



Health Impact Project

Advancing Smarter Policies for Healthier Communities



2012 Call for Proposals

Proposal Deadlines

September 14, 2012—Program Grant Brief Proposals

September 28, 2012—Demonstration Project Grant Proposals

Program Overview

(For complete details, refer to specific pages/sections noted below.)

Purpose

The *Health Impact Project: Advancing Smarter Policies for Healthier Communities*, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, encourages the use of health impact assessments (HIA) to help decision-makers identify the potential health effects of proposed policies, projects, and programs, and make recommendations that enhance their health benefits and minimize their adverse effects and any associated costs. This call for proposals (CFP) supports two types of initiatives: 1) HIA demonstration projects that inform a specific decision and help to build the case for the value of HIA; and 2) HIA program grants to enable organizations with previous HIA experience to conduct HIAs and develop sustainable, self-supporting HIA programs at the local, state, or tribal level.

Total Awards (page 10)

Demonstration Project Grants:

- Up to five demonstration project grants will be awarded.
- Grants will be up to \$75,000 each and must be completed within 18 months.

Program Grants:

- Up to three grants will be awarded.
- Grants will be up to \$250,000 each and must be completed within 24 months. Grantees must provide \$100,000 in matching funds or in-kind support.

Eligibility Criteria (page 13)

Eligible applicant organizations include:

- state, tribal, or local agencies;
- tax-exempt educational institutions; or
- tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (including public charities and private foundations).
- All applicant organizations must be located in the United States or its territories.

Selection Criteria (page 14)

Complete information on selection criteria starts on page 14.

Key Dates and Deadlines

- **August 1, 7, and 15, 2012**—Informational conference calls on three topics related to the CFP. Registration is required. Please visit project website for details.

For Program Grants:

- **September 14, 2012 (5 p.m. PT)**—Deadline for receipt of brief proposals.
- **October 1, 2012**—Applicants notified if invited to submit a full proposal.
- **December 14, 2012 (5 p.m. PT)**—Deadline for receipt of full proposals.
- **February 28, 2013**—Notification of awards.

For Demonstration Project Grants:

- **September 28, 2012 (5 p.m. PT)**—Deadline for receipt of proposals.
- **January 31, 2013**—Notification of awards.

How to Apply (page 19)

All proposals must be submitted through the online application found on the project website:

www.healthimpactproject.org

Background

Several decades of public health literature have demonstrated the profound importance of social, economic, and environmental conditions to the health of Americans. This research has brought about a new focus on decision-making that occurs outside of the health sector as an important opportunity to prevent disease and improve health and health equity. Transportation decisions that contribute to urban sprawl play an important role in changing injury patterns, and the decreasing levels of physical activity which are related to the epidemics of obesity and Type II diabetes. Agricultural policies that influence food selection, availability, and pricing have the potential to increase demand for and availability of healthier foods. Health can also be affected by large infrastructure projects such as power plants, mines, and oil or natural gas development—both negatively, such as through air or water pollution and work-related injury; and in a positive way, such as through the economic and social benefits that can result from employment opportunities and new revenue sources.

Every day, legislators, public agencies, and other decision-makers make choices without recognizing the risks and opportunities to improve health. Many health conditions could be prevented or improved and, ultimately, many economic costs reduced if decision-makers in all sectors factored in the effects on health when drafting laws and regulations. A systematic assessment of the health consequences of policies, programs, plans, and projects—one that includes the voices of people affected by the decision and that fosters a productive dialogue among stakeholders—is critically important for addressing the pressing health problems facing American communities.

In this context, health impact assessment (HIA) helps build new collaborations between health and other sectors; engages communities, policy-makers, and other stakeholders in a productive dialogue; and provides timely, accurate, and relevant information to impact real-world decision-making.

Health impact assessment gives federal, tribal, state, and local leaders the information they need to advance smarter policies to prevent disease and improve health in their communities. The National Research Council's 2011 report *Improving Health in the United States: The Role of Health Impact Assessment* defines HIA as:

A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.

HIA looks at health from a broad perspective and uses a practical approach that brings together scientific data, health expertise, and stakeholder input to identify the potential health effects of a new proposal and develop recommendations that enhance health benefits and minimize adverse effects and any associated costs.

Proactive efforts to leverage investments outside the health sector, in transportation or education, for example, are likely to improve health and health equity, as well as generate cost savings. Yet health is only one of many considerations the policy-makers must weigh. The HIA process should not be seen as a means to advocate for health concerns to the exclusion of other important considerations. A strong HIA acknowledges the trade-offs and potential risks and benefits of the various choices that are under consideration, and outlines alternatives that would maximize health gains, minimize adverse effects, improve health, and protect vulnerable subgroups.

The field of HIA developed largely outside the United States through the efforts of the World Health Organization, European nations, Australia, and

Canada, among others. The last decade has witnessed a substantial growth in the use of HIA in the United States, but the field here is still relatively early in its development. Through the growing number of high-quality HIAs that have been completed, some U.S. policy-makers are beginning to recognize the value of more systematically factoring health in their decisions.

HIA practice has grown rapidly in the United States over the past three years. HIAs have now been completed, or are in progress, in at least 33 states. But some regions have had relatively little experience with HIA. To view an interactive map of the topics and locations of HIAs in the United States, see www.healthimpactproject.org/bia/us.

While many HIAs have focused on decisions related to the built environment, land use planning, and transportation, they are commonly being applied to other contexts. For example, HIAs have informed decisions about natural resource extraction and energy production; food and agriculture; housing; climate change; and economic and labor issues. Some novel examples of HIA include a legislative proposal to allow construction of a gambling facility in a rural area; a truck-train freight transfer facility in a suburban setting; and policy restrictions on the use of State Nutritional Assistance Program benefits. HIA can be applied to a broad range of topics, and there are many other issues that may benefit from HIA. Examples of issues that HIAs are currently addressing or that are ripe for HIA in the United States include:

- educational programs and policies;
- natural resource extraction and energy production projects;
- energy policies;
- housing foreclosure policies;
- social, economic, and labor decisions;
- environmental engineering, ecosystem services and water-resources management decisions;

- climate change projects and policies;
- food and agricultural programs and policies;
- housing programs, projects, and policies;
- criminal justice policies.

Many different types of organizations have led HIAs, including local and state health departments, public health institutes, non-health agencies, such as metropolitan planning organizations and housing agencies, tribal organizations, nonprofit community organizations, and universities.

The basic steps for completing an HIA are consistent across topics and can be accomplished fairly rapidly (a “rapid” or “desktop” HIA can be completed in a period of weeks), or can involve a more comprehensive process that includes public meetings, extensive stakeholder consultation, and/or collection of new data:

1. *Screening*: determines whether the HIA is likely to succeed and add valuable information to the decision-making process. Questions include: What specific proposed project, program, or policy decision will the HIA address? For example, if the HIA will address a proposal for a coal-fired power plant, what specific decision-making process (such as an air quality permit or environmental impact statement) will the HIA inform? How important to health and health equity is the decision? Will the HIA provide new and important information or insight on previously unrecognized health issues? Is it feasible in terms of available resources (e.g., data, time, money, stakeholder interest, and political will)?
2. *Scoping*: defines the population that may be affected and the health effects that will be evaluated. It creates objectives and a workplan for the HIA, by asking: What are the pathways through which health could be affected? Are there any vulnerable subgroups

that might be affected more profoundly? What data sources and methods will be needed to evaluate the potential effects? What concerns have stakeholders expressed about the pending decision?

3. *Assessment*: involves two steps—describing the baseline health of people and groups affected by the decision, and then characterizing the potential health effects of the proposal and each alternative under consideration. The baseline health analysis attempts to explain not only the important causes of illness, but also the conditions that influence health and could be affected by the decision in question—such as the local economy, air quality, availability of parks and recreation facilities, or access to healthy food choices.

The assessment stage can involve literature review, qualitative analysis, and/or quantitative modeling. The assessment identifies the important health risks and benefits, and also their distribution among vulnerable subgroups within the population (such as children, elderly, people with chronic illnesses, racial and ethnic groups, or those with low incomes). The impact assessment should be conducted in an impartial, scientific way that identifies both the risks and the benefits associated with a decision. HIA uses the best available evidence to make predictions about the potential health impacts of a decision. An explicit statement of data sources, methods, assumptions, and uncertainty is essential to this step.

4. *Recommendations*: The HIA should point the way to decisions that protect and promote health. Recommendations identify realistic alternatives to the proposal or specific actions that could be taken to avoid, minimize, or mitigate adverse effects or to take advantage of opportunities to improve health. The actions required to integrate an HIA's analysis and recommendations into a decision-making process will vary. In some cases, simply providing a thorough analysis that outlines the potential risks, benefits and costs of alternatives may help decision-makers

to make informed choices that support health. In many cases, however, it is necessary to develop targeted recommendations that address specific effects identified in the assessment and take into account stakeholder concerns and the political, regulatory, economic, and practical context of the decision. Well-crafted recommendations also include a health management plan that specifies what entity will implement each recommendation and how outcomes will be tracked going forward.

5. *Reporting:* is the communication of findings and recommendations to decision-makers, the public, and other stakeholders. The findings are disseminated to decision-makers, affected communities, and other stakeholders, and feedback is solicited. This stage may result in a revised report that addresses public responses to the draft.

The success of an HIA depends on effective dissemination. Simply providing recommendations is often not enough to ensure their adoption or implementation. The HIA should be conducted with an eye toward the policy levers, legal or regulatory avenues, communications and non-lobbying advocacy tactics, or other methods that will ensure effective dissemination of the findings and facilitate adoption of the recommendations. For example, in some cases when public agencies conduct an HIA, it may be possible to implement its recommendations under existing laws, policies or regulations or through the creation of new policies or regulations. In other cases, media outreach and efforts to engage, educate, and build consensus among all stakeholders may be essential to ensuring that HIA insights inform key policy decisions.

6. *Monitoring and Evaluation:* There are three types of evaluation in HIA. Process evaluation gauges the HIA's quality according to established standards and the team's plan for the HIA. Impact evaluation assesses the HIA's impact on decision-making and

its success according to the objectives established during scoping. Outcome evaluation assesses changes in health status and health determinants as the decision is implemented. Monitoring tracks indicators that can be used to inform process, impact, and outcome evaluations.

For more detailed information on HIAs, examples of HIAs conducted in the United States and abroad, and links to other sites related to HIA, please visit www.healthimpactproject.org.

The Project

The *Health Impact Project*, a collaboration of the Robert Wood Johnson Foundation (RWJF) and The Pew Charitable Trusts (Pew), promotes the use of HIA to help policy-makers in a wide variety of fields better assess the potential health effects of proposed policies, programs, plans, and projects, and make decisions that reduce unnecessary health risks, improve health, and ultimately, decrease health and social costs. HIAs can help ensure that community and other stakeholder concerns are fully considered in the planning and decision-making process. Two types of initiatives will be funded through this call for proposals (CFP):

1. **HIA demonstration project grants** will fund a single HIA that informs a *specific upcoming decision* on a proposed policy, program, plan, or project. These HIAs will support decisions that advocate better health in affected communities, and more broadly, will contribute to a body of evidence that showcases the utility of HIAs in various geographic settings and diverse topics.
2. **HIA program grants** will support organizations that have completed at least one prior HIA to conduct at least two HIAs, and to implement a plan that establishes the relationships, systems, and funding mechanisms needed to maintain a stable HIA program that endures beyond the conclusion of the grant period.

Note: The Health Impact Project also collaborates with funders to support HIAs on specific topics or in a defined state or region. In the last solicitation, the *Health Impact Project* was able to add six grants to the initial number offered in the CFP. For this CFP, we will provide information regarding the availability of additional grant funds through periodic announcements to our mailing list and on our website at www.healthimpactproject.org/project/opportunities. To receive announcements, please enter your email address in the Stay Informed section of the project website.

Please carefully read the description of each opportunity to determine which grant(s) best fits your work:

1. HIA Demonstration Project Grants

The *Health Impact Project* will support up to five HIA demonstration projects intended to inform decisions on proposed local, tribal, or state policies, projects or programs. This initiative could also fund HIAs that address federal decisions that will have impacts limited to a specific state, region, or local community, such as permitting a new mine or building a new highway.

The *Health Impact Project* seeks to produce a balanced portfolio of completed HIAs that build a compelling case to policy-makers regarding the utility and potential applications of HIA. Through this CFP, we seek to demonstrate the range of useful applications across a range of sectors, levels of government, geographic regions, and types of applicant organizations.

We encourage proposals from organizations representing a range of fields and sectors, such as transportation, education, economic and social policy, agricultural policy, energy, environmental regulation, and natural resource development. Prior experience conducting HIAs is NOT required. The *Health Impact Project* will provide tailored training and technical assistance to all grantees throughout each grant.

Because many of the HIAs done in the United States to date have focused on aspects of urban land use planning, proposals focused on other topics will receive preference. Additionally, high priority will be given to HIAs from geographic regions where few HIAs have been completed to date. Please refer to the *Health Impact Project's* map of HIAs completed and in progress for more information on the regional distribution of HIA practice: www.healthimpactproject.org/hia/us.

Applicants may request grants of between \$25,000 and \$75,000 for demonstration projects that will be completed within 18 months. An applicant organization may submit up to two proposals. However, the *Health Impact Project* will fund no more than one proposal per organization.

Training and Technical Assistance

Many demonstration project applicants will have no prior experience with the HIA process and methods. The *Health Impact Project*, through partnerships with experienced HIA practitioners, provides HIA training and ongoing technical assistance. Grantees who have not previously conducted an HIA will be expected to work with a technical assistance provider to organize a two-day training for HIA project staff and relevant stakeholders. Technical assistance may include, for example, help developing collaborative partnerships with other stakeholders, guidance on communications strategies, or guidance on developing an effective plan for implementing HIA recommendations.

In some cases, the applicant and partners may lack the full range of technical expertise needed to complete the proposed scope of work. The *Health Impact Project* may provide limited support for subject area expertise, such as epidemiological modeling, engaging stakeholders, or another subdiscipline, such as air quality analysis.

2. HIA Program Grants

The *Health Impact Project* will support up to three HIA program grants. Recipients of these grants will be responsible for conducting at least two HIAs, and for establishing the systems, relationships, and funding mechanisms to implement a stable HIA program that endures beyond the completion of grant funding. Applicants will be asked to describe how they intend to establish a sustainable, self-supporting HIA program, what actions they will implement to bring this about, and how they will measure success. A number of different models for creating self-supporting, stable HIA programs have emerged in the United States, including:

- Formalized inter-agency cooperation and funding agreements, in which a public agency finances a stable HIA program through permit fees, internal budget restructuring, or collaborative agreements with other agencies.
- Regional HIA collaborative groups, where nonprofit community organizations, public health institutes, and public agencies have developed a stable network that collaborates on HIAs; shares resources and expertise; offers university courses; maintains group websites; and provides training and technical expertise.
- Legislation that mandates or supports HIA: The Massachusetts Healthy Transportation Compact is one of the first laws in the United States that requires the conduct of HIAs, in this case through collaboration between the state health and transportation departments. Similar legislation has been proposed or is being considered in a number of other states.

To be eligible to apply for these grants, applicants must have completed at least one successful HIA previously.

The selected HIA program grants will result in:

- High-quality, successful HIAs that inform decisions important to health;

- Systems that create, facilitate, and maintain new collaborations between organizations, agencies, and communities, and lead to ongoing HIA work;
- Identification and implementation of stable, sustainable funding mechanisms that allow HIAs and related cross-sector policy efforts to become part of the core work of funded organizations after the conclusion of the grant.

Applicants may request grants of up to \$250,000 for program grants that will be completed within 24 months. Grantees will be asked to provide a minimum of \$100,000 in matching funds, either through in-kind contributions or through outside funding sources. The *Health Impact Project* will accept only one proposal per organization.

Eligibility Criteria

Eligible applicant organizations include:

- state, tribal, or local agencies;
- tax-exempt educational institutions; or
- tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code (including public charities and private foundations).

Applicant organizations must be located in the United States or its territories at the time of application.

The proposed HIA must address a local, tribal, or state policy, program, or project in the United States or its territories or a federal decision in which the effects are limited to a specific state, local community, or region.

HIA Demonstration Project Grant Applicants:

Prior HIA experience is *not* required. We encourage both public health organizations and agencies, and applicants whose primary focus is not health, to apply. Applicants from outside the field of public

health must demonstrate partnerships that provide appropriate health expertise. For more information, please refer to the section on HIA training and technical assistance on page 11.

HIA Program Grant Applicants:

Applicants for HIA program grants must also demonstrate a minimum of \$100,000 in matching funds or in-kind commitment of the applicant or partner's time or other resources. At the time of brief proposal submission, applicants are expected to submit a description of the anticipated match. Upon notification that the full proposal is being recommended for funding, all finalists will be required to confirm that matching funds have been secured. For more information on matching funds requirements and how to document matching contributions, please visit the Frequently Asked Questions section on the project website at www.healthimpactproject.org/project/opportunities/faq.

Selection Criteria

All proposals will be screened for eligibility and then assessed by a committee composed of *Health Impact Project* staff, RWJF staff, and expert reviewers. Selection will be based on the following:

All Applicants:

- The HIA(s) will inform a proposed policy, program, or project that is under active consideration (such as proposed legislation, an agency's rulemaking, a permitting process for a new highway or power plant, or an environmental impact statement that will be drafted within the period of the grant). The strongest proposals will address decisions that can be reasonably anticipated within or shortly following the grant period;

- Significance of the pending policy, program, or project decision to health and health equity;
- A strong plan for involving key stakeholders—including community members and vulnerable subgroups, community-based organizations, and relevant public agencies—at each step of the HIA;
- Demonstrated partnerships between the applicant organization(s) and other stakeholder agencies and organizations;
- A strong working relationship between the HIA team and the decision-maker(s), or a strong plan for engaging the decision-makers and building interest in and support for the HIA findings and recommendations;
- Commitment to an impartial science-based appraisal of the risks, benefits, trade-offs, and alternatives involved in the decision;
- The applicant organization’s credibility as a source of scientifically valid information on the decision addressed by the HIA;
- A clear, effective strategy for disseminating the findings and advocating for adoption and implementation of the recommendations;
- Potential for the HIA to add value to the decision-making process by highlighting health issues that are not already known or may not be immediately obvious, by addressing the potential for differential impacts on vulnerable populations, and by generating health-based recommendations not already under consideration;
- The potential for the HIA to build new and enduring partnerships between public health organizations and non-health sectors such that health will be more regularly factored into future decisions;
- The contribution of the proposed project to the geographic and topical diversity of HIA practice in the United States;

- The potential for the HIA to raise the prominence of and increase attention to community concerns in the decision-making process;
- A well-thought-out staffing plan with adequate staff time and commitment of senior leadership;
- The appropriateness of proposed budget and project time line.

Additional Selection Criteria for HIA Program Grants:

- The applicant's level of HIA experience: successful applicants will demonstrate a high potential for developing a sustainable HIA program, but will not yet have established the systems, partnerships, and funding mechanisms needed to do so. Applicants that have conducted numerous HIAs and have well-established HIA programs will be less competitive;
- Successful completion of at least one health impact assessment prior to submitting a proposal;
- The quality of the applicant's prior HIA work;
- The strength of the applicant's collaborative partnerships (particularly with agencies outside the health sector);
- Strong support for HIA by organizations identified as key partners, as evidenced, for example, by documented support from the organization's leadership or the extent of contributions that will be made by each partner;
- The degree to which the applicant's HIA record and proposal demonstrate a focus on vulnerable subgroups;
- A feasible and realistic plan for sustaining and funding HIA efforts at the conclusion of funding.

Evaluation and Monitoring

Grantees are expected to meet Pew requirements for the submission of narrative and financial reports, as well as provide periodic information needed for overall project performance monitoring and management. Pew monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit narrative and financial reports approximately every six months and at the conclusion of the project.

In addition, HIA project staff will be required to have regular check-in calls with *Health Impact Project* staff and technical assistance providers to give progress updates on their grants; the average frequency of these calls is twice monthly. The *Health Impact Project* staff and technical assistance providers may visit the grantee. Grantees must submit their completed HIA and any other reports or public documents developed with grant funding.

RWJF or Pew, at its discretion, may support an independent evaluation of the project and its grantees. As a condition of accepting these funds, grantees will be required to participate in the evaluation.

Staffing

In the application proposal narrative and budget narrative, applicants must provide staffing information that reflects a realistic estimate of the time it will take to complete the steps of an HIA, manage the project and process, consult stakeholders, manage relationships and input from partners, advisers, and consultants, complete a high-quality report, disseminate the results and recommendations, and effectively engage decision-makers. Based on our experience, the most successful HIA projects have at least 0.5 FTE for one professional staff member to serve as the project coordinator. Applicants should give consideration to the range of skills that may be required for a successful HIA, such as expertise in public health, community engagement, and communications, and policy experience in the issue that the HIA will address.

For the HIA program grants, strong project management staffing and significant involvement of senior leadership will be essential. For all applicants, we also suggest that you carefully define the roles your partners will play, and the time commitment and funding that will be required for their participation.

Use of Grant Funds

Grant funds may be used for project staff salaries and benefits, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project and indirect expenses. Grant funds may *not* be used to subsidize individuals for the costs of health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, or as a substitute for funds currently being used to support similar activities. Please note two important budget restrictions: 1) Pew limits the amount of indirect costs it will support to no more than 10 percent of salaries and benefits covered directly by the grant; and 2) Pew limits the amount of fringe benefits it will support to no more than 32.6 percent of the total staff salaries line item.

In addition, no part of the grant can be used to carry on propaganda or otherwise attempt to influence legislation within the meaning of the applicable provisions of the Internal Revenue Code and the Treasury Regulations thereunder. In addition, no part of the grant can be used to participate or intervene in any political campaign on behalf of (or in opposition to) any candidate for public office.

How to Apply

Interested applicants are encouraged to visit our website for more information at www.healthimpactproject.org/project/opportunities.

Health Impact Project staff will be available by phone and email to address any questions that prospective applicants may have after reviewing these materials.

Unfortunately, due to the large number of proposals that we are likely to receive, neither Pew nor RWJF are able to provide individual comments on proposals prior to submission.

The budget submitted will be used for financial reporting throughout the life of the grant. The applicant organization will be expected to describe in detail how funds will be used. All proposals and supporting documents must be submitted via the online application system. The project website, www.healthimpactproject.org, provides a link to the online application system and instructions on how to complete the proposal.

For questions about the CFP requirements, please contact:

Health Impact Project
Phone: (202) 540-6012
Email: healthimpactproject@pewtrusts.org

HIA Demonstration Project Grants:

The demonstration project application is a one-stage process. All proposals are due September 28, 2012 at 5 p.m. PT.

Applicants will submit a proposal narrative, workplan, budget, budget narrative, and other documentation, including at least three and up to five letters of support from key stakeholders and decision-makers that have demonstrated support for, or plan to contribute to, the HIA. The proposal narrative will describe plans for the HIA, including:

- A description of the proposed public policy, program, or project that will be the subject of the proposed HIA(s);
- Who is affected and the most important health risks and/or health outcomes you anticipate including in the HIA;
- The applicant's partnerships with other agencies and organizations, and the role that they will play in the HIA;
- Plans for engaging key stakeholders—such as affected communities, decision-maker(s), and industry—throughout the HIA process.

HIA Program Grants:

There are two stages in the application process for these grants: (1) applicants submit a brief proposal that describes the project and includes an estimated budget and, if invited; (2) select applicants then submit a full proposal, budget, budget narrative, and other documentation.

Brief proposals are due September 14, 2012 at 5 p.m. PT. Brief proposal applicants will provide information about the two proposed HIAs and describe the strategies they intend to use to implement a stable HIA program.

The *Health Impact Project* will notify applicants by October 1, 2012, about whether they are invited to submit a full proposal. Full proposals will include a more detailed proposal narrative, budget, and budget narrative. Full proposals are due December 14, 2012, at 5 p.m. PT.

Program Direction

Direction and technical assistance for the *Health Impact Project* is provided by The Pew Charitable Trusts located at:

The Pew Charitable Trusts
901 E Street N.W., 10th Floor
Washington, D.C. 20004
Phone: (202) 540-6012
Fax: (202) 552-2299
Email: healthimpactproject@pewtrusts.org
Website: www.healthimpactproject.org

Responsible staff members at The Pew Charitable Trusts are:

- Aaron Wernham, MD, MS, *director*
- Kara Vonasek, MPH, *project manager*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Pamela Russo, MD, MPH, *senior program officer*
- Paul Kuehnert, MS, RN, *team director and senior program officer*
- Tom Andruszewski, *senior grants administrator*

Notes

Timetable

■ August 1, 7, and 15, 2012

Informational conference calls on three topics related to the CFP. Registration is required. Please visit project website for details.

For Program Grants:

■ September 14, 2012 (5 p.m. PT)

Deadline for receipt of brief proposals.

■ October 1, 2012

Applicants notified if invited to submit a full proposal.

■ December 14, 2012 (5 p.m. PT)

Deadline for receipt of full proposals.

■ February 28, 2013

Notification of awards.

For Demonstration Project Grants:

■ September 28, 2012 (5 p.m. PT)

Deadline for receipt of full proposals.

■ January 31, 2013

Notification of awards.

**Proposals for this solicitation must be submitted via the Health Impact Project online application system. All applicants should log in to the system and familiarize themselves with the online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, late submissions will not be accepted.*

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

For 40 years, the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information, visit www.rwjf.org.

About The Pew Charitable Trusts

The Pew Charitable Trusts is driven by the power of knowledge to solve today's most challenging problems. Pew applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life. We partner with a diverse range of donors, public and private organizations and concerned citizens who share our commitment to fact-based solutions and goal-driven investments to improve society. For more information, visit www.pewtrusts.org.

Sign up to receive email alerts on upcoming calls for proposals at <http://my.rwjf.org>.



Robert Wood Johnson
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July 2012