used for proposal development (See Samples and Tools for various proposals.)

1. Cover Letter
Do your research. Find out the name of the person to whom your proposal should be sent. The cover letter briefly summarizes the need, the proposed project, your agency's qualifications, and why you are submitting a proposal to the grant maker. **Include the specific amount requested.** Send the letter on your organization's letterhead. If you were referred to this particular funder by someone known to them, include this individual's name.

2. Title Page
Include project title, name of applicant, name of agency submitted to and date.

3. Summary/Abstract
Give a synopsis of project need, objectives, methodology, and evaluation. Try to catch the "flavor" of the project in approximately 250 words. Remember, this may be the only part of the proposal that reviewers read. Include information on the significance/implications of the project.

4. Introduction
Provide the grant maker with background information about your organization and/or project, and explain what needs to be done and why. Demonstrate that your organization is capable of managing the project. Make your case. Emphasize the expertise of pediatricians and/or the local chapter of the American Academy of Pediatrics.

5. Needs Definition

Clearly state the problem or need your project will address. Make it compelling. Document the need by including statistics or a literature review.

6. Goals/Objectives

State what you hope to accomplish.

Goals are general statements that reflect the long-term impact your project will have on the health and well-being of the target population. Listed below are examples of project goals.

- *Example 1: Improve the health status of adolescents living in Cook County, Illinois.*
- *Example 2: Decrease the infant mortality rate in rural Nebraska.*

Objectives are the measurable steps you are going to take to reach your project's goals. The objectives will be used as guidelines for evaluation. Make your objectives specific, measurable, time limited, and realistic. They should be based on end results. Each objective is usually related to (a) a need identified in the introduction, (b) activities in the methodology section, and (c) activities in the evaluation section. Delineate specifically how your project is going to make a difference. The following are examples of objectives:

- *Example 1: Eighty-five percent of the parents surveyed following the parenting education program will be able to identify three strategies to reduce childhood injuries in their homes.*
- *Example 2: By the end of December 31, 2000, increase by 30% the number of children who participate in regular cardiovascular physical activities.*
- *Example 3: Create a notebook of reproducible meeting materials, including incentives, a template meeting agenda, and resources for communities interested in convening collaborative meetings.*

7. Methodology and Timelines

Describe your plan of action for achieving your goals and objectives and how long each step will take. A chart can be used to clearly show what will be done and by when.

8. Evaluation

Evaluation is the worth of the project based on the specified objectives. Explain how the project's objectives, in terms of outcomes, will be assessed. Have measurable outcomes and demonstrate the sustainability of your project.

9. Personnel Involved

Describe qualifications of the principal staff who will undertake the project. Include curricula vitae in your proposal's appendix.

10. Project Continuation

Discuss all issues relevant to the future of the project. If the intent is to continue or expand the project beyond the grant time period, include how the project will sustain itself or identify potential sources for continued funding.

11. Budget

Give a detailed description of the proposed project in terms of cost. Every item must be carefully documented and related to the project's objectives. Generally, a budget is divided into three areas: non personnel costs, personnel costs, and indirect costs.

Non personnel costs: These refer to items not associated with staff salaries. Non personnel costs include, but are not limited to, rent or facility costs, postage, telephone expenses, duplicating expenses, office supplies, computers, equipment rental, materials, books and publications, travel, and honoraria.

Personnel costs: These refer to costs associated with employees, such as salary and fringe benefits. Consultant salaries may be easier to list as a separate category under non personnel costs (i.e., consultant fees) because they do not include fringe benefits, and their rate of pay is usually calculated differently.

Indirect costs: Indirect costs refer to the overhead associated with the administration of the grant. Indirect costs usually are based upon a fixed percentage of the total personnel and non personnel costs set by the grant maker. Some grant makers do not allow indirect costs.

Additionally, a funder may ask that you list in-kind contributions as a dollar value. In-kind support is any type of support that does not involve a direct dollar contribution on the part of the funding source.

Some foundations may require that a **budget justification** be included with your proposal. A budget justification is a written explanation of every line item within your budget. It should explain what the line item is, how it pertains to your project, and how the amount shown in the budget was calculated.

12. Background/History

Provide information on your organization such as history, vision, mission, goals, annual report, etc.

13. Appendices

Provide additional materials relevant to your agency or project. Appendices may include the following:

- Verification of tax-exempt status
- List of board members or advisory committee members
- Audited financial statement
- Letters of support
- Curricula vitae
- Articles/endorsements/related materials

Writing Goals and Objectives

Essential parts of any project proposal are well-written goals and objectives. They describe the purpose of your project, what you plan to do, and how it will be evaluated. The following information on goals and objectives should help you in writing your own. Please note that there are a variety of ways to write objectives as is evident in the examples given below.

Goals

Goals are broad statements of what your project will accomplish. They generally are conceptual and abstract, and not measurable. Examples include the following:

- *Example 1: Improve the health status of adolescents living in Cook County, Illinois.*
- *Example 2: Decrease the infant mortality rate in rural Nebraska.*

Objectives

Objectives are the measurable steps that will be used as guidelines for evaluation. Objectives generally answer the following questions:

- What are you going to do?
- How will you do it?
- By when will you do it?
- How much change do you expect?

Objectives usually consist of the following three components:

- A single target health indicator or activity to be measured
- A target population
- A time frame

Types of Objectives

In proposal writing, there generally are four types of objectives: behavioral, performance, process, and product. Your project may use more than one of these types of objectives. Most importantly, project objectives need to be easily understood, clearly written, and realistic.

Behavioral Objectives

Behavioral objectives measure the desired change in knowledge, attitudes, beliefs, or behaviors that are expected to occur as a result of the project.

- *Example: Eighty-five percent of the parents surveyed following the parenting education program will be able to identify three strategies to reduce childhood injuries in their home.*

Performance Objectives

Performance objectives measure the desired change in which a desired behavior will be adopted in a given time period. This time period usually refers to the length of the project period.

- *Example: By the end of December 31, 2000, increase by 30% the number of children who participate in regular cardiovascular physical activities.*
- *Example: By June 30, 2000, increase to 90% the number of children who have been fully immunized.*

Behavioral and performance objectives generally measure the proportion of the target population expected to show a change in the indicator or the amount of change expected in the indicator.

Process Objectives

Process objectives measure the procedures and tasks involved in implementing a project.

- *Example: Provide at least 10 parenting workshops that promote injury prevention strategies to prevent or reduce the risk of injury to families.*
- *Example: Distribute at least 10,000 materials and brochures about household injury prevention to parents of children from birth to 2 years old.*

Product Objectives

Product objectives measure the production of tangible items that are part of the project.

- *Example: Create a notebook of reproducible meeting materials, including incentives, a template meeting agenda, and resources for communities interested in convening collaborative meetings.*

The following checklist can serve as a guide to help you decide if you are ready to finalize your project objectives.

☐ Are your objectives clear and easy to understand?

☐ Do your objectives include a single indicator or activity to be measured?

☐ Do your objectives use reasonable timelines? Are they possible to accomplish in timelines you set?

☐ Are your objectives realistic?

☐ Do your objectives reflect the minimum desirable level you hope to achieve?

Sources:

Geever JC, McNeill P. *The Foundation Center's Guide to Proposal Writing.* New York, NY: The Foundation Center; 1997:27-31

Office of Cancer Communications. *Making Health Communication Programs Work: A Planner's Guide.* Washington, DC: US Department of Health and Human Services; 1989 Publication NI H 891493

Peoples-Sheps MD, Byars E, Rogers MM, Finerty EJ, Farel A. Setting objectives. *In: Self-Instructional Manual.* Chapel Hill, NC: School of Public Health, University of North Carolina at Chapel Hill; 1995

Why Proposals Are Declined

Once your proposal is submitted, it will undergo review. Grant review procedures vary widely, and the decision-making process can take anywhere from a few weeks to 6 months. Whether your proposal is funded or declined, you should be prepared to face either outcome.

Although each grant maker reviews proposals differently, there are some common pitfalls that can jeopardize the success of your proposal.

- **Lack of applicant's knowledge about the grant maker.** The proposal does not reflect the grant maker's areas of interest nor does it match the grant maker's "priorities."
- **The guidelines were not followed.** Many people miss out on grant funding because they do not provide the information the grant maker requests.
- **Unrealistic.** The description of the methodology is too vague, or objectives do not appear to be achievable or lack clarity to permit adequate evaluation.
- **Failure to demonstrate sustainability for ongoing projects.** It is unclear how the project will continue or be institutionalized after grant funding is depleted.
- **Failure to demonstrate that your organization can achieve the project.** The project itself may be "doable," but a convincing case is not made for your organization to accomplish it.
- **Failure to demonstrate that the problem addressed in the proposal is of significant importance.** Attention to the problem as identified is not likely to produce any new or useful information or any positive contribution or change.
- **Incomplete/unrealistic budget.** Often people do not think the project through to its completion and they forget to include significant costs.
- **Submitting a budget that is not within the grant maker's giving range.**
- **Inadequate plans for evaluating accomplishment of objectives.** It is unclear how the goals of the project will be evaluated once the project is complete.
- **Failure to follow-up.** A phone call can express your seriousness and professionalism. Use this as an opportunity to answer any questions or to find out when a decision will be made.
- **A proposal that is poorly written and hard to understand.** Many proposals contain good ideas that are poorly written. Proposals can become too slick, too technical, and too verbose, thereby alienating the grant maker. The reviewer may not be familiar with your area of interest or technical jargon.

If your proposal is declined, this does not mean that the idea is not good or that your need does not exist. Use this as an opportunity to build a relationship. Thank the grant maker, and ask if the grant maker will review with you why your proposal was turned down. **Your proposal represents a valuable piece of work that captures your organization's values and presents ideas for your organization's future.** Submit your proposal with minor modifications to their potential grant makers.

Recognition, Managing the Grant, and Submitting Reports

Recognition

Congratulations on a successful proposal. Your hard work has paid off. Remember to thank all those who volunteered their time to help with the proposal or the project. People respond to recognition. Write a personal note immediately after meeting with a potential contributor or receiving a contribution. A phone call to say "thank you" is another nice way to show your appreciation.

Always acknowledge the funder's support by sending an official thank-you letter/receipt of funds from your organization's president, executive director, or board chairperson. This acknowledgement is required by the Internal Revenue Service. Also ask those involved in the solicitation process to send a thank-you letter. Remember to be creative, sincere, and appreciative.

Do not hesitate to thank those involved whenever opportunities arise. Even if your proposal is not funded, demonstrate your organization's professionalism by acknowledging and thanking the grant maker. Your efforts will be remembered the next time a proposal from your organization is submitted.

Recognize the grant maker in all promotional materials relating to your project. Make sure you credit the project sponsors by including an acknowledgement such as: *Support for this project was provided through a grant from.....<funder's name>*.

Many grant makers like to see information about their projects from other sources. Share this information with them. Be careful, some grant makers have guidelines about publicizing projects they fund. If you are in doubt, be sure to ask them. In addition, do not waste the funder's money on elaborate recognition schemes. Some ideas for promoting your project include the following:
- Submitting articles on your project to local newspapers or professional journals
- Presenting your project at professional conferences or community events
- Discussing the project with professional colleagues
- Making reports to other departments within your organization

Publicly recognize the grant maker whenever possible. Opportunities for recognition appropriate to the size of gift include the following:
- Printed programs, newsletters, and annual reports
- Awards, plaques, donor ribbons, and pins
- Receptions, luncheons, and dinners
- Naming buildings, rooms, and wings

Managing the Grant

Once you receive a grant, you need to find out if the grant maker has specific forms, procedures, and deadlines required for managing the project. Review grant management guidelines carefully. Many grant makers will have instructions for the handling of grant funds or development of publicity and products associated with the project. Keep dialogue open with the Funder. Be sure to contact them if the direction of your project changes or you need to modify your budget. Always be prepared for a financial audit.

Submitting Reports

Many funders require progress reports on a quarterly, semiannual, or annual basis. If there are no reporting deadlines, the anniversary of your grant may be an appropriate time to submit a report. In addition, remember to always submit a final report to the grant maker upon completion of the project. Make sure you spend as much time preparing these documents as you did developing the grant proposal. Frame your report to meet the grant maker's concerns first and your successes second. Grant makers need reassurance that the projects they support are meeting their goals and objectives and are being properly managed. Knowing that projects are well managed can influence requests for continued funding or support for new projects.

Web Resources

Following is just a sampling of interesting, informative Web sites available to you. This is not a complete list, and the American Academy of Pediatrics is not responsible for the content of the sites mentioned here. The addresses are as current as possible, but may change at any time. If an address does not work, use a search engine to find the updated link.

The Foundation Center and Foundation Directory Online http://foundationcenter.org/

The Grantsmanship Center http://www.tgci.com

The Council on Foundations http://www.cof.org

Association of Fundraising Professionals http://www.afpnet.org

Foundations On-Line http://www.foundations.org

The Management Center http://www.managementcenter.org

Idealist http://www.idealist.org/tools/fundraising.html

Fundsnet Online Services http://www.fundsnetservices.com

Grants.gov www.grants.gov

Non Profit Guides http://www.npguides.org

Guide Star http://www.guidestar.org

Charity Channel http://www.charitychannel.com

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Samples and Tools

The format of your proposal will depend on the requirements of the potential funder. To give you an idea of the variation of formats, this section contains a few samples of cover letters, proposals and budgets.

You will also find a tracking list and a grant writer's checklist.

<<Date >>

<<FirstName>> <<LastName>> <<JobTitle>>
<<Company>>
<<Address1>>
<<City>>, << State>> <<PostalCode>>

Dear <<FirstName>>:

On behalf of the American Academy of Pediatrics, I am pleased to submit a proposal seeking the support of <<Company>> for *How Families and Pediatricians Understand the Needs of Young Children*: *A Project to Conduct National Surveys of Parents and Pediatricians*. We are requesting a grant in the amount of **$ <<insert amount>>** to conduct the project.

Data is currently unavailable to address the impact the dramatic changes in health care delivery have had on children and their parents. This project will address these issues and will provide data on parents' expectations of providers concerning medical and developmental issues and whether parents feel that their expectations are being met. In addition, the surveys will examine corresponding views of parents and pediatricians and priorities for addressing parenting issues such as breast feeding and early nutrition, discipline and limit setting, child care, and family routines around sleep, eating and play.

This unique project, simultaneously surveying pediatricians and parents with children age 0 to 3, will consist of three major phases: design and data collection, analysis and writing, and dissemination. The UCLA Center for Healthier Children, Families and Communities will lead the parent survey component and the Academy will lead the survey of pediatricians. By fielding complementary surveys, we will be able to compare provider and family views on the critical health and development issues affecting the early years of life.

We hope this project reflects <<Company>> important mission to enhance the quality of life of infants and young children in nutrition, care, and development worldwide and will provide important information to child health care providers and policy makers seeking to better meet the needs of families with young children.

Thank you for your interest in the Academy's work to advance children's health. If you have any questions, please feel free to contact <<FirstName>> at the Academy.

Sincerely,

Name
Title

A Partnership for Healthy Children
A proposal submitted by the American Academy of Pediatrics and the Coalition of Community Foundations for Youth

Proposal Summary

The American Academy of Pediatrics (AAP) supports the concept that child health problems can be solved using local resources. Efforts to address health care problems among the populations at highest risk are hindered because more than 12.2 million US children under the age of 22 years lack health insurance. The Academy currently administers four programs whose goals include increasing access to health care for children based on the concept of people helping people locally. Community foundations represent an important, but as yet undeveloped, resource that can aid in this effort to address child health problems at the local and regional level.

This proposal would assist the American Academy of Pediatrics and the Coalition of Community Foundations for Youth to collaborate formally to:

- Provide opportunities for networking and sharing of information between pediatricians and community foundations.
- Identify ways pediatricians and community foundations can work together on asset assessments and problem-solving at the community level.
- Encourage pediatricians and community foundations to develop a collaborative action plan that identifies steps they can take to improve access to health services and increase funding of local child health programs.
- Provide incentives, a template meeting agenda, and resource materials for communities interested in convening collaborative meetings.

To accomplish these objectives, a steering committee will be convened to plan and hold three, 1-day, pilot meetings between community-based pediatricians and community foundations. The total cost of this program is $ _____.

Background

American Academy of Pediatrics
In 1989, the American Academy of Pediatrics embarked upon an initiative that ultimately became CATCH -- the Community Access to Child Health Program. The CATCH Program is based on the concept that local child health problems can be solved locally, often using local resources. The intent was to help pediatricians overcome local barriers to child health by assisting them in identifying and tapping into resources already existing in their communities.

AAP staff members and volunteer pediatricians provide training and technical assistance in the key skills necessary to develop and implement a community-based child health initiative, including asset assessment, developing resources, motivating colleagues and the community, coalition building, and program evaluation. At least one pediatrician has been appointed in each of the Academy's 59 chapters and 9 districts to serve as a CATCH Facilitator. The facilitators serve as local consultants to provide fellow pediatricians with examples of successful programs and techniques.

The American Academy of Pediatrics is uniquely qualified to be the lead partner for organizing meetings of local CATCH pediatricians interested in community projects aimed at increasing access to health care for children with local community foundations for the following reasons:

- The Academy's overall organizational goals and objectives correlate to the proposed project and will ensure an association-wide commitment to completion of project objectives.
- The AAP Division of Community-based Initiatives manages four current national community-based initiatives (CATCH Program, Medical Home Program for Children With Special Needs, Healthy Tomorrows Partnership for Children Program, and Healthy Child Care America Campaign).
- Staff also has extensive experience in partnering with other organizations in successful projects.
- A growing focus on community-based activities within the Academy has resulted in numerous internal and external projects and partnerships that will facilitate program development.
- The CATCH database provides access to a large network of pediatric experts interested in community-based efforts.
- Existing community-based efforts will provide models for successful community partnerships.

Coalition of Community Foundations for Youth

The Coalition of Community Foundations for Youth (Coalition) is a national network of more than 120 community foundations dedicated to securing improved conditions for children, youth, and families at the local level. Community foundations are the fastest growing form of philanthropy in America, now numbering some 550, and exist for the sole purpose of improving conditions within a discrete geographic area, whether it be a greater metropolitan area, county, or state. They range in size from assets of a few hundred thousand to hundreds of millions.

Community foundations are increasingly moving out of the role of passive grantmaker. They are broadening the circle of their informants by listening to more diverse voices within the community, developing priorities consistent with thoughtful analyses of local needs, and attempting to build upon the asset base that exists in even the most distressed segments of their communities. As a primary funder of the nonprofit sector, community foundations are deep repositories of knowledge about the array, quality, accessibility,

and stability of services for people living in disadvantaged circumstances. Their boards are composed of the civic and business leadership in the community, which gives them access to key decision-makers and resources beyond their asset base. They routinely collaborate with others, and have partnered with organizations as diverse as hospitals, police departments, United Ways, neighborhood centers, universities, and local government.

Many community foundations have been, and continue to be, involved in issues related to community health and child health in particular. One of the Coalition's board members currently chairs the Foundation Consortium for School-Linked Services, a California-based effort to connect comprehensive health and social services to school populations. Three years ago, the Coalition awarded $600,000 in grants to community-based immunization initiatives. Moreover, the Coalition has worked with the Centers for Disease Control and Prevention (CDC) on health-related issues and has featured representatives from CATCH, CDC, and the Harvard School of Public Health at its annual conferences.

The Coalition holds an annual meeting for its members and sponsors or co-sponsors many other types of meetings for community foundations and their partners. It is experienced in developing meeting themes, objectives, and formats; identifying and securing outstanding speakers and facilitators; coaching presenters; evaluating meeting outcomes; and dealing with the myriad details that meetings entail.

Problem Statement

Although US children and their families are healthier today than they were 50 years ago, millions have not benefited equally from advances in medicine because of inadequate access to appropriate medical care. Efforts to address health care problems among the populations at highest risk are hindered because more than 12.2 million US children under age 22 lack health insurance. Other barriers to care include geographic, social, cultural, and educational issues.

In an attempt to overcome such barriers, more pediatricians are actively seeking out opportunities to become involved in community-based child health activities as evidenced by their participation in the CATCH Program and other related activities. However, while pediatricians are beginning to take a leadership role in improving access to health care at the community level, few have received training on how to develop a program proposal, identify possible funding opportunities, or work collaboratively with local foundations. Requests for such information and training frequently are received by CATCH Program staff.

An example of the need for funding can be seen in the increase in requests for the CATCH Planning Funds (CPF) Program. The CPF Program provides grants in amounts from $2,500 to $10,000 for pediatricians to develop proposals for innovative community-based child health projects. The number of proposals submitted in project years 1994, 1995, and 1996 continually increased since the program started in 1993.

Year	Proposals Submitted	Grants Awarded
1993	23	20
1994	30	17
1995	106	19
1996	111	26
1997	102	38

In 1997, the number of proposals submitted dropped slightly, although the number of funded programs increased. The decrease in proposals can be attributed to the following reasons:

- submission of higher quality proposals based on CPF requirements,
- reduction in the number of implementation proposals submitted, and
- increased technical assistance available from Academy staff and CATCH facilitators

Once the CPF funded projects complete their planning efforts, they search for financial support for the implementation and evaluation phases. A survey of 1993-1995 CPF funded applicants conducted in 1996 found that 26% reported no funding or only partial funding for implementation activities. In addition, although the CPF Program supports planning initiatives, some of the proposals submitted each funding year are for implementation projects.

Another example of the need for collaboration between community-based projects and community foundations is the Healthy Tomorrows Partnership for Children Program (HTPCP). The HTPCP is a collaborative grant program funded by the federal Maternal and Child Health Bureau and administered with the assistance of the American Academy of Pediatrics. Federal grants awarded through the program support community-based child health projects that improve the health status of mothers, infants, children, and adolescents by increasing their access to health services. Healthy Tomorrows grant awards are for approximately $50,000 a year for a 5-year project period. The projects are either new programs, or an innovative new component of an existing program. An important feature of the program is the requirement that HTPCP grant recipients are required to secure other sources of funding (in addition to the federal support) to ensure project sustainability. Since the HTPCP began in 1989, 598 applications have been submitted, a total of 97 HTPCP grants have been awarded, and 43 of the 97 projects have completed their 5-year funding cycle.

Program Goals and Objectives

The Academy will work with the Coalition to achieve the following goals and objectives.

Goal 1: Promote optimal child health through effective use of community resources.

      Objective A: Provide opportunities for networking and sharing of information between pediatricians and community foundations.

      Objective B: Identify ways pediatricians and community foundations can work together on asset assessments and problem-solving at the community level.

Goal 2: Encourage the development and funding of community-based child health initiatives.

      Objective A: Encourage pediatricians and community foundations to develop a collaborative action plan that identifies steps they can take to improve access to health services and increase funding of local child health programs.

      Objective B: Provide incentives, a template meeting agenda, and resource materials for communities interested in convening collaborative meetings.

Methods

The Academy and the Coalition will convene a steering committee to plan and coordinate three, 1 -day meetings between local pediatricians and foundations in targeted states. Possible meeting sites are Chicago, IL; Charleston, SC; San Diego, CA; and Kansas City, MO. The Coalition will explore the possibility of having each meeting co-sponsored by a community foundation and a local or regional association of grantmakers. The latter are intermediary organizations to which virtually all foundations in a certain geographic area (generally a city, region, or state) belong. This would enable CATCH to access a larger pool of prospective funders because, while community foundations are key participants in many community-based initiatives, most are unable or unwilling to shoulder the entire start-up cost of an initiative. The Coalition has worked with regional associations of grantmakers on a number of occasions and found that this is an effective way to identify funders with common interests and to encourage collaboration among funders. Once the steering committee has finalized the meeting agenda, meeting materials will be developed, the meetings will be held and follow-up actions taken.

Deliverables

1. Document summarizing activities and decisions of the steering committee.
2. Roster of steering committee members and attendees at three pilot meetings.
3. Copy of meeting materials.
4. Action plans developed by meeting participants at each of the three meetings identifying how each group plans to work together to improve access to health services and increase funding of child health programs at the community level.
5. Template meeting agenda and packet of resource materials for communities interested in convening collaborative meetings.

Evaluation

Evaluation activities will focus on assessing: 1) whether the AAP/Coalition Partnership Initiative resulted in local collaboration, and 2) whether the pilot meetings were beneficial to participants.

A meeting evaluation form will be developed to assess the quality of the meeting, useful components, additional information needs, and future intended activities. The evaluation form will be color-coded for the foundations and the CATCH pediatricians. The color-coded evaluation forms will allow for an analysis within and between groups.

In addition, a survey will be developed as a follow-up tool and sent to meeting participants 6 months after the meetings. The survey will provide information in regard to the level of collaboration that followed the pilot meetings, as well as factors that are either facilitating or impeding progress. The Coalition and the Division will follow-up with their respective constituents to ensure that an appropriate volume of responses are received to draw meaningful conclusions.

A steering committee meeting will be held after the 6-month surveys are returned to discuss the evaluation results and begin the development of the meeting template.

Sample Letter Proposal 2

<<Date >>

<<FirstName>> <<LastName>> <<JobTitle>>
<<Company>>
<<Address1>>
<<City>>, << State>> <<PostalCode>>

Dear <<FirstName>>:

John Doe suggested I forward you this proposal requesting a grant of $149,931 to support the development, production, and initial dissemination of the 1999 PREP: ID CD-ROM. As the sponsor of the 1997 PREP: ID CD-ROM distributed to more than 700 professionals, I wanted to give <<Company>> the first opportunity to support the program again this year.

The AAP Section on Infectious Disease, the Pediatric Infectious Diseases Society, and the American Academy of Pediatrics will once again offer PREP:ID, *An Intensive Review Course of Pediatric Infections Disease*, July 6-11, 1999 at the Renaissance Hotel in Chicago. As the material contained in the 1997 CD-ROM has a three-year shelf life and the course will not be offered in 2000, we believe it is necessary to update the CD-ROM via the 1999 course.

The 1999 PREP: ID CD-ROM will serve as a review of infectious disease material and will examine the current trends in the infectious disease arena. It will also be designed for pediatricians to use as an on-site reference tool in their offices. An estimated 40 hours of Category 1 CME will be recorded on the CD-ROM including all plenary lectures, concurrent learning track I sub board certification exam preparation, and concurrent learning track II for office-based pediatricians and family physicians. A physician will review the content as well as the quiz incorporated into the CD-ROM.

The primary audience for this updated resource will be the pediatric infectious disease specialists, those preparing for sub board examinations, general pediatricians who wish to update their skills in pediatric infectious disease and health care professionals requiring CME credit. I addition to those preparing for sub board examinations, approximately 600 physicians will be up for mandatory recertification in 2001. These physicians will be required to participate in the Program for Renewal of Certification in Pediatrics – Subspecialty in Infectious Diseases and will need a means to prepare for this exam.

As a sponsor of this project, <<Company>> will be acknowledged on the packaging, an opening screen on the CD-ROM and all promotional materials. A letter from the Academy will also be sent to pediatrician members acknowledging <<Company>> for making this educational tool possible.<<Company>> will also have the opportunity to promote this educational resource and distribute a letter to 250 targeted pediatricians announcing the CD-ROM and offering a complimentary copy.

Thank you for your continued interest in the Academy and in providing the highest quality of education on pediatric infectious disease. Enclosed are the course brochure, a detailed budget, and the marketing plan. Also included is a copy of the 1997 CD-ROM. If you have any questions, please call me at 555/555-5555. I look forward to talking with you soon.

Regards,

Name
Title

A Partnership for Healthy Children
Project Budget and Budget Justification

American Academy of Pediatrics Grant Period 10/1/98-9/30/99

I. PERSONNEL			Subtotal	**Fdn Support**
Name Position	Hrly Rate	% Time		
Director		5 %	AAP Inkind	
Technical Assistance Mgr		25 %	AAP Inkind	
Temporary Clerical Help	$14/hr	94 hrs	$1,316	
Total Personnel:			$1,316	**$1,316**

II.   OTHER DIRECT COSTS

Office Operations

Supplies:	$200
Duplicating:	$400
Telephone:	$600
Postage:	$500
	$1,700

Travel (transportation, lodging, meals)

AAP Staff (2 staff members x $650/person):	$1,300
Speakers (3 speakers at $650/person):	$1,950
Consultants (2 consultants x $650/person):	$1,300
Participants (50 participants x $450/participant):	$22,500
	$27,050

Meeting Expenses

Room rental	$1,000
AV equipment rental (i.e., projectors, screens, monitors, charts):	$1,500
Materials:	
Duplicating (100 x 200 pages x $0.025/page):	$500
Binders (100 participants x $4/binder):	$400
Breaks (75 participants x 2 break x $15/participant):	$2,250
	$5,650

Reproducibles

Duplicating (500 x 30 pages x $0.025/page):	$375
Binders (500 x $3.50/binder):	$1,750
	$2,125

Total other Direct Cost:	**$36,525**

III.   INDIRECT COSTS

($37,841 @ 9%): $3,406

                                                                              $**3,406**

(Please note that the 9% indirect rate was set the grant maker. Other grant makers may use different rates. When developing a budget, please refer to the grant application guidance for what indirect rate to use.)

IV.   CONSULTANT/CONTRACTUAL AGREEMENTS

Coalition of Community Foundations for Youth	$4,200	
Honoraria (3 speakers x $300/speaker):	$900	
Meeting Planner ($40/hr x 71 hrs):	$2,840	
Total Consultant/Contractual Agreements Cost:	**$7,940**	**$7,940**

                          TOTAL PROJECT COSTS: **$49,187**

BUDGET JUSTIFICATION

The project budget figures listed are based on the Academy's estimates for similar activities. The figures also are based on the assumption that planning and holding the pilot meeting will take approximately 6 months, and conducting any necessary follow-up (e.g., processing expenses, compiling reports) will take approximately another 6 months.

I. PERSONNEL

Project Manager

The Director will spend 5% of his time serving as Project Manager. The Project Manager will participate in the development of the meeting agenda, assist in identifying meeting speakers to ensure appropriateness for the meeting audience (pediatricians and funders), evaluate an appropriate geographical location for the meeting, and follow-up with respective meeting constituents to ensure a well attended meeting. The services of Project Manager will be provided as an in-kind contribution by the Academy.

Technical Assistance Manager:

The Technical Assistance Manager will spend 25% of her time serving as the primary project staff person. In this role, the Technical Assistance Manager will coordinate all activities of the project: preparing invitations, developing the meeting agenda and evaluation forms, identifying meeting speakers, communicating with consultants, developing meeting materials, conducting follow-up activities, and developing reproducibles. The services of the Technical Assistance Manager are provided by the American Academy of Pediatrics and are supported by a grant from >>funder's name>>. These services will be provided as an in-kind contribution.

Temporary Clerical Staff:

The Academy will hire temporary clerical staff to assist with planning and holding the pilot meeting (e.g., production of meeting materials and deliverables, routine communications, etc). The estimated amount of time needed for the program's clerical activities is 94 hours at a rate of $ 14/hr for this type of clerical work. The estimated cost for temporary clerical staff is $1,316.

II   OTHER DIRECT COSTS

Office Operations

Supplies
Based on an analysis of positions that involve similar activities, the average expenditures on supplies (including pens, paper, etc) for an employee is $500/yr. Because this in not a full time project for the staff involved, a collective figure for supplies for project staff is estimated at $200.

Duplication
The anticipated cost of printing and duplicating project materials ($400) to send to the key participants and other collaborators is based upon expenses accrued by other AAP program managers and a temporary clerk for similar activities over a 6-month period.

Telephone
The anticipated cost of monthly telephone use and periodic conference calls ($600) is based upon expenses accrued by other project managers and temporary clerical staff for similar initiatives.

Postage
The anticipated expense for postage ($500) is based upon the amount spent for similar activities of a program manager and clerical staff to plan, implement, and follow-up for a project meeting.

Travel

The total anticipated expense for travel costs for the pilot meeting is $27,050. This is based upon the following allotments:

AAP staff
The Project Manager and the Technical Assistance Manager will attend the pilot meeting and two steering committee meetings. The travel costs to attend the steering committee meetings for the Project Manager and Technical Assistance Manager will be provided as an inkind contribution.

The anticipated travel costs of the Project Manager and the Technical Assistance Manager to attend the pilot meeting is based upon the Academy's standard rate of $650/person for a 2-day meeting. This rate consists of $300 for airfare + $200 for hotel (2 nights) + $120 for meals (2 days) + $30 for incidentals (2 days). The total project travel costs for the Project Manager and the Technical Assistance Manager is estimated at $1,300 (for attendance at the pilot meeting). Additional AAP staff may attend the pilot meeting; however, their travel costs will be defrayed by other sources.

Meeting Speakers
Three community development experts will speak at the pilot meeting. The travel cost for these individuals is based upon the Academy's standard rate to attend a 2-day meeting involving travel ($650/person/meeting). The anticipated costs for travel, including meals and lodging, for the meeting speakers is $1,950.

Consultants
Two consultants from the Coalition of Community Foundations for Youth will attend the pilot meeting to assist with meeting activities, and plan for follow-up actions to the meeting. The travel cost for these individuals is based upon the Academy's standard rate to attend a 2-day meeting involving travel ($650/person/meeting). The anticipated costs for travel, including meals and lodging, for the consultants is $1,300.

Meeting Participants
It is anticipated that 50-75 individuals will attend the pilot meeting; however, not all will incur travel costs involving overnight accommodations. Therefore, an allotment is requested to cover the travel costs of 50 meeting participants. The cost for participants to attend the pilot meeting is estimated at a rate of $100 for ground transportation + $200 for hotel (2 nights) + $120 for meals (2 days) + $30 for incidentals (2 days). For a 2-day local meeting involving travel, the anticipated cost is $450/person/meeting. The estimated travel cost for 50 meeting participants is 50 x $450, or $22,500.

Meeting Expenses
Room Rental
Room rental expenses for hosting a meeting of 50 – 75 participants is budgeted at $1,000 and is based upon expenses incurred by hosting similar initiatives.

Audio-visual (AV) Equipment Rental
The anticipated cost for renting AV equipment including projectors, screens, monitors, and charts is $1,500. This figure is based upon expenses incurred for similar initiatives.

Materials
Meeting materials will be produced for 100 individuals. This will include 25 – 50 sets of extra materials to have on hand to share with individuals unable to attend the meeting. A binder of an estimated 200 pages will be distributed to participants. The cost for duplication of materials is estimated at 100 sets x 200 pages x $ 0.025/page, or $500. The cost for binders to hold the materials is budgeted at $4/binder x 100 binders, or $400. The total cost for meeting materials is $900.

Breaks
Food and beverages will be served at meeting breaks. The Academy's standard estimate for food and beverages served during a meeting break is $15/person/break. For 75 participants attending a full day meeting with two breaks, the estimated cost for meeting breaks is 75 participants x $15/person/break x 2 breaks, or $2,250.

Reproducibles

A binder of reproducibles (estimated at 30 pages) will be generated from the meeting. The 500 sets of the reproducibles will be produced to distribute nationally to community pediatricians and community foundation representatives. The estimated cost for duplicating the reproducibles is 500 sets x 30 pages x $0.025/page, or $375. The cost for binders is 500 binders x $3.50/binder, or $1,750. The total cost for reproducibles is estimated at $2,125.

III. INDIRECT COSTS

At a rate of 9%, total indirects for the project year are $3,406.

(Please note that the 9% indirect rate was set the grant maker. Other grant makers may use different rates. When developing a budget, please refer to the grant application guidance for what indirect rate to use.)

IV. CONSULTANT/CONTRACTUAL AGREEMENTS

Coalition of Community Foundations for Youth (CCFY)
http://www.cfleads.org/
CCFY Personnel
The Academy will subcontract with the Coalition of Community Foundations for Youth (CCFY) to coordinate efforts with foundations. CCFY staff for this project will include the Executive Director and the Director of Operations. The Coalition will identify foundation co-sponsors for each meeting; recruit members; participate in steering committee meetings; develop an invitation geared to foundations; secure mailing lists and prepare mailing labels for foundation invitees; participate in the development and review of materials and evaluation forms; and conduct pre-and post-meeting follow-up as noted above. The Director of Operations will provide assistance with meeting planning and logistics, financial reporting, grant requirement monitoring, and act as liaison with coalition members. The subcontract will cover the following: 20 hours of Executive Director time at $65/hour and 12 hours of Director of Operations time at $25/hour, for a total of $1,600.

Office Operations
Project-related office operations (telephone, fax, copying, postage, materials, and supplies) are estimated to cost $600 for a 6-month period.

Subsidies for Local Co-Sponsors
An additional $2,000 has been budgeted to defray the costs of local co-sponsors' (foundations) participation in planning and follow-up efforts.

The total cost for the subcontract with the Coalition of Community Foundations for Youth is $4,200.

Meeting Speaker Honoraria
An honorarium of $300 is budgeted per meeting speaker. The total cost for honoraria for 3 speakers is $900.

Meeting Planner
The Academy will hire a meeting planner to arrange meeting facilities, meals/banquets, and accommodations for attendees. The estimated amount of time needed for a meeting planner is 71 hours at a rate of $40/hr for a cost of $2,840.

BUDGET 1999 PREP:ID CD-ROM

Production Costs
MSS Services/Expenses to include:
Provide all CD-ROM related AV equipment on-site
Capture of approximately 42 hours of audio presentation (4 discs)
   (see attached list of lectures, panel discussions and all Q&A sessions)
    Digitize on-site approximately 42 hours of slides
Provide 5 splash screens at n/c
Provide copy of check-disk
Room and expenses of MSS staff for 6 days
Travel to and from course site
Design and production of CD-ROM packaging
Provide complimentary copies of CD-ROM for each faculty, workgroup member,

CER Production and delivery of 1,000 CD-ROMs (include comp disks)	$75,000
Distribution (shipping and handling of comp disks)	$1,000

AAP Staff

Meals 5 days x $60/day =	$300
Hotel Room 5 days x $175.00=	$875

CER Services

Honorarium for services provided	$1,000

Faculty Expenses
Individual transcripts:

$200/per hour (42 hr of lecture, panels and Q&A x $200) =	$8,400

Lecture Honorarium:

42 lectures @ $100 per lecture =	$4,200

Panel Honorarium:
6 Panel Presenters – 2 speaking twice = 8 Panel Honorariums
8 Panel Honorariums x $50 per panel presentation = $400

Total Honorarium	$3,600

Miscellaneous
Messenger services to provide transcripts to AAP
AAP postage expenses for transcripts, check-disks, thank-you's
Misc Print, Copies

Total Miscellaneous	$1,000
Marketing	$35,000
Expenses	$130,375
15% Indirect Costs (staff time)	$19,556
TOTAL EXPENSES	**$149,931**

Tracking List

In your quest for funds, you will need to pursue more than one source. This flow chart will assist you in tracking and monitoring your progress at various points throughout your grant-seeking initiatives. You may want to modify the chart to meet your needs. Consistent communication with prospective grant makers conveys your organization's professionalism.

Proposal Flow Chart	Foundation Corporation	Foundation Corporation	Foundation Corporation
Letter of inquiry and request - Grant guidelines - Annual report			
Review guidelines			
Proposal deadline			
Call or write for informational meeting			
Date of appointment			
Thank-you letter following informational meeting			
Proposal sent with appendices			
Make follow-up call and inquire about - Receipt of proposal - Need for more information - Need for a meeting			
Date of decision making			
Rejected/Accepted			
Thank-you letter for rejected and funded grants			
Amount requested			
Amount received			

A Grant Writer's Checklist

This Checklist provides key questions that should be considered before submitting a proposal.

Are You Ready to Submit a Proposal?
This checklist can serve as a guide to help you decide if you are ready to submit a proposal to a funding organization.

- ☐ Does your project concept fall within the funding priorities and guidelines of the funding organization?

- ☐ Have you included others who will be involved in or affected by the project in the development of the proposal?

- ☐ Have you demonstrated the need for the project?

- ☐ Are your objectives specific, measurable, realistic, and time limited?

- ☐ Have you demonstrated that you are familiar with the current literature in the field and are knowledgeable about other relevant programs?

- ☐ Have you emphasized the innovative components of your project?

- ☐ Does your cover letter include the necessary information, and has it been signed by the appropriate person in your organization?

- ☐ Has someone unfamiliar with your project reviewed your proposal to make sure it is clear and concise?

- ☐ Has someone proofread you proposal to check for grammatical errors?

- ☐ Have you double-checked your budget calculations? Is it reasonable and thoroughly explained?

- ☐ Does it meet the funder's guidelines?

- ☐ Have you established the credibility of your organization and the project staff?

- ☐ Are appendices necessary? If yes, have you included them?

- ☐ Is the proposal organized and nicely formatted?

- ☐ Have you followed the funder's requirements for submitting a proposal?
(meets deadline, correct number of copies made, etc)?

☐   Are you prepared to accept or negotiate a grant award?