



ADVANCING A HEALTHIER WISCONSIN ENDOWMENT

HEALTHIER WISCONSIN PARTNERSHIP PROGRAM STRATEGIC COMPONENT

CALL FOR

COMMUNITY CHANGEMAKERS FOR BEHAVIORAL HEALTH

Community Coalitions will develop bold, unique, and culturally appropriate strategies to improve the behavioral health of local communities. Multi-sector partnerships will learn together, share best practices, review evidence-based strategies, and build the capacity of Wisconsin communities to address leading health challenges. Project partners will also bring together the necessary organizations and individuals to create meaningful, sustainable, and impactful change

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|------------------------------------|---------------------------|
| RFP RELEASE: | October 2015 |
| APPLICATIONS DUE: | February 1, 2016 |
| REVIEWS CONDUCTED: | February through May 2016 |
| FUNDED PLANNING PHASE START DATE: | July 1, 2016 |
| PROJECT IMPLEMENTATION START DATE: | July 1, 2017 |
| SUSTAINABILITY PHASE START DATE: | July 1, 2022 |

**Advancing a Healthier Wisconsin Endowment
Healthier Wisconsin Partnership Program**

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ADVANCING A HEALTHIER WISCONSIN ENDOWMENT OVERVIEW

The Advancing a Healthier Wisconsin (AHW) Endowment, stewarded by the Medical College of Wisconsin (MCW), has a mission to work with partners to serve as a catalyst for positive change in the health of Wisconsin communities. The Healthier Wisconsin Partnership Program (HWPP) is the component of AHW dedicated to community-MCW academic partnerships that address public and community health improvement.

The AHW Endowment's 2014-2018 Five-Year Plan focuses on moving from grantmaker (providing funding and monitoring and reporting on incremental health outcomes) to **changemaker** (leveraging funding and non-funding resources to build capacity, innovate, and catalyze change while actively engaging with partners to achieve significant outcomes towards improving the health of Wisconsin residents).

AHW will invest in efforts that focus on root causes and sustainable results to more substantially transform systems and maximize impact. By focusing on outcomes, AHW expects changemaking investments to strengthen health-seeking behaviors, inform effective health policy, improve the environment that circumscribes healthy behaviors, and contribute to a public health system that enhances the quality of life for all.

The AHW Endowment consists of three main programming areas.

Healthier Wisconsin Partnership Program (HWPP) – dedicated to community-MCW academic partnerships for improved health through Strategic, Responsive, and Capacity Building opportunities

Research and Education Program (REP) – dedicated to advancing health through research and education initiatives

Cross-Cutting Initiatives – integrating strengths from research, education and community-academic partnerships to advance the health of Wisconsin residents

The **MCW Consortium on Public and Community Health (MCW Consortium)** serves as the board of directors for HWPP. In addition to oversight responsibility for HWPP, the MCW Consortium also serves in an advisory capacity for endowment funds allocated to REP at MCW.

Funding from HWPP is a competitive, unique, and transformative opportunity for community organizations and MCW academicians to leverage resources, share information and capitalize on expertise as they work in partnership to address Wisconsin's greatest health needs.

HWPP has awarded more than \$48M since 2004 to over 160 community-MCW academic partnership projects. Previously funded projects have represented multiple focus areas of health improvement priorities, embraced a Community-Academic Partnership Model of collaboration, and aligned with the AHW Endowment's Principles. Additional information on previously funded projects can be found on the HWPP website:

<http://www.mcw.edu/Advancing-Healthier-WI-Endowment.htm>.

ADVANCING A HEALTHIER WISCONSIN ENDOWMENT

MISSION

Working with our partners, AHW will serve as a catalyst for positive change in the health of Wisconsin communities

VISION

A healthier Wisconsin

PRINCIPLES

Collaboration – Supporting effective collaboration between community and MCW partners to broaden program impact throughout the state and to enhance the translation of knowledge into community practice

Transformation – Effective systemic change by emphasizing prevention, innovation, and capacity-building; identifying initiatives that will enhance the health of our community through research, education and service, locally, statewide and, indirectly, nationally and internationally

Stewardship – Expecting excellence as funded projects measure and account for outcomes through effective oversight and rigorous evaluation; maximizing impact as priorities are identified, new knowledge is generated, translated, and disseminated, and additional resources are leveraged to support continued success

STRATEGIC COMPONENT CALL FOR COMMUNITY CHANGEMAKERS FOR BEHAVIORAL HEALTH

The HWPP Strategic component is designed to catalyze health improvement in a targeted health priority with identified outcomes. By utilizing the assets of community and MCW partners, while also leveraging the AHW Endowment's financial and non-financial resources, the HWPP Strategic component will bring stakeholders together to determine the critical behavioral health needs of the community and work collaboratively to create solutions to improve a prioritized health need in Wisconsin.

RECOGNIZING THE NEED

Behavioral health is the scientific study of the emotions, behaviors, and biology relating to a person's mental well-being, their ability to function in everyday life, and their concept of self. In Wisconsin, behavioral health conditions are negatively associated with chronic disease risks, functioning, and quality of life. People with behavioral health challenges are more likely to die earlier and have more co-occurring health conditions compared to the general population¹:

- 1 in 4 adults (approximately 60 million Americans) experiences a mental health disorder in a given year².
- 68% of adults with a mental illness have one or more chronic physical conditions.
- Individuals with a mental illness have higher incidences of high blood pressure, smoking, heart disease, diabetes, obesity, and asthma compared to the general population³.
- More than 1 in 5 adults with mental illness have a co-occurring substance use disorder.
- 13-20% of children living in the US (up to 1 in 5) experience a mental health related disorder in any given year with \$246 billion spent annually⁴.

For the purposes of this initiative the term "behavioral health" encompasses the biological component traditionally associated with "mental health" and includes all contributions to mental wellness including substances and their abuse, behavior, habits, and other external forces.

Through this focus area, HWPP will catalyze the sharing of knowledge, the creation of partnerships, and the development of initiatives that promote education, enhance prevention, and increase the prevalence of positive behavioral health.

CHANGEMAKING

The HWPP Strategic component seeks Community Coalitions interested in pursuing initiatives to improve the overall behavioral health of their designated communities through changemaking efforts that:

- are fresh and new or represent a novel application of an established idea;
- challenge traditional thought and practice by seeing the problem, and/or the solution, through a different lens;
- have the potential to radically, not incrementally, improve behavioral health in Wisconsin;
- capitalize on the resources, expertise, and opportunities of local communities

Successful Community Coalitions will be awarded funds to support activities for up to eight years, with funding divided into **three phases**. The first phase will include a twelve month funding period focused on developing plans for improving the behavioral health of the specified community. These project plans will then be submitted to the MCW Consortium on Public and Community Health for review and consideration of a five-year implementation phase. The final phase will be a two-year period focused on sustaining the behavioral health changes in existing systems, replicating the change in other Wisconsin communities, and broadly disseminating each community's learnings.

EXPECTATION

Successful Community Coalitions will demonstrate how a range of partners from multiple sectors in a community can work together to identify the major challenges to positive behavioral health, develop, and implement effective strategies that will lead to meaningful, impactful, and sustainable change.

¹ <http://www.samhsa.gov/health-care-health-systems-integration>

² Duckworth, Ken. *Mental Illness: what you need to know*. National Alliance on Mental Illness, 2013.

³ Harvard Medical School. *National Comorbidity Survey*. Harvard University, 2005.

⁴ Perou, Ruth. *Mental Health Surveillance Among Children – United States, 2005-2011*. Centers for Disease Control and Prevention, 2013.

Community Coalitions will be asked to work collaboratively and commit to developing and implementing projects of a significant scope and scale that achieve the following outcomes (as measured by specific indicators):

Outcome 1: improved behavioral health

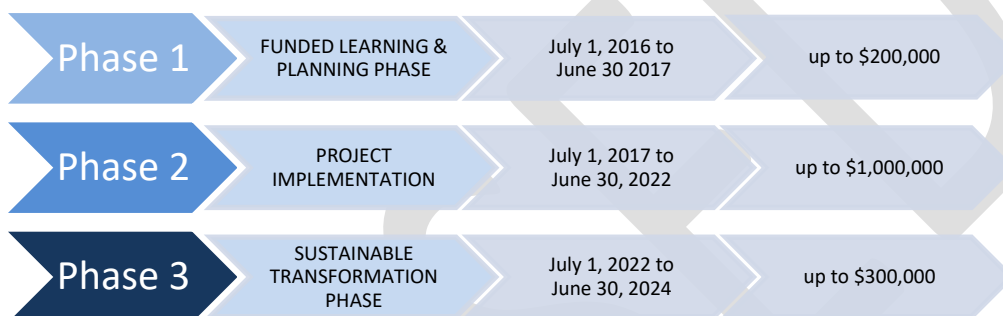
Outcome 2: improved physical health of people with behavioral health disorders

Outcome 3: improved behavioral health prevention and healthcare resources, such as workforce development

For the purpose of this initiative, a **community** is defined as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings⁵. A community may include, but is not limited to, a municipality or city, one or more counties, or a specific population (such as a racial or ethnic group).

BUDGET AND TIMEFRAME

Funding will be available for up to **8-years** to achieve specified outcomes within the following guidelines:



A budget will be developed by the Community Coalition for each phase and negotiated with HWPP staff to ensure that sufficient resources are available to achieve the project's aims. Each phase of the project will be considered as a distinct funding period therefore no carry-forward of funds will be accommodated between phases.

PARTNERSHIPS

Successful Community Coalitions will feature a **multi-sector network of partners**, including those not traditionally involved in health improvement efforts, with the necessary expertise, resources, and dedication to addresses complex problems in their respective communities. While the applicant organization and the coalition need not have an explicit focus on health, the group of partners must include participation from organizations with expertise in community health improvement and the key determinant(s) of health being addressed. It is expected that the partnership may grow during the course of the project to include representation from additional sectors necessary to achieve success.

Preference will be given to applications that clearly feature a true coalition of community organizations working to advance the health of a defined community. HWPP may request that multiple applications that appear to simultaneously focus on the same community work together to submit a joint application. HWPP recommends that you **contact the Program Officer** with any related questions or concerns, or to determine if other applications from your community are being considered.

All projects must have one **primary community partner applicant organization** that is a Wisconsin-based, non-profit, IRS tax exempt 501 (c)3 or governmental organization and is responsible for the fiduciary and reporting requirements on behalf of the larger partnership. Collaboration among partners is expected, but responsibility for the fiduciary and reporting requirements of the project and for transferring all communications, notifications, and instructions from HWPP to all members of the partnership lies with the primary partner.

EXAMPLES OF PARTNER SECTORS

| |
|---|
| Academic Institutions |
| Agriculture |
| Community Organizations |
| Faith-based Organizations |
| Funding Organizations |
| Government Officials and Policymakers |
| Hospitals or Other Healthcare Providers |
| Housing |
| Local Businesses |
| Policy Advocates |
| Public Health Agencies or Organizations |
| Public Safety |
| Transportation |

⁵ MacQueen, Kathleen M. et al. "What Is Community? An Evidence-Based Definition for Participatory Public Health." American Journal of Public Health 91.12 (2001): 1929–1938.

Eligible primary community partners are Wisconsin-based, non-profit, IRS tax exempt 501(c)3 or government organizations, including but not limited to:

- Health, social service and other community-based organizations
- Faith-based organizations
- State and local governments
- Scientific or professional associations, universities and schools
- Voluntary associations, foundations, civic and citizen groups
- Federally-recognized Indian tribal governments, tribes and tribal organizations

Eligible primary community partners are required to furnish an annual audit to MCW, the cost of which must be borne by the community organization. A federal A-133 audit or an audit performed in accordance with Government Auditing Standards will fulfill the audit requirement. If such audits are not performed, a community organization-wide audit may be provided which includes program-level testing. For-profit companies and non-profit organizations that do not have IRS tax exempt status may participate in the project, but funds from HWPP will not be paid directly to these partners. A subcontractor or fiscal agent relationship with an eligible partner must be established so that funds are paid directly.

Role of primary community partner

The primary community partner is responsible for:

1. Securing a **Program Director (1.0 FTE)** – the Program Director will provide leadership, oversee administrative responsibility, and ensure adequate progress is made toward meeting project objectives.
2. Securing a **Community Evaluator (minimum 0.5 FTE)** – the Community Evaluator will lead the evaluation of project activities, will work the MCW-Partner Team to ensure fidelity to the broader evaluation model of the initiative, and will support the Community Coalition's efforts to achieve success.
3. Serving as the **primary liaison** with HWPP staff and the MCW-Partner Team.

Eligibility Criteria:

1. Identify one primary community partner organization with one primary contact person
2. Commitment of the multi-sector partnership to the long-term nature of the project, including the (up to) eight year funding period
3. Commitment to sustaining the project beyond the eight year funding period via the expansion and replication of project efforts
4. Commitment to developing and carrying out a sustainability plan that includes leveraging additional funds
5. Commitment to attending all learning and convening events hosted by the Endowment, in particular monthly to twice monthly cohort meetings during the first twelve month planning phase and intermittently throughout the duration of funding
6. Ability to measure change in the behavioral health of the targeted community
7. Demonstration of appropriate scope and scale of the targeted community
8. Demonstrated expertise and experience in addressing behavioral health challenges

MCW-Partner Team

Recognizing the premise that broad, multi-sector partnerships are needed to maximize impact as well as HWPP's historical promotion of the Community-Academic Partnership Model, each funded project will be augmented by the participation of an MCW-Partner Team. The MCW-Partner Team will be selected via a separate competitive RFP process and Community Coalitions are not required to identify an MCW partner prior to submission.

The MCW-Partner Team will consist of one or more eligible MCW faculty members and staff with expertise in the field of behavioral and/or community health. The MCW-Partner Team is not responsible for providing the overall leadership and direction of the initiative, but rather will augment the efforts of the Community Coalitions by providing administrative support, subject matter expertise, and leading the design and implementation of a comprehensive evaluation model.

PHASE ONE - FUNDED LEARNING & PLANNING

The Funded Learning and Planning Phase will develop a Learning Community. The intention of the Learning Community is to encourage collaboration, bring together committed communities to learn together, share knowledge, develop professional networks, and exchange ideas that will result in implementation plans that will

address a reduction in behavioral health incidence, improved physical health of people with behavioral health disorders, and improved behavioral health prevention and healthcare resources.

The twelve-month period will provide funding of up to \$200,000 per community to secure a project director, community evaluator, and cover direct costs associated with participation in the Learning Community that will collaboratively:

- Review current research and evidence
- Identify available and needed resources
- Design policy, programmatic, environmental, and systems changes necessary to improve behavioral health
- Define collective indicators
- Identify additional collaborators and strengthen existing partnerships

The Learning Community is an intentional improvement strategy designed to reduce professional isolation, foster greater collaboration, and spread the expertise and insights of individual communities throughout Wisconsin. Participants will meet regularly and work together to improve and diversify their behavioral health improvement strategies. Time for meetings will typically be scheduled during normal office hours, and participation will be expected. The Learning Community is intended to achieve three primary outcomes:

1. **Gain Knowledge:** Learning Community members will learn with, and from, each other.
2. **Develop Partnerships:** Learning Community members will form relationships, both formal and informal, through participating in learning opportunities, networking events, and targeted collaboration offerings.
3. **Create Plans:** Learning Community members will collaborate to create plans to improve the behavioral health of local communities.

PHASE TWO - IMPLEMENTATION

Community Coalitions advancing from Phase 1 will be awarded up to \$1M over a five-year Implementation Phase to enact strategies developed in the initial Planning Phase. Community partners are expected to work collaboratively within their community as well as across the cohort of funded communities to address the behavioral health challenges of the local community, implement unique solutions, and achieve measurable health impact.

Evaluation Model

All Community Coalitions will utilize the evaluation model developed by the MCW-Partner Team in conjunction with HWPP staff and input from Learning Community participants. All Community Coalitions will be accountable for achieving all three of the stated outcomes. Community Coalitions will be required to select a minimum of 2-5 indicators of each outcome and to regularly report on progress to meeting performance targets.

Socio-Ecological Model

The vision of HWPP and the MCW Consortium is to develop impactful, sustainable, and transformational strategies to address the behavioral health needs of Wisconsin communities. While intervening at the individual level is essential to positive behavioral health, transformation cannot occur unless a broader, systematic approach is adopted.

Transforming the behavioral health landscape will require that the promotion of positive health occur at the levels of the individual, relationships, community and organizations, and society. Funded communities will work to achieve indicators at each of these levels.

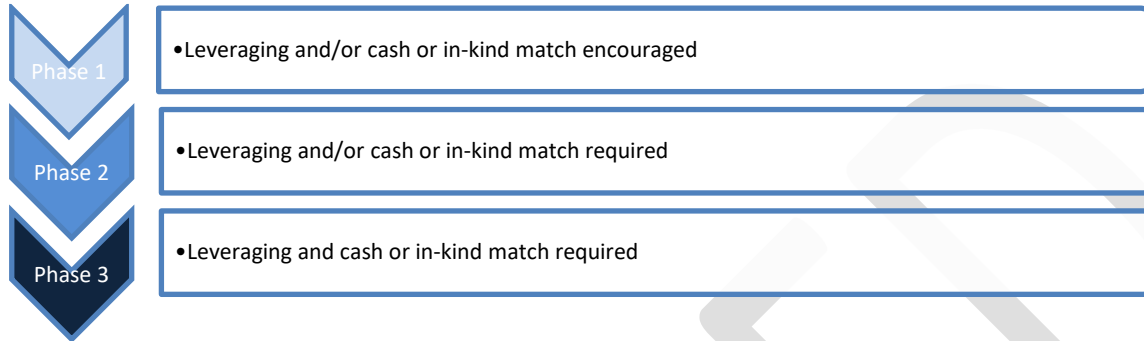
Learning Community

The Learning Community from Phase 1 will continue during the Implementation Phase, and partners are required to attend periodic events and activities. The Learning Community will continue to offer topical/relevant resources and learning opportunities in an effort to build the capacity of communities to achieve success. In addition, the Learning Community will be an opportunity to share challenges, successes, and lessons learned with other communities.



SUSTAINABLE TRANSFORMATION PHASE

All Community Coalitions are **required to leverage additional funding support** throughout the duration of AHW Endowment funding. Leveraging can include a **cash match** from one or more other funders, business partners, coalition member organizations or city, county, state and federal funds as well as **in-kind support** provided by participating organizations. The purpose of leveraging is to expand the funding support for the proposed change strategy, demonstrate community-level commitment to the project, increase the sustainability of the effort beyond the award period, and provide resources for activities that HWPP cannot fund (e.g. indirect expenses) that may be essential for the project's success.



As the diagram indicates, Community Coalitions will have increased leveraging requirements over time. The purpose of building toward a cash match and in-kind leveraging requirement in Phase 3 is to develop a sustainability plan that allows for the expansion and replication of project efforts beyond the funding end-date of the award.

The Sustainable Transformation Phase is not a period to *begin* thinking about the fiscal, programmatic, and practical continuation of the project. Sustainability planning will occur during the Implementation Phase of the award, and the Sustainability Phase will allow time for projects to implement sustainability plans.

This final phase will also include efforts to disseminate findings, replicate successes in additional Wisconsin communities, and integrate intervention efforts into larger systems.

APPLICATION PROCESS

Community Coalitions that meet applicant eligibility requirements as described in the call for Community Changemakers for Behavioral Health RFP should **submit a proposal via the online form on the [AHW website](#). The deadline for submission is February 1, 2016.**

APPLICATION

- 1. Orientation** – interested community partners are **strongly encouraged** to attend an orientation session to be held at locations across the state in October, 2015.
- 2. Meet with HWPP Strategic Program Officer** – HWPP staff are committed to the success of community partners and are available to meet (in person or over the phone) to discuss project ideas, partnership dynamics, eligibility requirements, evaluation, or any other relevant topic.
Tim Meister, Program Officer
(414) 955-5886
tmeister@mcw.edu
- 3. Submit an on-line application** – applicants must answer all required fields and follow the restrictions set within the online form. No attachments or paper or emailed applications will be considered. HWPP will confirm receipt of the submission via email to the primary community partner. Please print the notification and save it for your records.

When filling out the online form, you will not be able to save your submission and return at a later date to finish. It is recommended that you use the Word-version form available on the AHW website to prepare your responses with your partnership. Information can be cut and pasted into the appropriate sections of your online submission. Please note that the online form only accommodates text. Please refrain from using any formatting options as these will not translate when your submission is exported from the system. **Only submissions via the online form will be accepted.**

INITIAL REVIEW

The review process for HWPP funding is a highly competitive process that includes a detailed, multi-level, qualitative and quantitative assessment. The numeric score assigned to proposals, complemented by discussion and critique at each level of the review process, is used to prioritize proposals for funding. Projects funded by HWPP are those that rank high in both qualitative and quantitative measures and reflect the criteria of this RFP.

Eligible submissions will be reviewed by a subcommittee of MCW Consortium members and external content experts based on a 9-point scale and criteria to assess alignment of proposals with the AHW Endowment's Principles, the HWPP Community-Academic Partnership Model and the following criteria:

1. Commitment of the multi-sector partnership to the long-term nature of the project, including the (up to) eight year funding period as well as a long term commitment to sustaining the efforts.
2. Commitment to attending all learning and convening events hosted by AHW, in particular monthly to twice monthly cohort meetings during the first twelve month planning phase and intermittently throughout the duration of funding.
3. Commitment to developing and carrying out a sustainability plan that includes leveraging additional funds.
4. Evidence of the ability to measure change in the behavioral health of the targeted community.
5. Evidence of an appropriate scope and scale of the targeted community.
6. Evidence of the expertise and experience needed to addressing behavioral health challenges.

PROPOSAL PRESENTATION

Community Coalitions that are invited to the next step in the selection process will be asked to **provide a brief presentation of their proposal** to a committee which may include members of the MCW-Consortium as well as external experts. The presentation will include an overview of the applicants' qualifications, anticipated budget, capacity to work collaboratively with all partners, and demonstrated commitment to the success of this initiative.

Presentations are tentatively scheduled to occur April 4-7, 2016 at the Medical College of Wisconsin in Milwaukee, WI.



COMMUNITY CHANGEMAKERS FOR BEHAVIORAL HEALTH PROPOSAL

OVERVIEW

Project Title (maximum 100 characters, including spaces):

Goal Statement (maximum 255 characters, including spaces):

Description of Community: A community may include, but is not limited to, a municipality or city, one or more counties, or a specific population, such as a racial or ethnic group (maximum 500 characters, including spaces):

Geographic Area Impacted – choose the area that best reflects the project’s primary geographic activity area:

- Statewide
Rural – list the primary counties:
Urban – list the primary counties:

Primary Community Partner – Projects must designate one (1) eligible primary community partner organization to serve as the fiscal agent for the project. Identify one (1) contact person at the primary community partner organization who will be responsible for transferring all communications, notifications and instructions from HWPP to all members of the partnership and will be responsible for the fiduciary and reporting requirements on behalf of the larger partnership. See page 4-5 for eligibility requirements.

Contact Name:
Phone Number:
Organization:
Organization Website:
Title:
Email:

- Non-profit organization (check the applicable type below):
health, social service or other community-based organization
faith-based organization
private university or school
other (specify):
Government organization (check the applicable type below):
state or local government
tribal organization
public university or school
other (specify):

Multi-sector Network of Partners – List each member of the multi-sector partners by individual name, organization, and the sector being represented. Use additional sheets as needed to identify all currently committed partners.

Contact Name:
Phone Number:
Organization:
Organization Website:
Title:
Email:

Sector:

- Academic Institutions
Agriculture
Community Organizations
Faith-based Organizations
Funding Organizations
Government Officials and Policymakers
Hospitals or Other Healthcare Providers
Housing
Local Businesses
Policy Advocates
Public Health Agencies or Organizations
Public Safety
Transportation
Other (specify):

Contact Name:
Phone Number:
Organization:
Organization Website:

Title:
Email:

Sector:

- Academic Institutions
- Agriculture
- Community Organizations
- Faith-based Organizations
- Funding Organizations
- Government Officials and Policymakers
- Hospitals or Other Healthcare Providers

- Housing
 - Local Businesses
 - Policy Advocates
 - Public Health Agencies or Organizations
 - Public Safety
 - Transportation
 - Other
-

Contact Name:
Phone Number:
Organization:
Organization Website:

Title:
Email:

Sector:

- Academic Institutions
- Agriculture
- Community Organizations
- Faith-based Organizations
- Funding Organizations
- Government Officials and Policymakers
- Hospitals or Other Healthcare Providers

- Housing
 - Local Businesses
 - Policy Advocates
 - Public Health Agencies or Organizations
 - Public Safety
 - Transportation
 - Other
-

Contact Name:
Phone Number:
Organization:
Organization Website:

Title:
Email:

Sector:

- Academic Institutions
- Agriculture
- Community Organizations
- Faith-based Organizations
- Funding Organizations
- Government Officials and Policymakers
- Hospitals or Other Healthcare Providers

- Housing
 - Local Businesses
 - Policy Advocates
 - Public Health Agencies or Organizations
 - Public Safety
 - Transportation
 - Other
-

Contact Name:
Phone Number:
Organization:
Organization Website:

Title:
Email:

Sector:

- Academic Institutions
- Agriculture
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- Faith-based Organizations
- Funding Organizations
- Government Officials and Policymakers
- Hospitals or Other Healthcare Providers

- Housing
- Local Businesses
- Policy Advocates
- Public Health Agencies or Organizations
- Public Safety
- Transportation
- Other

NARRATIVE QUESTIONS

The questions below are designed to allow partnerships to describe their proposed change and how it aligns with the AHW Endowment's Principles, the HWPP Community-Academic Partnership Model, and criteria outlined in the Call for Community Changemakers for Behavioral Health.

1. What are the local community's challenges related to behavioral health (include data)? What changes are needed to improve behavioral health? What is the anticipated, measureable long-term behavioral health impact resulting from the change? (maximum 5,000 characters, including spaces)
2. Describe the expertise and available resources of each of the multi-sector partners that will contribute to achieving improved behavioral health in this community? What additional partners are needed, but not yet engaged? Describe the partnership's ability to incorporate those with lived experiences into this community change project. (maximum 5,000 characters, including spaces)
3. How has this community and/or set of partners worked together in the past to improve the health of the community (provide examples/results)? How will these partners overcome attrition/turnover throughout the duration of the (up to) eight years of funding? (maximum 5,000 characters, including spaces)
4. Describe the resources that exist in this community that will help to ensure the resulting health impact will be sustained. (maximum 5,000 characters, including spaces)
5. The twelve-month period of Phase One will provide funding of up to \$200,000 per community to secure a project director, community evaluator, and cover direct costs associated with participation in the Learning Community. Please identify the Community Coalition's project director and community evaluator, including brief bio-sketches. Provide a general budget for the use of the available funds for the initial twelve month period. (maximum 5,000 characters, including spaces)

FUNDED PROJECT COMPLIANCE

After award announcements, it is anticipated that projects will commence July 1, 2016, pending an executed Funding Agreement. The following information briefly highlights the process for projects that are successfully awarded funding from HWPP.

FUNDING AGREEMENT

After awards are approved, funded partners will be required to execute a Funding Agreement with the Medical College of Wisconsin (MCW) before the project activities can officially commence. Orientations will be held to provide greater detail about the funding agreement and award administration processes. Only the primary community partner organization should be listed on the Funding Agreement. Please note that only those community partners listed on the Funding Agreement will be able to directly invoice MCW for HWPP project costs.

The Funding Agreement must be submitted to HWPP prior to project commencement along with the following documents:

- Annual audit for the primary community partner organization
- Completed AHW Partnership Assessment Tool

ALLOWABLE EXPENSES

HWPP uses a **cost-reimbursement model**. Funds can only be used for **direct project-specific expenses**. Examples of eligible expenses include:

- Salary and benefits for personnel directly involved in the project
- Direct expenses including, but not limited to, supplies, mileage, travel, training, etc.

FUNDING RESTRICTIONS

Funds may **not** be used for:

- Indirect costs such as ongoing operating expenses of an organization's routine functions and principal programs
- Capital expenditures costing \$3,000 or more with a useful life of more than one year
- Debt reduction
- Entertainment or alcoholic beverages
- Lobbying
- Projects conducted outside of Wisconsin
- Reimbursement solely for patient care or clinical service delivery
- Supplanting (see Supplanting Criteria below)

View a list of Direct, Indirect and Unallowable Costs on the AHW Website at

<http://www.mcw.edu/Advancing-Healthier-WI-Endowment/Funded-Projects/Forms-and-Resources/HWPP-Funded-Project-Toolbox/HWPP-Funded-Project-Forms.htm>

SUPLANTING CRITERIA

The March 28, 2000 Order of the Commissioner of Insurance requires that the AHW Funds (the Funds) "may not be used to supplant funds or resources that are available from other sources." The MCW Consortium is required to report annually on "whether the Funds are supplanting resources otherwise available." MCW must report annually the basis for the "determination that the application of the Funds does not supplant other resources that may be available to accomplish the same purposes."

Supplant means to replace. The concern over supplanting focuses on replacing existing funding with AHW Funds for specific projects or uses.

To ensure compliance with the Order not to supplant, criteria will be used to identify existing or available funding for each proposed project or use and to determine whether such existing or available funding would be replaced with financial support by the Funds. Supplanting criteria details can be found in the Application Resources section of the AHW website.

Prior to recommending funding for community-MCW partnership projects, the MCW Consortium will assess whether other financial resources exist or are available for the project, including an assessment of whether the community partner has other financial resources available for the project. Partners must

certify that no financial resources will be supplanted and provide a complete listing of current funding sources for the project, or similar current or prior projects, so that an accurate assessment of supplanting versus leveraging can be made.

HUMAN RESEARCH PROTECTION

All HWPP projects are considered research. Following award announcements, MCW or CHW IRB staff must review all successful proposals that involve human subjects for any purpose. Documentation of this IRB review will be required before an executed Funding Agreement is approved. Other community organizations may also have IRB requirements that must be completed before funding will be awarded. This process can be time consuming and should be factored into considerations for project start dates.

REPORTING

HWPP funded projects must continually engage in program evaluation activities to document achieved outcomes and to disseminate lessons learned. Funded projects will undergo an annual assessment of progress toward achieving their objectives and outcomes which may have an impact on future funding. Due to multiple layers of oversight, you may be requested to submit additional information during and after the project award period.

Progress reports, site visits, and conference calls are required throughout the duration of the project and are scheduled at the discretion of HWPP in collaboration with project partners. A Final Report is required upon completion of the project. In addition to progress and financial reporting during the award period, partners receiving funding will be expected to report on continued outcomes, sustainability of the project and/or partnership, and any expansion of the project at regular intervals beyond the duration of the award.

Per the Funding Agreement, community organizations receiving funds from HWPP are required to furnish an annual financial audit to MCW, the cost of which must be borne by the community organization. A federal A-133 audit or an audit performed in accordance with *Government Auditing Standards* will fulfill the audit requirement. If such audits are not performed, the community organization will need to work with HWPP staff to determine how to best meet this requirement. As financial stewards, MCW is required to monitor all sub-recipients including those community organizations receiving HWPP funds. Therefore, community organizations listed on the Funding Agreement may be selected by MCW for a sub-recipient audit.

PARTICIPATION IN LEARNING COMMUNITY MEETINGS AND EVENTS

All Community Coalitions are required to attend **monthly, in-person meetings** during Phase 1 of the project and periodically in Phases 2 and 3. In addition, Community Coalitions are responsible for completing and submitting monthly homework assignments during Phase 1. **Associated costs of attending these events must be included in the proposed project budget.**

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) REGULATIONS

The HIPAA privacy rules are federal regulations protecting the confidentiality of information used in clinical practice, research and operations of health care facilities. The privacy rules apply to the use or disclosure of protected health information for research purposes and require a number of actions and documentation. Funded projects must comply with all HIPAA requirements.

INVOICING

Project activities are funded through an **expense-reimbursement process**. Payment requests must be submitted using the HWPP Invoice Form available from the AHW website. Invoices must be submitted via the MCW-Partner Team who will facilitate payment through the MCW's accounts payable department via the department administrator. Requests should be made for approved, direct, allowable costs incurred by the community organization **on a monthly basis**. A final invoice must be signed, marked as "Final" and be submitted within sixty (60) days of the end of the award period. MCW reserves the right to request and review additional documentation for any payment requests submitted.

PROPOSAL PROTECTION AND INTELLECTUAL PROPERTY

Your proposal will be considered by HWPP staff and the MCW Consortium as part of a multi-level review process. The MCW Consortium operates in accordance with standards consistent with Wisconsin's Open Meetings and Open

Records Laws. Documents are generally considered by the MCW Consortium in open public meetings and become public record that may be subject to release. Prior to funding decisions being made, information contained in your proposal will not be shared outside the established MCW Consortium review process. If your project is funded, information contained in the proposal is subject to release. An Intellectual Property Agreement may be required for inventions, discoveries or copyrightable material developed as a result of a project.

MARKETING AND PUBLICITY

Community Coalitions may be invited to participate in communications and presentation opportunities with HWPP as they arise, such as: electronic newsletters, conferences or training sessions. All funded partnerships are asked to provide copies of any press releases, articles or other project publicity to HWPP. Publicity should identify AHW at MCW as the project funder with the following clause:

“This project is funded [*in part or wholly (choose one)*] by the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin.”

HWPP will use information obtained from progress reports, site visits and final reports in program materials. This information will be shared with stakeholders. Information submitted by partnership projects may be edited.

FINANCIAL CONDITIONS

The amount awarded is the maximum funding available from HWPP for this project. MCW reserves the right to reduce unspent funding and/or funding duration, if needed, to comply with state and/or federal law (including but not limited to law governing endowment fund management), or to address MCW financial constraints which negatively impact the AHW Endowment from which HWPP funding is taken.

LOBBYING

Lobbying efforts are not allowable with HWPP funding including any attempt to influence local, state or federal legislation or administrative action including providing information on MCW research or HWPP projects.