2018 Cycle 1 CATCH Resident Grants
Call for Proposals

<table>
<thead>
<tr>
<th>DATE OR TIMEFRAME</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/2017</td>
<td>Call for proposals opens</td>
</tr>
<tr>
<td>No later than 7/15/2017</td>
<td>Requests for proposal development assistance or application review due</td>
</tr>
<tr>
<td>7/31/2017 2:00 PM CST</td>
<td>Application submissions due</td>
</tr>
<tr>
<td>11/15/2017, or sooner</td>
<td>Applicants receive e-mail notice of funding decisions</td>
</tr>
<tr>
<td>No later than 3/15/2018</td>
<td>Submit signed award documents</td>
</tr>
<tr>
<td>12 months after start of project</td>
<td>Project start date begins upon receipt of funds</td>
</tr>
<tr>
<td>30 days after grant period ends</td>
<td>Project completed or (1) 6-month extension requested</td>
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</tbody>
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Special Resident Grant Opportunities

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

**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 project.

**Disaster Preparedness Advisory Council** (DPAC). The DPAC seeks to promote improved emergency and disaster readiness at regional, state, and local levels. To achieve this, the AAP aims to support members to collaborate with others to improve pediatric preparedness. The AAP DPAC, with funding from the Centers for Disease Control and Prevention, will support two resident grants. The DPAC is interested in projects that connect pediatric leaders with public health colleagues in the planning process and activities that add pediatric components to existing preparedness activities. Suggestions for activities that pediatricians can take to improve preparedness and protect children are available in the AAP Pediatric Preparedness Resource Kit, the AAP policy “Ensuring the Health of Children in Disasters” and the AAP Children and Disasters Web site.

National Dairy Council (NDC) is interested in promoting healthy foods, including dairy foods, and healthy communities. NDC has partnered with CATCH to support planning and implementation projects that focus on improving the health and well-being of children impacted by food insecurity, poor nutrition and lack of access to quality healthcare. Funds are available to fund up to 2 projects that work with a variety of community partners such as food banks, local food retailers and farmers’ markets, community-based organizations and schools to address the impact of poverty on nutrition.

**Section on Child Abuse and Neglect** (SOCAN). The SOCAN is dedicated to improving the care of infants, children, and adolescents who are abused and neglected or are at risk of being abused and neglected. Funding is available for one project this cycle which focuses on the identification, management or prevention of child abuse and neglect or addressing the mitigating effects of toxic stress.

**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 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 2016-2017 Partnering for Resilience (PFR) campaign: Learn, Empower, and Connect to Address Toxic Stress, SOPT will sponsor two projects that address resilience, adverse experiences, child toxic stress, and promoting social-emotional health among young children.

**Instructions:** These grants are part of the general call for proposals and therefore must follow the same application and reporting procedures and meet
the same eligibility and selection criteria. To be considered for one of these targeted funding opportunities, applicants must describe in the application how their project will address the relevant child health priorities.

CATCH will work with the sponsoring Councils and Sections to identify the approved applications that best meet their specific criteria.

**Note:** Applicants may apply without being a Section or Council member. However, if funded with these designated funds, they must become a member of the sponsoring Section or Council.

**Purpose**

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.

**Assistance with Proposal Development is Available**

The deadline for requesting assistance is **July 15, 2017**.

- Applicants are strongly encouraged to contact their Chapter CATCH Facilitator and District Resident CATCH Liaison with questions about proposal development or to discuss ideas for a CATCH Resident Funds project. **The deadline for requesting assistance is July 15, 2017.**
- Application and budget review before submission also are available from CATCH staff at catch@aap.org, or 847/434-4916.
- For descriptions of previously awarded CATCH grants from 2007 to present visit our Community Pediatrics funded projects database.
- 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**

- 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
  Postgraduate status as of July 29, 2017
- 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

Applications are peer-reviewed by the American Academy of Pediatrics (AAP) District CATCH Facilitators and National Resident CATCH Liaisons (the oversight committee of the CATCH Program), Chapter CATCH Facilitators, and District Resident CATCH Liaisons.

**Prerequisites**
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.

**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

*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

Community-based child health initiatives develop broad-based collaborative community partnerships.
Examples of community partners include,

- Businesses in your community
- Cultural organizations
- Faith-based groups
- Governmental and nongovernmental health agencies
- Grassroots community-based organizations
- Hospitals, clinics, community health centers
- Media
- Parents, grandparents, children, caregivers
- Public health service agencies
- Schools and day care facilities
- Park districts
- Community development organizations
Use of Grant Funds and Budget Guidelines—Please read carefully
For clarification, email catch@aap.org or call 847/434-4916.

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: a sample budget follows the guidelines below.

Please note: Some of the funds that support CATCH grants may be subject to Sunshine Act reporting. Please check with your institution, if applicable, on any relevant policy. Should this apply to your grant, we will notify you when grant payments are being made.

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.

CATCH cannot 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 or workshops
- Purchase of cellular telephones
- Health fairs or 1-day events, such as fitness runs or staffing booths at community events
- Literature reviews
- Speaker fees or speaker travel reimbursement

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

**TOTAL MAXIMUM ALLOWANCE $2,000**
# Sample CATCH Resident Grant Budget

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Description and Formula</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project assistant</td>
<td>Data entry, transcription 50 hrs @$12/hr</td>
<td>600</td>
</tr>
<tr>
<td><strong>Meetings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory group meetings: 1) to discuss health problems, barriers, interventions, adolescent use of medical services; 2) present findings and elicit feedback</td>
<td>Meals, beverages, meeting materials 2 meetings @$200/meeting</td>
<td>400</td>
</tr>
<tr>
<td>Focus group meetings to review survey results and intervention ideas</td>
<td>Snacks, beverages, meeting materials $100 per meeting x 4 meetings</td>
<td>400</td>
</tr>
<tr>
<td><strong>Participant Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentives for survey and focus group participation</td>
<td>$5 gift cards x 50 surveys = $250; $10 gift cards x 4 groups @5 participants per group = $200</td>
<td>450</td>
</tr>
<tr>
<td><strong>Promotion/Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumable office supplies for survey and presentation materials</td>
<td>Paper and printing costs $100; pens $10; binders $30; name tags $10</td>
<td>150</td>
</tr>
</tbody>
</table>

**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**

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

- Applications must be submitted **online**
- Attachments to applications
  - Your **mentor signature form** must be submitted as an attachment to your online application
  - Applicants may submit up to 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

**Submission due date**

Applications must be submitted by 2:00 pm CST, July 31, 2017. Only online submissions will be accepted. Applicants will be notified by e-mail of the outcome of their application review by November 15, 2017.

**Reporting Procedures**

Grant funds will be disbursed in one installment at the start of the project. Documentation of expenditures will be required before release of the second installment. A final report will be due 30 days after the 12-month completion date.

**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 from 2007 to present are posted on the AAP Community Pediatrics **funded projects database**.

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

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

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**One pediatrician can make a difference!**

American Academy of Pediatrics

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