Write Like Your Program Depends On It

Successful Grant Applications as a tool for Grant Management

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Learning Objectives

- By the end of this session participants will:
  - Have the tools to investigate potential grant applications
  - Have tips for choosing applications that are in line with the program's mission and goals
  - Be able to review and interpret a grant application and guidance
  - Be able to describe the grant application process:
    - researching supporting documentation
    - collecting required information from collaborating agencies
    - organizing data and statistics to meet requested information and scoring criteria

Learning Objectives

■ By the end of this session participants will be able:

- to describe ways to use their grant application as a tool for program management and evaluation

- to utilize a grant application as a program road map and as a tool for preparing your organization for new or expanded programming

Presentation Outline

- Choosing a Grant Application
  - Who are You and What Do You Want?
- Understand Who You Are Writing To:
  - HRSA – Mission & Goals
  - Grant Reviewers & The Grant Review Process
- Putting Together a Winning a Grant Application
  - The Guidance
  - TimeLine
  - Team Approach
  - The Narrative
- Final Tips

Choosing a Grant Application

How Do I Know If I Need a Grant?

- What is the problem you want to solve?

- What do you need to do to solve the problem?

- How much is it going to cost you to solve this problem?

  - Is it a short term problem with a short term solution?

  - Is it a long term problem with a long term solution?

  - How will you sustain the program after the grant ends?

Mission Driven vs. Grant Driven

- **Mission Driven**

  - "Strong, comprehensive, well-developed programs making good use of all other available resources"

- **Grant Driven**

  - "creating, massaging, and manipulating (the program) to fit precise guidelines of a grant that just happens to be available" [1]

  The GOAL: To apply and receive a grant that provides the money needed to implement a well designed program.

Types of Funding

- Government Funding – local, state, federal

- Foundations – Corporate, Family, Private, Community

- Community Funds – local donors, board members, collaborations

What Type of Funding Do You Need?

Appropriate for:	Government Funds	Foundations	Other
Operations	Only as indirect allocation or from local government	Local only	Annual Fund Drive
Large, costly projects	Yes	Only in partnership	Community Members
Small Projects	Occasionally (SPNS)	Yes	Internal Funding
Capital Projects	Rarely	Yes, local only	Community
Model Projects	Yes	Yes	
Products/ Inventions	Yes, sometimes	No	Private investors[2]

What Type of Funding Do You Need?, cont.

Appropriate for:	Government Funds	Foundations	Other
Research Projects	Yes	Sometimes	By contract
Launch New Non-profit	Rarely	Sometimes	Board Members, collaborations
Endowment	No	No	Community
Maintenance Endowment	No	As part of capital drive	Community
Sustaining New Programs	No	Sometimes	Community[2]

Choosing a Grant - Is it a good fit?

- Read the Guidelines Carefully

- Look at the profile of the grantor?

  - Do you share a common interest?

- What is the purpose statement of the project

  - Does it fit your project exactly?

- Does the grant target a location?

  - Do you fall within the specified location?

- Are you eligible to apply?

Choosing a Grant – Is it s good fit, cont.?

- Are their limitations?
  - Limited to organizations favorably known to foundation
  - Grant funds are committed (to already identified organizations)
  - No unsolicited proposals considered
- How much money is available?
  - Will it meet the need?
  - Is it worth the effort?

Who gets funded?

- A Project with:

  - strong, recent data to support the problem to be addressed

  - An experienced project director or organization

  - a history of fiscal responsibility, (new organizations should present a plan for comprehensive fiscal oversight) [2]

  - A response that clearly addresses the need or problem

Who gets funded, cont.?

- **A Project with, cont.**
  - A plan for collaboration and not duplication of services already in the community
  - A plan for sustaining the project or positive outcomes after the grant period[2]

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HARDIN

"I was close to a breakthrough when the grant money ran out."

Four Essential Skills to Writing a Great Grant

1. Have empathy for your readers and write directly to your audience – KNOW YOUR AUDIENCE

2. Meet the deadlines – applications that don't meet deadlines are often not even considered[2]

Four Essential Skills to Writing a Great Grant

3. Read and follow the instructions – read the guidance once, twice, three times if needed! Some offices will throw the entire proposal away if the instructions aren't follows (font size, page limits, type of submission, etc.)

4. Be a good test taker
   - Read the questions thoroughly
   - Analyze the question for clues to the best answer
   - Provide the best response that address the core of the question[2]

Understand Who You Are Writing To: The HRSA Perspective

Understand the Mission of HRSA

■ HRSA makes grants to organizations to improve and expand health care services for underserved people, focusing on the following program areas:

- ■ Health Professions
- ■ HIV/AIDS
- ■ Maternal & Child Health
- ■ Primary Health Care
- ■ Rural Health

The Goal of HRSA

- The goal for all HRSA programs is to:
  - assure access to high quality health care
  - reduce disparities in health outcomes for recipients of services in HRSA-funded programs
- The result:
- all persons who need care have equal access to high quality health care, regardless of the payment source

HIV/AIDS Branch Guiding Principles

- Four factors that have significant implications for HIV/AIDS care services and treatment, and should be considered as the application and program are developed and refined:

  1. The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations

  2. The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV disease

HIV/AIDS Branch Guiding Principles

- Four factors that have significant implications for HIV/AIDS care services and treatment, and should be considered as the application and program are developed and refined:

  - 3. Changes in economics of health care are affecting the HIV/AIDS care network

  - 4. Outcomes are a critical component of program performance

HRSA Grant Reviewers

- Have with expertise in:
  - Health professions training
  - HIV/AIDS
  - Maternal and child health
  - Organ transplantation
  - Primary care for underserved people
  - Rural health
- Grant reviewers help HRSA select the best programs from competitive groups of applicants
- Reviewers are chosen for specific grant programs, based on their knowledge, education and experience

Understand Who You Are Writing To

- Reviewers aren't always an expert in the area of grant review

- Do not assume that reviewers are familiar with the applicant organization, service area, barriers to health care, or health care needs in your community

- Assume that the reviewers will only be familiar with the information contained in the application to assess the application

- Be sure the application and responses to the program requirements and expectations are complete and clearly written

- Keep the review criteria in mind when writing the application

The Objective Review Process

■ Primary Reviewer independently reads, evaluates, and scores each assigned application based on the published guidance and the reviewer worksheet

■ The Primary Reviewers will prepare a:

- Overview of the application

- A summary of major strengths and weaknesses

- Budget recommendations and justifications for any proposed changes

- Funding factor recommendations, if applicable

- A preliminary score from 0-100

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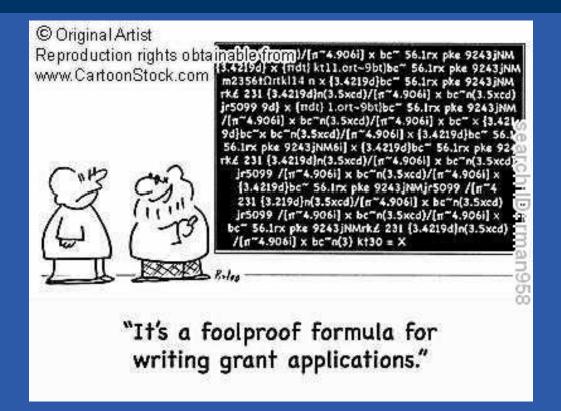
The Objective Review Process, cont.

- The Objective Review Committee (ORC) will discuss the applications led by the primary reviewers

- Each primary reviewer will score each criterion which will be used to produce an overall score for the application

- Grant awards are determined by Overall Scores

Putting Together a Winning Application

"It's a foolproof formula for writing grant applications."

Before You Write

- Outline the grant following the outline from the guidance

- Brainstorm and list potential collaborations

- Contact potential collaborators to participate in project-deign meetings

- Develop a calendar of draft submissions and reviews with anyone who has agreed to review the proposal[2]

Before You Write, cont.

- Develop a list of outstanding documents. Establish who or where these documents will come from

- Write letters of support, send them to signers, and set a deadline for return of signed originals

- Make a list of data required and potential sources for data
  - Include phone numbers and contact names in case you can assign this job to a team member [2]

Do Your Research & Be Specific

■ The more research you do on the front end the:

- more realistic your grant will be
- The more prepared you are to move forward if you receive the grant award
- The easier it will be to provide services, prepare for expenditures, and guide your program

Do Your Research & Be Specific, cont.

- Get estimates in advance for anticipated needs such as:
  - Personnel, Consulting
  - Equipment, Supplies
  - Travel, Services
- Meet with potential community partners and clients to identify:
  - current gaps in services
  - specific needs that the program could address

Do Your Research & Be Specific, cont.

- Research current organizations that are similar in structure/clientele to your organization and have the type of funding you are applying for:

  - HRSA Ryan White Grantees: http://hab.hrsa.gov/programs/granteecontacts.htm

  - HIV/AIDS Orgs. (Kaiser Family Foundation): http://www.statehealthfacts.org/

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Read and follow the guidance carefully

- Everything that needs to be in the application is included in the text of the guidance

- Follow the directions for format, headings, font size, margins and page limits (font size may vary between text and charts/tables)

- Make sure you respond to ALL sections and present all requested information (Leaving out requested information or sections will reduce your overall score)

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Read and follow the guidance carefully, cont.

- Place all information in the order requested in the guidance - avoid the risk of having reviewers hunt through your application for information

- Bold text as needed to draw reader's attention to verbiage that is specific to the information requested in the scoring criteria

- When writing your application make sure you pay attention to both the **text description** of the application sections and the **scoring criteria** – they don't always match

Guidance Verbiage vs. Scoring Criteria

f. Consumer Involvement

Describe, in detail, what you do to involve consumers in your program. *Describe the kind of involvement consumers have in planning, implementing and evaluating your project. Describe the methods you use to keep them informed and provide feedback on their suggestions.* If your project has a Consumer Advisory Board, discuss how you have been successful and how you have not. Tell how you support their participation. *Identify committees, advisory groups, panels and boards in which consumers are or will be serving.* Include information about how you prepare consumers for participation and the kinds and frequency of training you provide. Provide information on the type of support and supervision you offer your active consumers. Identify consumers that fill any leadership or staff positions in your program

Consumer Involvement (3 points)

- Does the applicant describe in detail how consumers are involved in the planning, implementation, and evaluation of the project?

- Does the applicant fully describe the kinds of things consumers do to be involved in the planning, implementation and evaluation of the project?

- Does the applicant clearly describe the methods used to keep consumers informed and provide feedback on consumer suggestions?

Guidance Verbiage vs. Scoring Criteria, cont.

f. Consumer Involvement, cont.

Describe barriers that keep consumers from helping you plan, implement, or evaluate your project. Tell us what you do to overcome these barriers and encourage participation. Describe how you have incorporated caregivers, for example affected male caregivers, in your consumer activities.

Describe your efforts to teach consumers about their disease and its management. Who provides education about HIV? How often? Also describe how your project works with medical personnel to make sure they help consumers become full partners in their care.

You may attach letters from consumers as part of **Attachment 8** (no more than two). If you include letters of support from consumers or consumer groups, have them describe the level and impact of their participation within the Part D program. Also, have them indicate that their letters of support are being used with their permission.

Consumer Involvement (3 points), cont.

- Does the applicant fully describe barriers to consumer involvement and what they do to overcome those barriers?

- Does the applicant clearly describe the types of consumer participation available to clients such as committees, advisory groups, panels, and boards?

- Does the applicant fully describe how consumers are taught about their HIV disease and management, including who teaches them and how often?

Organizing Your Application:
A Team Approach Timeline

1) Note deadlines of submission

- Grants.gov
- HRSA EHBs
- In House/Larger Organization for Approval

2) Distribute the guidance to all necessary personnel at the time the guidance is issued:

- Program Staff
- Board of Directors
- Client Advisory Board
- Department Staff
- Office of Sponsored Projects

Organizing Your Application:
A Team Approach Timeline

3) If the grant will be a "team effort" assign a point person to collect and compile information into the final document/format

4) Prepare a Grant Time-line to distribute to grant writing team or to guide the solo writer

5) Contact possible colleagues that are willing to review your grant application and serve as a second set of eyes

6) Reserve a date for you to submit a copy of the draft and a date for them to return their suggestions/comments

A Team Approach: Application Time Line

Section: Evaluation and Technical Support Capacity	Guidance Instructions	Scoring Criteria
Information systems Scoring: 5 points Assigned To: J. Collins Due Date September 20, 2009	Discuss your current information system and its capacity to manage and report the required administrative and clinical data noted below: ♦ Ryan White Services Report (Client Level Data) ♦ The number of individuals provided early intervention services/primary care, counseling and testing, outreach, and case management services. ♦ Demographic data on the clients receiving services, in total and for special funding initiatives. ♦ Epidemiologic data on the population receiving services, including the extent of new TB infections, active cases, and Multi-Drug Resistance-TB. ♦ Exposure and diagnostic categories on the population receiving services. ♦ The number of HIV infected individuals and the CDC classification of their disease. ♦ Track and report the extent to which the costs of HIV-related health care are paid by third party payers. ♦ The average costs of providing each category of early intervention service/primary care as described above.	• Does the applicant demonstrate the ability to comply with reporting requirements (RDR) of the program? • Does the applicant, whether current or new, describe the total number and number of new clients receiving primary medical care in each of the last three years? Are service and demographic information included? Is the average cost of care for each service category included?

Writing Your Application
Section By Section

Preparing Your Line Item Budget & Budget Justification

- Make sure all items listed in the budget are included in the program narrative and work plan

- Carefully review the grant guidance when assigning line item expenditures to assign appropriate cost categories

- For grant personnel include: name, title, annual salary and FTE on the project, and salary charged to the grant

- Include sufficient detail and support to inform readers why that expenditure is necessary for the success of the program

Preparing Your Line Item Budget & Budget Justification

- The Budget Justification should:
  - Describe each cost element
  - Provide calculations for how the cost was determined
  - Explain how the cost contributes to the program's objectives and goals

- Make sure:
  - Everything adds up on the Line Item Budget
  - The amounts match up in the line item and justification
  - Same titles for positions are used throughout

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Line Item Budget & Budget Example

	Line Item	Salary	FTE	EIS	Core Medical Services	CQM	Support Services	Admin	TOTAL
6	**A. Personnel**								
7	Medical/Project Director - I. Doctor, MD	$ 150,000	0.500	$ 45,000	$ 45,000	$ 3,750	$ -	$ 26,250	$ 75,000
8	HIV Physician - A. Physician, MD	$ 145,000	0.150	$ 21,750	$ 21,750	$ -	$ -	$ -	$ 21,750
9	HIV Physician - U. Infected, MD	$ 160,000	0.150	$ 24,000	$ 24,000	$ -	$ -	$ -	$ 24,000
10	HIV Pharmacist - G. Pills, Pharm.D	$ 123,000	0.100	$ 12,300	$ 12,300	$ -	$ -	$ -	$ 12,300
11	Physician Assistant - A.Sickman,PA-C	$ 71,000	0.750	$ 49,700	$ 49,700	$ 3,550	$ -	$ -	$ 53,250
12	Nutritionist - F. Bland, RD	$ 48,000	0.120	$ 5,760	$ 5,760	$ -	$ -	$ -	$ 5,760
13	Pat Serv Coord 1 - M. Payne, CMA	$ 38,000	0.950	$ 24,890	$ 25,840	$ 760	$ 9,500	$ -	$ 36,100
14	Pat. Serv Coord 2 - L. Good, RN	$ 47,000	0.750	$ 23,500	$ 23,500	$ -	$ 11,750	$ -	$ 35,250
15	Medical Case Mgr. - M. Myracle, MSW	$ 50,000	0.050	$ 750	$ 1,250	$ -	$ 1,250	$ -	$ 2,500
16	Program Coord. - I. Writem,MS	$ 45,000	0.700	$ 9,000	$ 9,000	$ 2,250	$ 9,000	$ 11,250	$ 31,500
17	Clinic Data Coordinator - L. Numbers, BS	$ 42,000	0.900	$ 23,100	$ 25,200	$ 4,200	$ 4,200	$ 4,200	$ 37,800
18	Mental Health Counselor - N. Moodie,LCSW	$ 48,000	0.220	$ 10,560	$ 10,560	$ -	$ -	$ -	$ 10,560
19	Project Assistant, W. Hire	$ 22,000	0.400	$ 6,600	$ 6,600	$ -	$ 1,100	$ 1,100	$ 8,800
20	**Sub-Total Personnel**	**$ 989,000**	**5.740**	**$ 256,910**	**$ 260,460**	**$ 14,510**	**$ 36,800**	**$ 42,800**	**$ 354,570**
21	**B. Fringe**								
22	Fringe (Faculty)			$ 25,311	$ 25,311	$ 4,409	$ 3,619	$ 9,145	$ 42,484
23	Fringe (Staff)			$ 43,094	$ 44,284	$ 3,488	$ 12,218	$ 5,735	$ 65,724
24	Fringe (Part-time personnel)			$ 1,467	$ 1,467	$ -	$ 94	$ 94	$ 1,655
25	**Sub-Total Fringe**			**$ 69,872**	**$ 71,063**	**$ 7,896**	**$ 15,931**	**$ 14,974**	**$ 109,864**
26	**SubTotal Personnel + Fringe**			**$ 326,782**			**$ 52,731**	**$ 57,774**	**$ 464,434**
27	**C. Travel**								
28	Continuing Education			$ -			$ 3,456	$ -	$ 3,456
29	HIV Annual Clinical Update			$ -			$ 1,366	$ -	$ 1,366
30	HRSA Grantee Meeting			$ -			$ 4,740	$ -	$ 4,740
31	**Sub-Total Travel**			**$ -**	**$ -**	**$ -**	**$ 9,562**	**$ -**	**$ 4,822**

Budget Justification Example

v. Budget (Budget Justification)

A. Personnel (Less Fringes)   **$XXX,XXX**

Early Intervention Services (EIS) - $XXX,XXX

The following positions will be used to provide comprehensive HIV primary care.

Medical/Project Director, (I. Doctor, MD; $150,000; 0.125 FTE), will oversee all Ryan White medical services. The medical director will interact with Interim Chief of Infectious Diseases and Director of HIV Clinical Trials Program. The Project Director will oversee clinical staff training, the planning of monthly HIV Conferences, Case Conferences, and Patient Advocacy.

Internist(s) (A. Sickman, MD; $138,000; 0.1 FTE): will staff 1 clinic session/wk for the management of emergent medical conditions; assistance with management of co-morbid conditions such as diabetes mellitus, lipid disorders, These positions will address lack of medical providers in underserved areas and will enhance the HIV program as a one stop shop.

Patient Services Coordinators (PSC), (N. Payne, RN; Part-Time Employee $26/hour at 10 hours/per week) will facilitate a comprehensive intake with new patients, including basic education on HIV/AIDS, clinic resources, patient rights and responsibilities. They will obtain initial lab work, and assess patients' need for future referrals. The PSC will address patient questions about their treatment and link them to a financial counselor, HIV Care Coordinator (HIV CCs), and HIV Advocate (as needed). The PSC will ensure continuity of care by interacting with the Emergency Department (ED) and inpatient physicians about outpatient follow-up. The PSC will be responsible for communicating lab results to patients via lab letters.

Core Medical – $XX,XXX + $XXX,XXX of EIS Services as listed above

PSCs, (N. Payne, RN; Part-Time Employee $26/hour at 10 hours/per week), will provide on-site HIV testing for high risk individuals who are referred by BCC patients.

Clinic Data Coordinator, (L. Numbers, BS; $41,000; 0.05 FTE) She will assist medical personnel in retrieving data to enhance patient care including adherence issues and research eligibility.

Medical Case Manager (M. Myracle, MSW; $45,444, 0.01 FTE) will maintain a patient assistance formulary and educate patients on pharmaceutical assistance programs.

Preparing Your Staffing Plan

■ Staffing Plan Should Include: Education; Experience Qualifications; Rationale for amount of time requested; Include relevant staff members not funded by the grant

Position	FTE	# pts*	Qualifications
Ryan White Part C Grant-Funded Positions			
HIV Physician Team I. Doctor, MD A. Physician, MD U. Infected, MD	0.65	818	Certified by the Am. Board of Int. Med. w/subspecialty in ID, and Am. Acad. of HIV Med. Engaged in HIV patient care, teaching, training, & research, & serve as co-investigators for clinical trials. AETC faculty.
HIV Clinical Pharmacist - G. Pills, Pharm.D.	0.10	292	10 yrs. HIV Clinical Pharmacist; Assoc. Professor College of Pharm.
Patient Services Coordinator – N. Payne, CMA	0.95	687	18 yrs. Experience as CMA, 9 yrs. HIV patient care
Physician Assistant – A. Sickman, PA** Lead CQM	1.0	197	5 yrs. PA experience; 4 yrs. HIV care experience
Medical Assistant – A. Assistant	0.10	818	6 years (3 yr. HIV) experience
Organization-Funded Positions			
Clinic Supervisor T. Supervisor, RN	0.40	818	17 years experience in clinical management/supervision
Clinic Nurse – I. Nurse, RN	0.40	818	19 yrs. RN, 5 yrs of HIV experience
Externally-Funded Positions			
Ryan White Part B HIV CC (9) – 6 on site & 3 via MOA	7.0	550	MSW (5), BSW (2), BS/BA (2) Average of 10 years HIV Care Coordination Experience
CDC Prevention Counselors – MOA	0.1		BS (1) – 15 years HIV Prevention Experience

Preparing Your Program Abstract

- Prepare your Program Abstract last to ensure it succinctly describes everything proposed in the following grant application

- Make sure the abstract can stand alone

- The Abstract should be clear, accurate, concise and should not refer to other parts of the application

- The Abstract should include:
    - Brief Description of Proposed grant project
    - Needs to be Addressed
    - Proposed Services
    - Outcomes You Hope to Achieve
    - Population to be Served

The Program Narrative

- The Program Narrative should:
    - Provide a comprehensive framework and description of all aspects of the proposed program
    - Be succinct, self-explanatory and well organized for reviewers can understand the proposed project
    - Include accurate data/numbers from reputable sources that define your target populations and gaps in services

Preparing Your Narrative

- The Narrative should include:
  - Statement of needs/problems to be addressed
  - Description of the Target Population and how they will benefit
  - Description of Project Goals, measurable objectives, action plans
  - Timetable for implementation (HRSA often requires start up of clinical care within 90 days)
  - Identification of who will partner with you in this program and what are their roles? [2,3,4]

Preparing Your Narrative, cont.

The Narrative should include, cont.:

- What similar or existing programs/agencies are in your area? How does your proposal differ and how will you work cooperatively?
- How will clients/patients be actively involved in defining problems, making policies, and program planning?
- What qualifications are needed for key staff? How will they be trained for this program?
- Long Term strategies for continuing the program or any good outcomes after the end of the grant period [2,3,4]

The Work Plan

- The Work Plan should:
    - connect with your line item budget and budget justification
    - Should serve as a tool that will help you manage your program by:
        - Measuring progress
        - Identifying necessary change
        - Quantifying Accomplishments

- The Work Plan should include:
    - The Problem/Need
    - The Program goals; Objectives; Key Action Steps
    - Evaluation/Outcome Methods; Completion Date
    - Persons Responsible

Work Plan Example

Problem #2 Comprehensive, Coordinated Primary HIV Medical Care: The increase in HIV/AIDS prevalence in our service area is reflective of a nearly 85% increase in caseload since 2002. The number of patient encounters has increased by 135%. To date in 2009, 50% of new patients presented to our clinic with CD4 counts <350 25% presented with AIDS (CD4 counts <200). In 2007, our financial resources were insufficient despite numerous creative linkages/collaborations to serve our increasing and aging HIV patient population. Receipt of expansion grant funding in 2008 has provided the funds necessary to meet the needs of our current patient load.

Goal 2. Provide access to comprehensive, coordinated HIV primary medical care and supportive services

Objectives/Timeframe	Key Action Steps	Evaluation Methods	Responsible Persons
2.1 Provide HIV primary medical care services on-site to 820 enrolled patients and 75 new HIV positive patients for a total of : 895 patients by 3/31/11 970 patients by 3/31/2012 1045 patients by 3/31/2013 1120 patients by 3/31/2014 1195 patients by 3/31/2015. Completion Date: 3/31/2015 *Healthy People 2010: Goal 1*	2.1.1 Conduct initial exams to assess medical needs of 75 new patients and 820 enrolled patients. 2.1.2 Obtain CD4 cell counts and HIV viral loads as appropriate. 2.1.3 Offer antiretroviral therapy as appropriate for patients with CD4 count <350. 2.1.4 Offer prophylaxis, treatment, and education for opportunistic infections and conditions as defined by federally approved guidelines. 2.1.5 Screen 75 new patients (100% as appropriate) for Hepatitis A,B, & C 2.1.6 Immunize all patients as appropriate (Hepatitis A, B, DTAP, Influenza, Pneumovax) (820 existing and 75 new patients). 2.1.7 Refer 820 existing and 75 new patients to specialty care as appropriate.	2.1.1 Track initial patient visits with PSC. 2.1.2 Track CD4 Cell Counts and Viral Loads of all HIV patients seeing an infectious disease specialist 2.1.3 – 2.1.7, 2.1.10 Medical chart reviews will be conducted to measure provider adherence to clinical protocols and document that high quality primary care is being delivered to all patients, free of disparities in health outcomes. Share information with Program X team twice yearly at RW Update and via	Medical/ Project Director; HIV Physicians; Internist; Physician Assistant (PA-C); Program Coord.; CSS; PSC; Clinic Nurse; HIV Clinical Pharmacists

The Work Plan – Program Evaluation

- Prepare a Monthly "Statement" of Work Plan Progress

- Track service provision monthly to assess progress towards goals

- Involve your CQM Team in addressing areas that are below proposed targets

Work Plan - Proposed vs. Actual	Proposed #	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL	Proposed vs. Actual
New Patients Enrolled in Program	75	9	11	11	12	11	15	7	10	16	13	13	14	142	67
New Patients Hep A Screening	As Appropriate	14	27	22	25	30	30	22	30	31	33	21	22	307	
New Patients Hep B Screening	As Appropriate	18	35	34	25	33	31	27	34	28	38	28	28	359	
New Patients Hep C Screening	As Appropriate	16	28	25	33	37	37	22	52	51	27	31	32	391	
Total Patients Seen (To Date)	820	433	624	720	762	798	824	843	857	879	893	909	921	921	101
Number of PapSmears Provided	170	1	8	7	7	5	8	3	6	3	5	7	6	66	-104
Number of TB Screens	895	46	50	39	34	31	38	28	46	30	41	36	30	449	-446
Screen RPR	820	37	55	55	47	62	78	69	62	70	72	57	72	736	-84

Progress Report

- Summarize major accomplishments during the budget period
- Include status report on Objectives proposed in the Work Plan
- Report on specific numbers that were proposed to measure the success of your program

Attachment 7. Progress Report
Problem #1 Access To Care Issues

Goal 1. Increase the accessibility to high quality HIV primary care services, and bring more infected people into care.
Objective 1.1 Provide HIV Counseling and Testing, Referral, and Partner Counseling Services Completion Date: 3/31/09 *Healthy People 2010: Goal 1*
In 2008, 98 at-risk persons were tested at Program X via our Patient Services Coordinator (PSC), our collaboration with the ▮▮▮▮▮, and our testing event on World AIDS Day (WAD). There were 0 positive test results. In 2009, 18 patients have been tested at Program X via our PSC and our collaboration with Prevention Counselors from the ▮▮▮▮, with 2 positive test results. Both patients have initiated care at Program X. In 2008, 672 (up from 182 in 2007) patients received prevention case management at Program X. In 2009, 649 patients have received prevention case management to date. Due to personnel constraints at the ▮▮▮▮ prevention specialists are providing only 2 sessions/week at Program X. Volunteers of America (VOA) will be offering prevention case management on-site 2 days/week for an additional 4 clinic sessions.
Objective 1.2 Provide outreach to link HIV-infected persons into care. Year 5: Enroll 75 new patients in the primary care program. Completion date: 3/31/10 *Healthy People 2010: Goal 1*
• In 2008, 125 new patients were enrolled into care at Program X, a slight decrease from 2007 (155). To date in 2009, 104 new patients have enrolled in care, referrals have been made as follows: PCP 6%; Self Referral 35%, Health Departments 21%, Hospital 19%, Community Organizations 6%, Other 12%. • A video about Program X is available for distribution through the AIDS Education and Training Center (AETC). In 2009, AETC has distributed 15 copies, at their 136 education events. Attendees also receive an HIV shortcut card which details information for HIV referrals to RW clinics throughout the state, including Program X.

Current & Projected Sources of Funding

- Program Income
  - How it is tracked
  - How much you generated in the last year
  - How it is reinvested back into the program
  - How much you anticipate generating in the proposed grant year

- Other Sources of Income
  - Support from the larger agency/institution
  - Other grant funds supporting the program
    - Ryan White
    - State Funds
    - Other Federal Funds

Evaluation

- The Evaluation Section should include:
  - How you will evaluate the program and how you will define if the program is successful
  - How you will track your success to meeting program goals and make adjustments to the program as needed
  - How you will disseminate results and how the program can be replicated
  - Detail on how patients/consumers will evaluate the program

- The Evaluation Section could include a detailed discussion about your:
  - Quality Management Program
  - Management Information Systems – ability to report and analyze data

Final Tips

Final Tips – Write to the Reader

- Use the correct language for your field of interest, but do not use jargon

- Define all acronyms

- Do not write in first person – (I, we, us, etc)

- Be clear and concise (note any page limits)

- Write to inform and persuade

  - Don't use language that is biased or opinionated

  - Present current data from a reputable source

- Present Evidence that your institution/organization will support the proposed program

Final Tips - Be "On Target"

- Present the real costs in operating your program

- Make sure your line item budget and work plan connect and present a detailed plan for program implementation

- Make sure titles are used the same throughout the entire application (Medical Case Manager vs. Social Work; Infectious Disease Physician vs. HIV Doctor, etc)

Final Tips - Writing Your Application

- Cut and paste information from other grant applications or documents **VERY carefully** – sometimes simply cutting and pasting is more harmful then helpful

- Proofread your ENTIRE application – Grammatical errors are distracting to reviews and could negatively impact the success of your application

Final Tips: Writing a Strong Grant Application

- Include DUNS number
- Keep your audience in mind
- Start preparing the application early
- Follow the instructions in the guidance carefully
- Be brief, concise, and clear
- Be organized and logical
- Be careful in the use of attachments
- Carefully proofread the application
- Print out and carefully review an electronic application to ensure accuracy and completion[5]

Grant Review Activity

Resources

1. The Only Grant Writing Book You'll Ever Need (2003) - Ellen Karsh & Arlen Sue Fox

2. The Everything Grant Writing Book 2nd Edition (2008) – Nancy Burke Smith and Judy Tremore

3. HIV EIS Intervention Services Program; Competing Continuation and New Proposals for Existing Geographic Services Areas – Program Guidance FY 2010

Resources

4. Ryan White HIV/AIDS Program Part D Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth FY 2010

5. Tips for Writing a Strong Application:
   - http://www.hrsa.gov/grants/apply/granttips.html