2018 Cycle 2 CATCH
Resident Grants
Call for Proposals

Release Date: December 1, 2017 | Application Deadline: January 31, 2018, 2:00 p.m. CST

CATCH Resident Grants support pediatric residents in the planning and/or implementation of *innovative*, community-based initiatives that increase children's access to medical homes*, immunization services, and specific health services not otherwise available. Grants of up to $2,000 are awarded twice each year on a competitive basis for residents to work with their community to address the unmet needs of children. Projects should lead to programs that can be replicated in other communities. Resident CATCH projects must include planning activities or demonstrate completed planning activities, and may include implementation activities.

Special Funding Opportunities for Residents

CATCH is pleased to partner with several AAP Councils and Sections, the Boulter CATCH Oral Health Endowment and the National Dairy Council to support pediatric residents to conduct community-based projects that advance child health and well-being. These entities will help to sponsor grants that address topics that are of current interest/priority to their membership:

Council on Community Pediatrics (COCP). COCP promotes community pediatrics through policy, practice and education. COCP has two grant opportunities. The first is for a resident to partner with a subspecialist on a community project that addresses a specific community health issue. Areas of focus may include but are not limited to issues addressed in recent COCP policy statements on immigrant children, early childhood home visiting, poverty and child health, food security, and community pediatrics.

The second opportunity is for a resident project to focus on addressing housing insecurity and/or homelessness as key determinants of child health. Project activities may include (but are not limited to) any of the following broad areas: 1) efforts to improve identification of housing insecurity among families in practice; 2) efforts to improve care of families impacted by housing insecurity/homelessness; 3) collaboration with community organizations to improve housing quality/availability in the community; and 4) collaboration with schools and education partners to address challenges faced by homeless children and youth. Projects are encouraged to build upon the recommendations in the Council on Community Pediatrics policy statement on Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity.

Council on Environmental Health (COEH). The COEH works to promote healthy environments and reduce toxic exposures for children wherever they live, learn, and play. The COEH seeks to empower and enable pediatric trainees to serve as strong advocates for children's environmental health and to serve as effective leaders in their communities. Proposals will be welcome from across the spectrum of pediatric environmental health issues, including but not limited to climate change, lead exposure, environmental justice, air pollution, water quality, and pesticide exposure. Funding is currently available to support one resident project.

Section on Emergency Medicine (SOEM). The AAP SOEM aims to optimize the emergency care of all children through advocacy, research, education, and service. The scope of emergency care covers the pre-hospital context, the care provided in the emergency rooms/urgent care, and the transition back to his/her environment in a state of optimal health. The SOEM will sponsor one resident project that directly addresses the improvement of care for acutely ill or injured children in the emergency department.

Section on Pediatric Trainees (SOPT). The SOPT seeks to empower and enable pediatric trainees to serve as strong advocates for the health and well-being of all children and to serve as effective leaders in their communities. To align with its 2017-2018 advocacy campaign, Access 4 Kids, SOPT will sponsor two innovative resident projects that help reduce barriers to healthcare that exist for vulnerable populations of children.

Through the generous support of the **Boulter CATCH Oral Health Endowment**, funding is available for up to four resident projects. The projects may focus on improving children's access to oral health services, educating parents and caregivers about oral hygiene, improving communication and collaboration between medical and dental professionals, and educating primary pediatric care professionals about the importance of preventive oral health services (such as fluoride varnish) or other children's oral health issues.

National Dairy Council (NDC) is interested in promoting all healthy foods, *including dairy foods*, and healthy communities for the food insecure population (41 million Americans including 13 million children). NDC has partnered with CATCH to support planning and implementation projects that focus on developing solutions for the health and well-being of children ages 2-18 impacted by food insecurity. Funds are available to fund up to ten resident projects that work with a variety of community partners such as food banks/pantries, schools and community resources, including but not limited to local farmer's markets, when food insecurity is identified in their communities.

Assistance with proposal development is available
The deadline for requesting technical assistance is January 15, 2018.
- Applicants are strongly encouraged to contact their Chapter CATCH Facilitator and District Resident CATCH Liaison with questions about proposal development or to discuss ideas Application and budget reviews also are available from CATCH staff at catch@aap.org.
- For descriptions of previously awarded CATCH grants from 2007 to present visit our Community Pediatrics Funded Projects List.
- Please note that selection criteria may change from year to year. Contact your Chapter CATCH Facilitator, District Resident CATCH Liaison, or CATCH staff before modeling your proposal on a past grant.

ELIGIBILITY AND SELECTION CRITERIA

Eligibility requirement—postgraduate status as of July 31, 2018
  PL-1 or PL-2
  PL-3 or below in medicine-pediatrics residency
  PL-3 if planning a chief resident year in 4th year
  PL-4 or below in triple-board residency
  PL-3 residents may apply as co-applicants

- Only pediatric residents from the United States and its territories are eligible to apply.
- National and Chapter AAP memberships must be current before grant funds can be disbursed.
- Eligibility requirement to ensure project completion – see chart above
- Applications are peer-reviewed by the American Academy of Pediatrics (AAP) District CATCH Facilitators and National Resident CATCH Liaisons, Chapter CATCH Facilitators, and District Resident CATCH Liaisons.

Prerequisites and Priorities
1. Project is for planning activities, or if for implementation activities grant proposal demonstrates completed prior planning.
2. Project includes plans for community partnerships.
3. Budget reflects project timeline and activities.
4. Project activities will increase children's access to a medical home or specific health services not otherwise available.
5. Methods for measurement of project goals and objectives described.

Priority will be given to projects that:
- Assess children's medical home* status and connects children who previously had none to a medical home*
- Increase access to needed health services not otherwise available
- Predominantly serve a population known to be underserved or with demonstrated health disparities
- Assess children's health insurance and immunization status and connects them with available resources
- Address an important need and grant activities are likely to achieve the stated goals
- Are led by a practicing community-based pediatrician who plays a significant role in the project
- Include broad-based community partnerships
- Include plans for achievable sustainability beyond the grant period
- Demonstrate creativity or innovation

Priorities
Priority will be given to projects that:
- Are new initiatives within the community, or a new component of an existing project with different goals
- Assess children's medical home* status and connect children who previously had none with a medical home*
- Increase access to needed health services not otherwise available
- Predominantly serve a population known to be underserved or with demonstrated health disparities
- Assess children's health insurance status and connect them with available insurance programs
- Seem feasible and likely to achieve the stated goals
- Will be led by the resident grantee who will play a significant role in project activities
- Community partnerships are broad-based
- Demonstrate creativity or innovation
- Include plans for addressing immunization access among the target population

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*What is a medical home? A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and nonmedical needs of the patient are met. Through this partnership, the pediatric clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.

AAP Medical Home Resources: www.aap.org/medicalhome
National Center for Medical Home Implementation: www.medicalhomeinfo.org

USE OF GRANT FUNDS AND BUDGET GUIDELINES

1. Budget must clearly support the goals and timeline outlined in your application.
2. Budget must include a complete description of each activity and expense.
3. All budget line items must include a formula.
4. Do not group multiple activities in one line item: sample budget follows guidelines.

CATCH Resident Grants do not support:

- Internal enhancement of practice or clinic (CATCH projects focused on resident continuity clinics are acceptable if they meet the criteria for broad-based community partnerships.)
- Physician or pediatric resident medical training
- Research projects not associated with a community-based project and community partnerships

Unallowable Expenses

- Supplemental funding to previously awarded grants
- Supplemental funding for existing program activities
- Physicians' or dentists' salaries, fees, stipends or honoraria
- Indirect costs/administrative overhead/fiscal agent fees/payroll taxes/fringe benefits
- Building or office construction and related activities
- Capital equipment and computer hardware/software (While a precise definition of capital equipment is not provided because final determinations will be made in the context of the overall proposal, generally capital equipment is considered to be durable items of significant cost that will last beyond the length of the grant project and which will not be used by children/families who participate in the project. For example, CATCH cannot fund computer hardware/software, electronics, cellular telephones, or furniture/office equipment).
- Medical equipment, medical supplies, or pharmaceuticals
  (Exception: select supplies for oral health projects; eg, fluoride varnish, sealants, and select disposable dental supplies)
- Professional development (educational or training activities)
- Conference registration fees or support
- Educational materials for residents or medical students
- Educational materials for target population except when related to project activities, such as focus groups
- Health fairs or 1-day events, such as fitness runs or booths at community events or conferences
- Literature reviews
- Speaker fees or speaker travel reimbursement

FISCAL AGENT: Grantees must appoint a tax-exempt fiscal agent once they receive their award notification to avoid personal tax liability. Per federal tax law, individuals would be responsible for the taxes on unexpended funds at year-end. Individuals would also be responsible for the taxes on expended funds for which an expense report had not been submitted at year-end. **The institution or organization that acts as fiscal agent is not the grantee or co-grantee.**

BUDGET DEVELOPMENT

This table provides a list of budget categories, expenses and the maximum allowance for each category.

Activity Description This list of activities is not comprehensive.	Description and Formula Include a description and formula for all expenses.	Maximum Allowance
Personnel • Community asset mapping • Design and production of needs assessment survey • Outreach • Care coordination • Survey translation • Data analysis • Grant writing • Project coordination/administration	$ per hour x number of hours Describe staff person, activities, and responsibilities.	**$1,600**
Meetings • Focus groups • Planning/collaboration • Task force • Advisory board meetings	Meals, beverages, staff transportation, and meeting materials	**$800**
Participant (parents, caregivers, children) Expenses • Child care • Transportation • Incentives	Specify	**$1,000**
Resources, Equipment, & Educational Materials • Support program activities	Specify	**$800**
Promotion/Supplies • Flyers, posters, mailings, media • Printing • Telephone/office supplies	Specify	**$700**
Technology Development • Web site • Mobile application	Specify	**$700**
Other expenses • Activities that are not listed above	Describe activity.	**TBD based on need**
TOTAL MAXIMUM ALLOWANCE $2,000		

Sample CATCH Resident Grant Budget

Activity Description	Description and Formula	$ Amount
Personnel Project assistant	Data entry, transcription 50 hrs @$12/hr	600
Meetings Advisory group meetings: 1) to discuss health problems, barriers, interventions, adolescent use of medical services; 2) present findings and elicit feedback	Meals, beverages, meeting materials 2 meetings @$200/meeting	400
Focus group meetings to review survey results and intervention ideas	Snacks, beverages, meeting materials $100 per meeting x 4 meetings	400
Participant Expenses Incentives for survey and focus group participation	$5 gift cards x 50 surveys = $250; $10 gift cards x 4 groups @5 participants per group = $200	450
Promotion/Supplies Consumable office supplies for survey and presentation materials	Paper and printing costs $100; pens $10; binders $30; name tags $10	150
	TOTAL	**2000**
TOTAL MAXIMUM ALLOWANCE $2,000		
If your budget includes salaries, please justify by relating each staff position to a specific outcome.		

APPLICATION PROCEDURES

- Applications must be submitted online.
- Attachments to applications are optional and not scored.

   Attachments may not be used to respond to or supplement responses to questions contained within the application.

   - Your mentor signature form must be submitted as an attachment to your online application. The form is available for download once you have logged in at https://grants.aap.org
   - Maximum four 1-page attachments (mentor form may be 2 pages). For example, minutes or agendas from community meetings; flyers; letters of support, especially from AAP state chapters and current or future community partners; attachments are optional and not scored (exception: mentor form is not optional).
   - Each attachment must include the applicant's full name

KEY DATES AND DEADLINES
January 15, 2018
You may request assistance with proposal development from either your Chapter CATCH Facilitator or CATCH staff at catch@aap.org up until this date.

January 31, 2018, 2 p.m. CST
Application deadline.

By May 1, 2018
Applicants receive e-mail notice of funding decisions.

By August 1, 2018
Submit signed award documents; projects are 12-month in length and may begin upon receipt of funds.

REPORTING PROCEDURES
Grant funds will be disbursed in one installment at the start of the project. A final report including financial reporting will be due 30 days after the 12-month completion date, or extended completion date. One 6-month extension is allowed.

PUBLICITY
The AAP may include information about your project in its program evaluations, publications, and promotional and technical assistance materials. In addition, descriptions of CATCH grant-funded projects are posted on the AAP Community Pediatrics Funded Projects List.

The CATCH Program is made possible through the support of Pfizer, Inc, with additional support from various AAP sections and councils and individual donations through the AAP Friends of Children Fund.

On behalf of the children, the CATCH Program thanks its financial supporters, community partners, District and Chapter CATCH Facilitators, AAP chapters, AAP staff, the AAP membership, and most importantly its pediatrician CATCHers.

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