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Grant Writing Training Part 2 Making the Case, Strategies, Workplans, and More

Linda Carter, M.Ed., Grants Manager

Office of Minority Health and Health Disparities

August 21, 2020

Logistics and "Housekeeping"

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Logistics and “Housekeeping”

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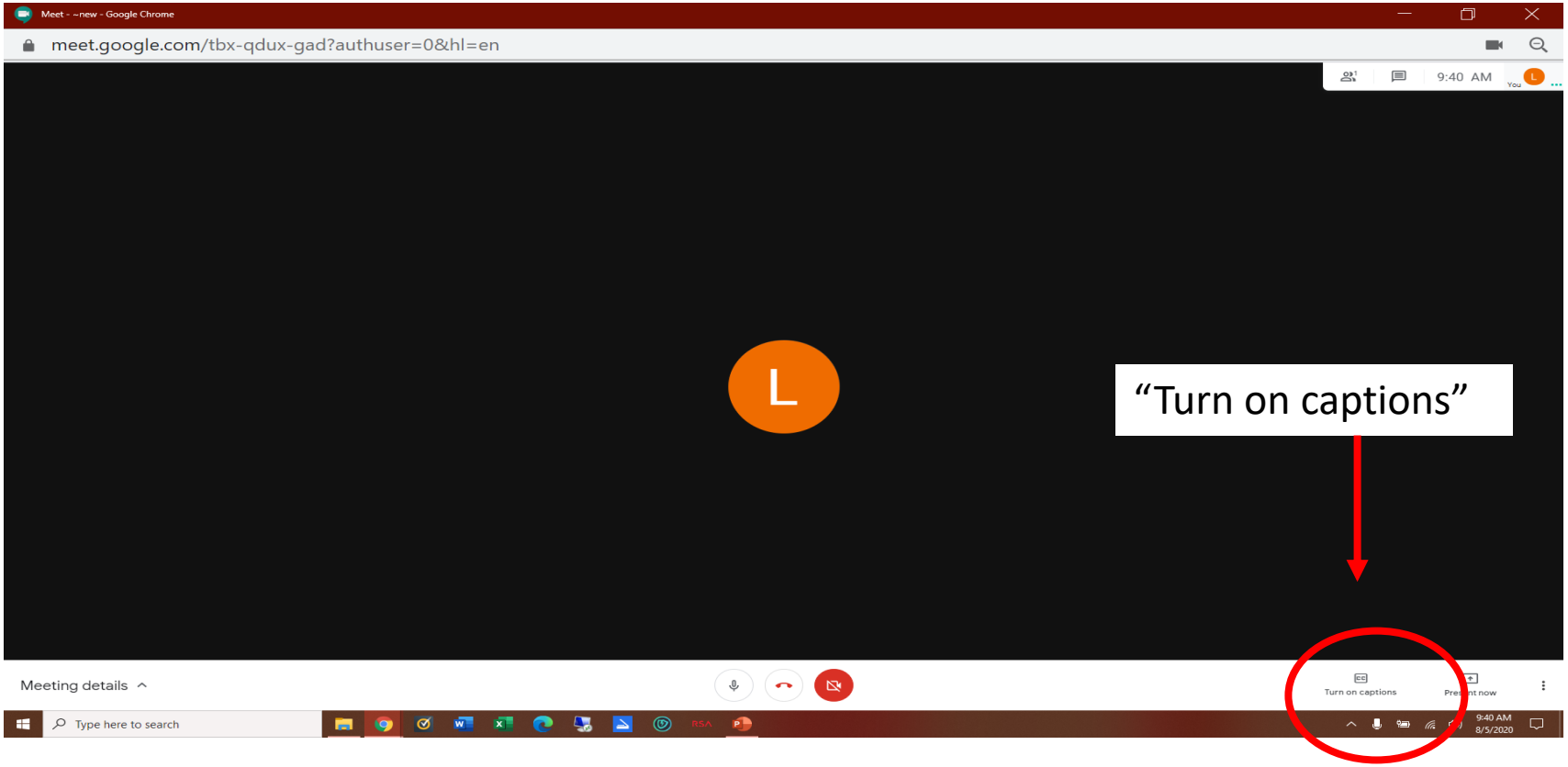
Logistics and “Housekeeping”



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Logistics and "Housekeeping"

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Presenter

Linda M. Carter, M.Ed., Grants Manager, Maryland Department of Health, Office of Minority Health and Health Disparities

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Overview

Webinars, Practicum, and Toolkits

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Webinar Trainings

Learning Objectives – Webinar 2

- *Learn how to clearly describe the proposed intervention and how it will positively impact health outcomes.*
- *Learn how to organize and present a work plan that shows clear and measurable milestones.*
- *Learn what information can be used to demonstrate the ability to successfully implement the proposed intervention based on organizational capacity, partnerships, and community engagement.*

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Webinar Trainings

- **August 14** - Preparing for Grant Applications and Searching for Grants
- **August 21** – Making the Case and Strategies, Workplans, and More
- **August 28** - Measuring and Communicating Program Success and Cost Benefits
- 9:30 – 11:30
- Registration information available at https://health.maryland.gov/mhhd

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Practicum

Learning Objective *- Improve skills in grant writing through feedback and discussion with MHHD facilitator and peers.*

- Participants will submit samples of a grant application for review and feedback.
- Samples will be reviewed by MHHD staff and cohort peers, and participants will receive written feedback.
- Samples will be discussed in each cohort session.

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Practicum

Requirements

- ✓ Attend all three webinars - at least two in-person (okay to watch one recorded session)
- ✓ Agree to active participation in the sessions
- ✓ Agree to participate in evaluation

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Practicum

- Four cohorts
- 10-12 participants per cohort
- Depending on response, participation may be limited for each organization
- Registration and other information at https://health.maryland.gov/mhhd

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Practicum

For organizations where multiple people are interested in the Practicum

- Everyone interested should register
- If it turns out the we don't have enough room for everyone, MHHD will reach out to that organization . . . their leadership will decide who should attend

Practicum

- Mid-September to Mid-October

- Registration will open next week
  - https://health.maryland.gov/mhhd

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Grant Writing Toolkits

- Toolkits
  - Webinar 1 – preparing, population data resources, grant searching, key data terms
  - Webinar 2 and 3 soon

- Available at https://health.maryland.gov/mhhd

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Parts of a Grant Application

1. Executive summary or abstract
2. **Background, problem statement, and target population**
3. Goals and objectives
4. Proposed project/ strategy
5. Workplans and deliverables
6. Evaluation, performance measures, and outcomes
7. Dissemination plans
8. Organizational capacity
9. Partnerships
10. Budget
11. CVs, resumes, and bio sketches
12. Letters of commitment/Letters of support
13. Fiscal documents (letters of good standing; audits; etc.)

Webinar Part 1

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Parts of a Grant Application

1. Executive summary or abstract
2. Background, problem statement, and target population
3. **Goals and objectives**
4. **Proposed project/ strategy**
5. **Workplans and deliverables**
6. Evaluation, performance measures, and outcomes
7. Dissemination plans
8. **Organizational capacity**
9. **Partnerships**
10. Budget
11. CVs, resumes, and bio sketches
12. Letters of commitment/Letters of support
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Webinar Part 2

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Parts of a Grant Application

1. Executive summary or abstract
2. Background, problem statement, and target population
3. Goals and objectives
4. Proposed project/ strategy
5. Workplans and deliverables
6. **Evaluation, performance measures, and outcomes**
7. **Dissemination plans**
8. Organizational capacity
9. Partnerships
10. **Budget**
11. CVs, resumes, and bio sketches
12. Letters of commitment/Letters of support
13. Fiscal documents (letters of good standing; audits; etc.)

Webinar Part 3

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Goals and objectives

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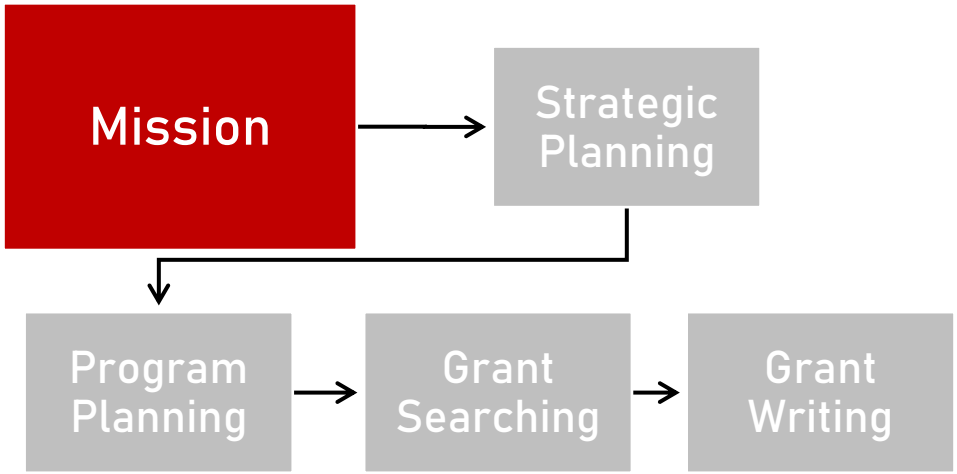
Purpose of goals and objectives

- Goals and objectives **tie your population data, research, program data, and proposed interventions together**.
- They show **your grant funder** the potential impact of your program . . . They help make the case for why you should be funded.
- They clarify **for you and your partners** what you plan to accomplish and help you assess your progress.

Objectives

Objectives come from your mission



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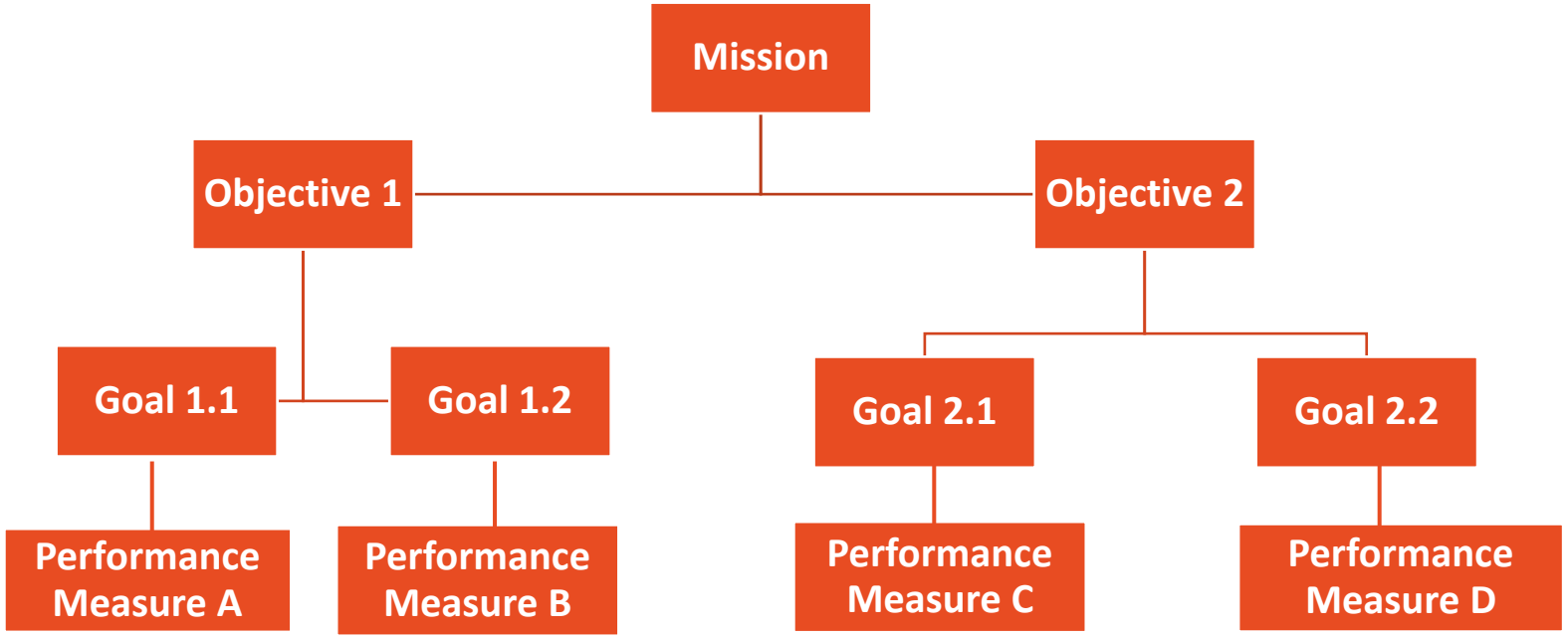
Mission → Performance Measures



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Definitions

Objective – what you want to accomplish

- Aspirational
- The health outcome, behavior, or condition you want to impact

Goal – how you will measure what you accomplished

- Measurable

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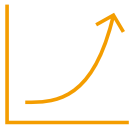
Goals

Goals must be quantifiable and specific

Specific population



How much change

Specific time period

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Examples

Objective	Goals
Increase provider use of Shared Decision Making with patients.	Increase the proportion of **patients in Clinic A** who report that their health care providers always involved them in decisions about their health care as much as they wanted **from 40% to 55% in project period year 1.**
Reduce the frequency of health providers' actions and communications with patients of color which are perceived as biased or discriminatory.	Increase the proportion of **patients in Clinic A** who report that their health care providers have satisfactory communication skills **by 30% in calendar year 2022.**

Examples

Objective	Goals
Reduce incidence of stroke among Black males ages 55-65.	Reduce the incidence of stroke in **Black males ages 55-66 living in Calvert County by 15% in State Fiscal Year 2022**.
Reduce the number of Maryland residents with several complications from COVID-19.	Decrease the number of **Maryland residents** in ICU and Acute Hospital Beds for COVID-19 **from 500 on August 1, 2020 to 300 on October 1, 2020**.

Developing goals and objectives

Use your population data

- Population data shows you what the experience/condition is for the whole population
- Breaking down the data to your target population data shows you their specific experience/condition
- Compare the target population data to the whole population and/or to other sub-populations . . . Who is doing better? Who is doing worse?

Developing goals and objectives

Use your research

- Use research to understand what the ‘ideal’ should be and what is a reasonable improvement
- What are the evidence-based programs that can get you to the ‘ideal?’
- What are the known causes of the disparities or challenges?

Developing goals and objectives

Use your program data with your population data - program data show you how your program is doing

- It might be better than the whole population, or worse
- It might be better than the target population, or worse
- It might be far below the 'ideal' or much better than the 'ideal'
- If your program (and/or target population) is already better than the 'reasonable improvement' – you can do even better!

Developing goals and objectives

Adapt already developed population health goals so you can compare your data to population-level data

(Examples -Healthy People 2020, BRFSS, NQF)

- Numerator definition
- Denominator definition
- Clinical definition – (e.g. hypertension)
- Data collection and calculation method – as close as possible
- Use the same instrument/ questions if possible

Developing goals and objectives

Example - Clinical definition of hypertension

- Old definition was **140/90** or higher
- Definition revised in 2017 to **130/80** or higher

Proposed project/ strategy

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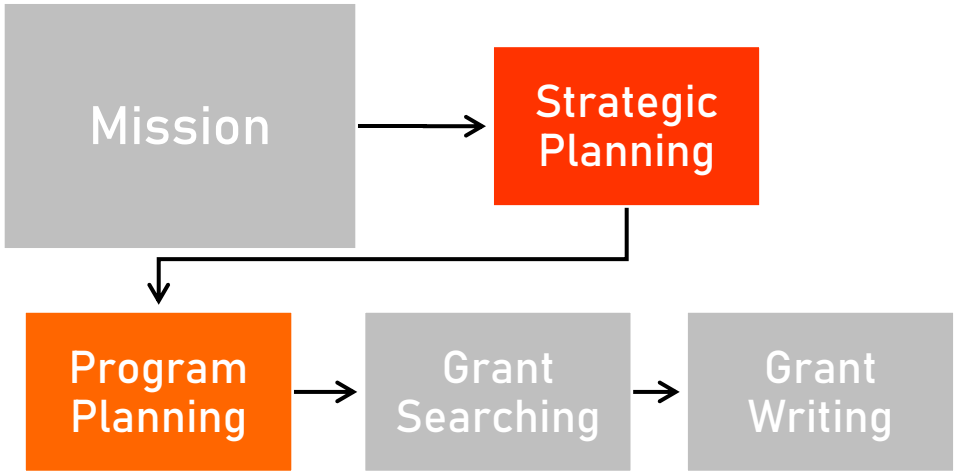
Your project and strategy

Your project and strategy come from your strategic planning and program planning



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Describe the proposed intervention/program

Program description and methodology

- Name of your program
- Specific services
  - e.g. cognitive-based therapy, Diabetes Self-Management Education, health literacy training
- Quantity and time length of services per client
  - e.g. ten sessions, as much as needed over six months, complete duration of hospitalization

Describe the proposed intervention/program

Program description and methodology

- Include why you selected this program
  - What is the evidence behind it?
  - What prior success have you had with this program?
    - Use your program/ evaluation data – both quantitative and qualitative
- Note: If the program is an Evidence-Based Practice . . . still explain and provide details
- Give references and links for research, EBPs, other data reports – but don't expect reviewers to go to those sites

Describe the proposed intervention/program

Reminder:

- Don’t assume that the reviewers understand your program or even your field
- Does it make sense? Can someone outside of your organization understand your proposal?

Describe the proposed intervention/program

Target Population and Provider

- Who will provide the service/manage the program?
  - General information now; more specifics in organizational capacity section
- Who will the program serve?
  - Your target population
  - Eligibility criteria
  - Referral process

Describe the proposed intervention/program

Location of services

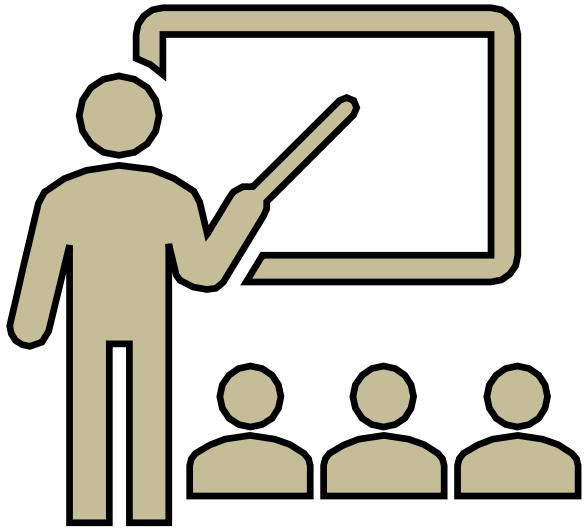
- Where the services will be provided
  - jurisdiction, town, zip code
- The setting of the services
  - organization's office, partner's office, school, in-home, in a hospital, homeless outreach, etc.

Describe the proposed intervention/program

Link the program to your mission, objectives, and goals

- You already identified your mission, intended health outcomes (objectives), target population, and goals BUT continue to reference them and make clear links
  - Make it easy for the reviewers to see the value of your program and how it will impact health

Questions



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Workplans and deliverables

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Workplan Basics

Show how you will accomplish your work

- What action steps do you need to take?
- In what order?
- How long for each?
- Who is responsible?
- What will be the "proof" that that step is completed? (i.e. your deliverable)

Workplan Basics

A deliverable is tangible evidence that work was completed . . . almost always a report or document

- What can you submit to your funder to prove you've done the work?

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Workplan Basics

Goals versus deliverables

Goal	Deliverable
Provide case management services to 100 cancer patients	• Reports of how many clients referred, screened in, and served • Reports of number of meetings with clients • Reports of services provided, referral provided, service plan goals met; etc.
Provide training to 50 community health workers	• Curriculum and training schedule • Number attendees • Aggregate data on pre/post-tests & evaluations

Workplan Basics

Examples of deliverable

- Reports
- Meeting minutes
- Curriculum
- Communication material, etc.
- Video or audio file (e.g. public service announcement, training video)
- Social media posts

Format

Formats vary - tables, Gantt charts, etc.

Some funders require a specific workplan template

- some use an online submission form
- check the form early to see if the workplan must be submitted through that form or as part of your narrative/pdf
- same with your budget

Format

Include time period, action steps, responsible parties, and deliverables

-if not in the actual table, then in the narrative as much as possible

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Example 1 – New Patient Navigator Program

Dates	Task	Responsible Party	Deliverable
July 2021	– Grant start-up – Develop training curriculum – Formalize referral process w/ Health Practice A	-Program Manager	– Training curriculum, materials, and schedule – Executed MOU with Health Practice A
	– Post job announcements	-Human Resources	– Job announcements on agency website and job boards

Example 1 – New Patient Navigator Program

Dates	Task	Responsible Party	Deliverable
August 2021	– Provide training to Patient Navigators	-Program Manager	– Training attendee lists and completion certificates
	– Hire Patient Navigators	-Human Resources	– Interviews with candidates – Signed offer letters – New hire orientation

Example 1 (continued)

Dates	Task	Responsible Party	Deliverable
September 2021 – June 2022	– Accept and screen referrals – Provide Patient Navigation services – Monthly meetings with Health Practice A	-Program Manager -Patient Navigators	– Referral and screening reports – Patient enrollment reports – Monthly service reports (# of sessions, # of patients, etc.) – Meeting minutes
August 2022	– Submit final fiscal report – Submit final reports to funder	-Program Manager -Fiscal staff	– Final invoice – Fiscal reports – Program and evaluation reports

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Example 2- Same program, different format

Task	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Grant startup	X														
Develop training curricula	X														
Post job announcements	X														
Formalize referral process with Health Practice A	X														
Hire Patient Navigators		X													
Provide training to Patient Navigators		X													
Accept and screen referrals			X	X	X	X	X	X	X	X	X	X			
Provide Patient Navigation services			X	X	X	X	X	X	X	X	X	X			
Monthly meetings with Health Practice A			X	X	X	X	X	X	X	X	X	X			
Grant closeout final fiscal and other reports													X	X	X

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Example 3 - Different program, different format

Objectives and Activities	Timeline	Performance Measure
Strategy 1: Partner engagement: Update one communication plan to reach at least 185 SURVEILLANCE X data users in Year 5.		
Update the communication plan developed during Year 3 to accommodate changing needs of the Maryland SURVEILLANCE X program and Maryland SURVEILLANCE X data users.	Q2	▪ Communication plan updated by September 2019.
Improve communication with Maryland SURVEILLANCE X data users by growing email list to reach 195 recipients. To prevent reader fatigue, the number of emails will not exceed six per year.	Q1-Q4	▪ Total number of individuals included in the email list. ▪ Number of emails sent. ▪ Email open rate of 60 percent or higher.
Provide 50 Maryland SURVEILLANCE X data users throughout the state with updated information regarding disease prevalence in Maryland via a "2018 Data Overview" webinar.	Q3	▪ Completion of 2018 SURVEILLANCE X data overview webinar by October 2019. ▪ Number of attendees.

Organizational capacity and partnerships

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Organizational Capacity

Your chance to demonstrate that **you can do the work** AND **that you can do it well**

What makes your organization unique and uniquely qualified to do this work?

What are your organization's strengths?

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Organizational Capacity

Basic information about your organization

- Type of organization (non-profit, health system, etc.)
- Brief overview – history, how long has your organization been doing this work, other projects/ work
- **Mission**
- Other programs/services provided
- How this program fits into your **strategic plan**
- Leadership structure – board, executive director, etc.
- Funding streams and total annual budget
- Number and type of staff

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Organizational Capacity

More detailed information about your organization

- Relevant awards, recognitions, publications
- Successes with running other programs (from your past program data, evaluations, etc.)
- Partnerships and community relationships
- Don't just focus on partners who help you . . . Who do you help? Does your organization sit on any community boards?

Organizational Capacity

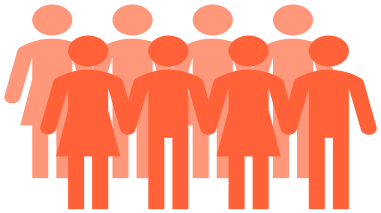
Your capacity to manage this program

- Project management and staff
- Experience, expertise, and training of staff
- Experience and success in running this program already
- Trust from the community
- Other funding and in-kind support for this program, including internal fiscal and administrative support

Partnerships

Partnerships are required for most grants

- They help demonstrate your organization's stability and ties with the community
- They imply (even unconsciously) that there is opportunity to sustain the program



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Partnerships

Two types of partners

1. General, organization-level partners
2. Partners specific to this program

-These may be the same partners, or at least some overlap . . . both types are important

-Put information about general partners in your Organizational Capacity section

Partnerships

Partnerships with the community and the clients you serve

- Best and most important partnerships you can have
- If you don't engage your clients/community when you are planning, how do you <u>really</u> know that your service will be helpful?
  - *Despite what your data and research show!*
- **"No planning <u>for</u> me <u>without</u> me"**

Partnerships

Partners specific to this program

- Who are they
- Brief description
  - What they do in the community (not just how they work with you)
  - Their strength, stability, or community ties/respect

Partnerships

Partners specific to this program – their role

- Specific responsibilities for this program
  - e.g. funding, staff support, referral source, in-kind support such as service location, etc.
- Be very clear and quantitative
  - e.g. $10,000, 2 staff for 10 hours/week each, formal MOU for referrals, MOU for service location, etc.
- How will you monitor and ensure that they are meeting their obligations?

Questions?

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Suggested Readings

- *Start With Why*, Simon Sinek
- *Good to Great*, Jim Collins
- *Trying Hard Is Not Enough*, Mark Friedman

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Contact Information

Linda Carter, M.Ed., Grants Manager
Maryland Department of Health
Office of Minority Health and Health Disparities
201 W. Preston Street, Room 501, Baltimore, MD 21201
410-767-3609
Linda.Carter1@maryland.gov

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