

**Healthy People 2030 Grant Program for Chapters**

**Addressing the IMPACT oF COVID-19 on Infant, child, and adolescent well-being -**

**Mental Health, Child Abuse and neglect, immunizations**

Please type your responses using the form fields provided in the template. For more information, please refer to the Request for Proposals. Final submissions **must** be sent electronically.

## Program name

## AAP chapter

**As the chapter’s primary contact pediatrician, I describe myself as a(n)**

Practicing community-based pediatrician  Academic pediatrician  Medical director

Hospital-based pediatrician   Public health pediatrician   Pediatric subspecialist

Other

**Primary contact pediatrician**

|  |  |
| --- | --- |
| **Name** | **Street Address** |
| **Title** | **City** |
| **Phone** | **State** |
| **Fax** | **Zip Code** |
| **E-mail** |  |

**Secondary contact person (if applicable)**

|  |  |
| --- | --- |
| **Name** | **Street Address** |
| **Title** | **City** |
| **Phone** | **State** |
| **Fax** | **Zip Code** |
| **E-mail** |  |

**REQUIRED BY MARCH 1:** **IMPORTANT - The following is a Requirement PRIOR TO THE Application being submitted:**

The chapter must reach out and share the idea/concept for the grant proposal with their District Vice Chairperson by March 1 for review/approval prior to the application being submitted. **Applications are due to the AAP by March 31, 2020.** Please visit: <https://collaborate.aap.org/cdl/DVC/Pages/DistrictViceChairCommittee.aspx> for the list of the District Vice Chairpersons and their emails or reach out to Hope Hurley at [hhurley@aap.org](mailto:hhurley@aap.org).

**The focus of the proposal must align with the criteria outlined in the Request for Proposal. Please check here to verify the idea/concept for the grant proposal was reviewed by the District Vice Chairperson prior to submitting this application. (REQUIRED)**

**Print Name of District Vice Chairperson**      

**Date**

**Check here to verify that this application was reviewed by Chapter President (REQUIRED)**

**Print Name of Chapter President**      

**Date**

**checklist**

Program addresses **1-2 objectives under either mental health, child abuse and neglect, or immunizations within the Healthy People 2030 objectives:**

* **Mental Health** – AH-01, AH-02, AH-03, MHMD-01, MHMD-02, MHMD-03, MHMD-06, MHMD-08, EMC-01, EMC-D04, EMC-D05, EMC-D06, EMC-D07
* **Child Abuse** – IVP-03, IVP-10, IVP-15, IVP-16, IVP-19, AH-D01, AH-D02
* **Immunizations** – IID-02, MICH-17, MICH-19, MICH-20

Application has been reviewed by the chapter president (*Please check the box above on the application indicating that the chapter president has reviewed and approved the application)*.

Project proposals that require institutional review board (IRB), may only be considered if the approval process will not extend the project beyond the 18 month grant cycle. *<Please check this box only if IRB is required for your project proposal>*

Application proposed budget does not include capital expenses.

Application includes a letter of support from the chapter president.

Application is received by **email** by 11:59 pm CT on Wednesday, March 31, 2021 *<Note: This box will be checked by AAP upon receipt of application by AAP staff>*

**Do you have Grant Compliance Procedures in place at the chapter level?**

**YES**   **NO**

**\*Please note: Grant compliance is strongly encouraged, but not required for the grant.**

To review a sample grant management process provided with permission from District II New York, please click on the following link:

[https://collaborate.aap.org/cdl/Documents/GrantsManagementProcessGuidelines.pdf](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcollaborate.aap.org%2Fcdl%2FDocuments%2FGrantsManagementProcessGuidelines.pdf&data=02%7C01%7Chhurley%40aap.org%7Ceec0c1f98bed40709fa208d7d4d7ca44%7C686a5effab4f4bad8f3a22a2632445b9%7C0%7C1%7C637211895598843954&sdata=3C4HmXFOi1BG6H%2Fqz9f9%2BGpH2bbQoXjPocVcIkodA6o%3D&reserved=0)

**Program summary**

**Proposal summary/abstract, including which topic and Healthy People 2030 objective(s) the proposal addresses and the overall goals of the program** **(250 word limit/1540 characters with spaces)**

**Describe the following**

**1. Applicant organization (Total Points = 15)** (Include the role of the chapter in this proposal, and how the present program fits into the chapter’s activities and strategic plan and has potential for broad chapter membership participation.)  **(250 word limit/1540 characters with spaces)**

**2. The target population focuses on populations affected with health disparities who are adversely affected by obstacles that impede their ability to maintain or improve their own health. (Total Points = 15)** (Include the number of children to be impacted and demographic data describing the hard to reach/high risk populations with barriers to achieving HP2030 objectives.) **(250 word limit/****1540 characters with spaces)**

**3. Describe the specific activities, highlighting ways in which they are innovative and creative. Also, explain how the activities are a new approach and will achieve the Healthy People 2030 objective(s). (Total Points = 15) (750 word limit/4620 characters with spaces)**

**4. Identify and describe involvement of community collaborative partners for this program. (Total Points = 10)** (eg, grassroots associations, parents, faith-based groups, local businesses, local public health service agencies, school boards, hospitals). **(250 word limit/1540 characters with spaces )**

**5. Describe the timeline for accomplishing your goals and objectives. (Total Points = 10)** (not to exceed 18 months)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Goals and Objectives** | **Months** | | | | | | |
|  | **3** | **6** | **9** | **12** | **15** | **18** | |
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**6. Budget detail and justification—not to exceed $20,000 (See *Request for Proposals* for a sample budget.)** **(Total Points = 10)**

**Note: AAP Chapter is the fiscal agent for the grant. Explain what resources, if any, the chapter will allocate to this program. PLEASE NOTE THAT PROPOSALS MAY NOT INCLUDE CAPITAL EXPENSES.**

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| **Activity** | **Description/Formula** | **$ Amount** |
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| **TOTAL Amount Requested** | | **$** |

**7. Identify how you will measure and evaluate your outcomes for your proposed project. (Total Points = 10) (250 word limit/1540 characters with spaces)**

**8. Identify the long-range goals for this program and plans for sustainability and replication in other communities beyond the grant period, including potential sources of future funding. (Total Points = 15) (250 word limit/1540 characters with spaces)**

# **Proposals must be received electronically via e-mail by March 30, 2021**

## Applications must be sent electronically by 11:59 pm CT, Wednesday, March 31, 2021 to Hope Hurley, Manager, District Relations at [hhurley@aap.org](mailto:hhurley@aap.org).

\*This grant program is only made possible thanks to donations to the **Friends of Children Fund**

([donate.aap.org](https://secure2.convio.net/aap/site/Donation2;jsessionid=00000000.app20114b?df_id=1940&1940.donation=form1&mfc_pref=T&NONCE_TOKEN=B5A4D15D0E3778F693C5EF9AA285971B))

