

**Office of Community Outreach and Engagement**

**Community Small Grant Funding Program**

**Request for Proposals (RFP)**

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**Important Dates**

**- RFP released: April 14, 2023**

**- Deadline for Letter of Intent to Apply: April 28, 2023**

**- Deadline for Application Submission: June 1, 2023**

**- Project Period: Mid-August 2023 to Mid-August 2024**

**Attachments/Appendices**

**- A: Intent to Apply Template Form**

**- B: Cover Letter Template Form**

**- C: Application Template Form**

**- D: Proposed Budget Template Form**

**Background**

The UNC Lineberger Comprehensive Cancer Center (LCCC) Office of Community Outreach and Engagement (COE Office) ensures that UNC Lineberger research, clinical care, and programmatic efforts are timely, relevant, responsive, and infused with community perspectives. The COE Office strives for meaningful engagement with the community to better understand and serve the population’s needs across the cancer care continuum.

Our goals include 1) monitoring the cancer burden and identifying disparities in our state, 2) synergizing institutional and community efforts, 3) **engaging diverse stakeholders** in addressing the cancer burden and reducing cancer health disparities in North Carolina, and 4) facilitating impactful research and policy that can effectively reduce the cancer burden and disparities.

The COE Office created the Lineberger Community Small Grant Funding Program to join with the community as allies to reduce the burden of cancer in the state. We seek to do so by (1) addressing community-identified cancer needs through assessment, (2) providing training and technical assistance on how to select and mobilize evidence-based strategies to reduce the burden of cancer in communities, and (3) building robust partnerships and community support mechanisms to achieve our shared goals of reducing the burden of cancer. The intention of the Community Small Grant Funding program is to:

* Support North Carolina communities in identifying, documenting and addressing their most pressing cancer-related needs with evidence-based interventions.
* Facilitate sustainable collaborations between North Carolina communities and UNC LCCC to implement solutions to address local cancer issues and cancer health disparities.
* Foster the skills and abilities of North Carolina communities to ensure efforts to address local cancer issues are sustainable in the long-term.

**Why Might this Funding Opportunity Be a Good Fit for Your Organization?**

* Your organization will receive funding to support a project to plan and/or implement an intervention to address a cancer-related concern in your community.
* Your organization will receive practical tools, training, and technical assistance to develop your proposal and implement your project. The data generated and lessons learned about evidence-based intervention implementation can be used in applications for future funding opportunities. Funding agencies and reviewers typically expect such data in applications and view positively the use of evidence-based interventions.
* Your organization will establish a bi-directional relationship with UNC Lineberger, which can promote collaboration in your focus areas.

**Funding Awards**

The COE Office will fund 3-4 awards, depending on the scale and scope of submissions. Two tiers of funding are available: **planning awards** (with funding up to $10,000) and **implementation awards** (with funding up to $20,000). Organizations will use **planning awards** to engage partners and stakeholders; collect data to assess community health needs; and select an evidence-based intervention and plan for its implementation. Organizations that demonstrate previous planning and selection of evidence – based intervention will use **implementation awards** to implement and evaluate one or more selected evidence-based interventions. Projects are expected to be complete in a 12-month period and may serve residents of one county or multiple counties in North Carolina.

**Eligibility**

Any organization or community group located in North Carolina that is interested in improving cancer care and outcomes within their community is encouraged to apply. We are especially interested in applicants that are committed to serving communities facing cancer health disparities and aim to address these disparities across multiple domains, including, but not limited to: race ‒ ethnicity ‒ socioeconomic status ‒ gender identity ‒ sexual orientation ‒ geographic location – rurality ‒ disability. The group must identify someone as Principle Investigator or Program Director who is willing to commit effort to overseeing their proposed program.

Applicants must be dedicated to utilizing data to develop an action plan for either current or future implementation and evaluation.

Academic entities are not eligible to apply. This funding opportunity is focused on community capacity building, not academic research.

Individuals are not eligible to apply. Applicants must be community-based organizations.

**Application Process**

|  |  |  |
| --- | --- | --- |
|  | **TASKS** | **DUE DATE** |
|  | Participate in Training Sessions (optional, but highly recommended)  | **March 17th, March 31st,****April 14th**  |
|  | Requested for Proposals released | **April 14th**  |
|  | Submit Intent to Apply (required but not binding) – **Appendix A**Email Letter of Intent to CPFP@unc.edu | **April 28th**  |
|  | Submit Proposals – **Appendix B** Submission Portal – <https://unclineberger.org/community-outreach/community-pilot-funding-program-nc/#apply> | **June 1st**  |

**Resources**

Pre-award technical assistance for application preparation and post-award technical assistance for implementation is also available to organizations.

To request technical assistance, contact Veronica\_Carlisle@med.unc.edu and include **Community Small Grant Funding Program** in the subject line.

**Notification of Funding**

All applicants will receive a funding status notification email along with the written feedback provided by their proposal’s reviewers in July. Funded projects will receive further information about the project preparation period requirements in their award letter.

**Deliverables**

* Report
* Presentation

Awardees must submit results in a final report thirty days after the program ends.

**Questions**

Contact Veronica Carlisle at Veronica\_Carlisle@med.unc.edu with **Community Small Grant Funding Program** in the subject line.

**Appendix A**

**Intent to Apply Template**

Applicants must send an email with their intent to apply by April 28, 2023. Place **Community Small Grant Funding Program** in the subject line. The intent to apply information is *not binding*. You will have the option of updating all information while submitting the full proposal. The information provided will allow staff to prepare for the review process. See below for information to send.

Note: Program staff will contact you if we identify any issues with your intent to apply form.

**Applicant and Organization Profile**

Primary contact name:

Job title:

Email address:

Phone number:

Organization name:

**Proposed Project Information**

Project title (title should reflect project’s connection to cancer, 15 words max):

**Project Description**

Briefly describe the project, including, cancer type, county/counties, aims and how the project will help clarify a cancer-related need or topic. Please indicate the funding option from those listed in “Funding Awards” section of the main document. If applicable, please also describe the specific cancer-related health disparity focus (100 words max).

**How did you hear about this request for applications?**

**Did you participate in the training sessions or view the training recordings? If yes, which of the three session? The training was optional. We will use this information for our program evaluation purposes only and will not share it with the reviewers.**

**Appendix B**

**Proposal Template**

1. **A brief cover letter with the following information:**

Name of Lead Organization (Applicant)

Name and Title of President, Executive Director, or CEO of the lead organization

Name of Primary Contact Person (if different from person above)

Primary Contact Person’s Name, E-mail Address, and Telephone Number

Title of the Project

1. **A five-page proposal with the following components:**
2. **Applicant and Organization Profile:**

Primary contact name:

Job title:

Email address:

Phone number:

Organization name:

Department:

Full address:

Website:

Phone number:

1. **Project information:**
* Project title: (title should reflect project’s connection to cancer; 15 words max.)
* Funding amount requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Amount requested cannot exceed $10,000 for planning awards or $20,000 for implementation awards)
1. **Project overview:**
* Cancer Focus: What cancer-related problem do you plan to address?
* Population: Describe the community or population(s) targeted by this project. Consider those both directly and indirectly affected by the selected cancer issue. Describe any current experience working with this community, if applicable.
* Planning Stage: State whether you are engaging partners to (a) select an evidenced-based intervention and develop a plan for its implementation or (b) implement and evaluate an evidence-based intervention to address the identified cancer-related problem.
1. **Significance of the problem:** Detail how and why the problem you are focusing on is a high priority for the intended population. To the extent possible, provide local and other data to document problem in the specific population. Describe how input from your key partners and the local community guided the focus on the selected problem.
2. **Evidence-based intervention (if applicable):** If you are implementing an already selected evidence-based intervention, describe how you selected that intervention and why it is the best choice for addressing your cancer-related problem. Cite literature or a website that supports the evidence-base for the intervention.
3. **SMART objectives:** State three to five specific, measurable objectives your project intends to accomplish over the funding period.
4. **Project plan with timeline:** Outline the activities you will accomplish to achieve your objectives, with information on who will do what, when.
5. **Evaluation plan:** Propose reliable, feasible methods to assess relevant processes/outcomes.
6. **Resources and partnerships available to complete the proposed plan:**
	* Describe the organization that will receive funding, with details on its mission and its capacity to manage funds and complete the proposed project plan.
	* Describe project team members (personnel, volunteers or other community members) and their roles on this project. Be sure to include the project lead.
	* If applicable, define any partners (organization or individuals) and/or key stakeholders and their role on or contribution to this project. If the proposed project is dependent on partner involvement, please demonstrate their commitment with letters of support.
	* What additional resources, if any, are available to support this project?

**3. Budget with justification.** Use the table below to document the type, amount, and reasons for proposed expenses.

|  |  |
| --- | --- |
| **Budget may include:** | **Budget may *NOT* include:** |
| * Consultant
* Office Supplies
* Meetings
* Publicity
* Incentives
* Copying and printing
* Contracts (i.e., space rental)
* Travel
 | * Salaried personnel
* Food
* Computer equipment
* Furniture
 |

|  |  |
| --- | --- |
| **Budget Category & Reason** | **Budget Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |