



# REQUEST FOR PROPOSALS HARRINGTON VALUE INSTITUTE COMMUNITY PARTNERSHIP FUND

Funding Year – July 1, 2019

DATE OPEN: December 10, 2018 | APPLICATION DEADLINE: May 3, 2019

## I. Overview

The Value Institute at Christiana Care seeks proposals from community-based organizations to create programs that improve the health and well-being in the communities of New Castle County (NCC), Delaware. This request for proposals (RFP) is issued on behalf of the Harrington Value Institute Community Partnership Fund (VICP).

The proposed schedule of events subject to the RFP is outlined below:

Deadline for Receipt Letter of Intent	February	8, 2019	5pm (EST)
Deadline for Receipt of Proposals	May	3, 2019	5pm (EST)
Estimated Notice of Award	June	24, 2019	
Project Start Date	July	1, 2019	

## II. Introduction

**A. Harrington Value Institute Community Partnership Fund** - The Harrington Value Institute Community Partnership (VICP) Fund was established in 2015 to foster partnerships between Christiana Care Health System and the Delaware community. It strives to support research and program development in the areas of population health and particularly community need (e.g. providing care for the disadvantaged or underserved and reducing disparities in health). The Harrington VICP will fund projects addressing this goal.

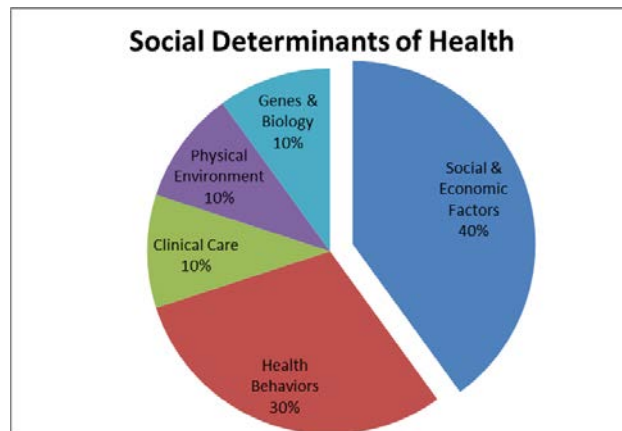
**B. The Value Institute** - Christiana Care Health System created the Value Institute (VI) in 2011 to promote institutional based research activities. Health care is in a transformative era. As our industry reframes the way we look at providing care – shifting the focus from services to patients, from volume to value, from treatment to prevention. The Value Institute brings about these changes through our behaviors of Excellence and Love. The VI is committed to making health care safer, more effective, efficient and equitable, resulting in greater value for patients and improved health outcomes for the community.

## III. Project Proposals

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**A. Project Proposals** – Project proposals should seek to create programs that improve the health of the populations and communities of New Castle County, Delaware. Successful submissions will address the tenets of the Triple Aim of improved health of populations, better patient experience and reducing per capita health care costs<sup>1</sup>. Projects should consider using the social determinants of health as a conceptual framework<sup>2</sup>. Funding priorities will be determined by this model.



Source: Park, H., Roubal, A.M., Jovaag A., Gennuso, K.P., and Catling, B.B., 2015

“The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to treat illness.”<sup>3</sup> These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics. Studies show that these social determinants have a bigger effect on health than access to or quality of health care. The social determinants of health are organized around five key domains: economic stability, education, health and health care, neighborhood and built environment, and social and community context. Economic stability addresses concerns such as poverty, employment, food security and housing stability. Education is concerned with graduation from high school, enrollment in higher education, language and literacy and early childhood education and development. Health and health care focuses on access to health care, access to primary care and health literacy. Neighborhood and built environment considers access to healthy foods, quality of housing, crime and violence and environmental conditions. Finally, social and community context refers to social cohesion, civic participation, perceptions of discrimination and equity and incarceration or institutionalization.

**B. Delaware’s Healthcare System** - Delaware has a population of approximately 971,000 across 3 counties including urban, suburban, and rural communities<sup>4</sup>. This proposal

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request should focus on New Castle County. Some facts about New Castle County healthcare system include:

- a. Relatively low level of uninsured (less than 10% of the population)<sup>4</sup>
  - b. Two major commercial payers<sup>4</sup>
  - c. Medicaid program that fully expanded following the Affordable Care Act
  - d. In 2015, 37 out of 129 census tracts in New Castle County (located in the Central, Southwest, and Southbridge areas of Wilmington, as well as in portions of Newark) qualify as primary care HPSAs. At the facility-level, two community-based facilities in New Castle County and one community-based facility in Sussex County represent primary care HPSAs.<sup>4</sup>
  - e. Six major health systems, 3 Federally Qualified Health Centers with 10 locations statewide, and a Veterans Affairs hospital.<sup>4</sup>
- C. Available Funding and Estimated Awards** – Through this funding opportunity the selected applicant(s) will be responsible for reporting all progress, accomplishments, challenges and solutions for their respective program to the VI program officer on a bi-monthly (every 2 months) basis.

Project funding will be provided up to \$150,000 for a two year period (7/1/2019 – 6/30/2021). The option for a one year, competitive-based renewal is subject to available funds and satisfactory performance (total funding period of 3 years).

Applications are encouraged from community-based organizations, and project teams may include partnerships with Christiana Care employees or physicians.

**Note: Christiana Care employees and physicians are not permitted to be the lead project investigator.**

Funded projects will be assigned a VI collaborator based on project need and available resources. Funded projects will begin in July 2019.

#### **D. Proposal Application and Review Process**

- **Letters of Intent**

1. Letters of Intent (LOI) will be accepted starting **December 10, 2018** through **February 8, 2019**. LOIs will be submitted through RedCap via the Value Institute Website: <https://research.christianacare.org/valueinstitute/how-we-work/partnerships/> (Appendix 1).

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2. The LOI will be submitted as a PDF attachment via RedCap. The following information shall be provided in the order listed below and shall not exceed 3 pages. Please format your LOI with 1 inch margins and Times New Roman, 12 point font. (Appendix 2)

**Note: All applicants must submit a LOI.**

- i. **Project Overview** - Briefly describe the project to be funded, its objectives, main activities and rationale.
  - ii. **Project Benefit** – State the anticipated benefit to Christiana Care patients and/or the NCC community members.
  - iii. **Target Population** - Define the target population your proposal intends to reach. How many patients will this program serve per year?
  - iv. **Community Partners** – If your organizations plans to collaborate with (an)other organization(s) please list your community partners including contact information (if applicable).
  - v. **Program Specific Aims** – Please list up to 3 Specific Aims of your program to be completed for the funding years. In this section, you will describe briefly each of the aims you will use to test your hypothesis. Ideally, the aims should be related, but not dependent, upon each other. Within 2-4 sentences each, you should describe the experimental approach and how each aim will help answer your larger hypothesis.<sup>5</sup>
  - vi. **Sustainability** - How will the project be sustained after the initial Harrington VICP funding period is completed?
  - vii. **Required Signatures** – Leadership from your organization. Examples include: project lead’s Department Chair, Medical Director, group Vice President or external organizational authorized signatory in addition to the project leads’.
3. The Harrington VICP internal review committee will review LOIs. Full proposals will be requested based on: meeting LOI submission requirements, projects impact improving general population and community health, and the proposal addresses at least one of the prioritized social determinants of health. Successful candidates will be notified by the program officer via email to complete a full proposal application.

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- **Full Proposal Application**

1. The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information within this proposal may result in rejection of the proposal at the sole discretion of the Value Institute.
  - i. **Title Page** - must include: 1) the RFP Subject; 2) Applicants organization; 3) name of the applicant; 4) the applicant's full address; 5) the applicant's telephone; 6) the name and title of the designated contact person; and 7) designated contact person's email address.
  - ii. **Table of Contents** - The table of contents will include a clear and complete identification of information in the Project Narrative (see below) by section and page number.
  - iii. **Project Narrative** - minimum of three but no more than six pages (does not include budget, budget justification and signature page)
    - a. **Summary**– Briefly describe proposal in plain language understandable by a general, lay audience (please limit to 500 characters).
    - b. **Significance** – Describe why your project is important and worth funding.
    - c. **Research Method or Proposal Plan** – Describe/outline the current situation your proposal will address, detail specific aims, objectives and/or goals and project activities (how you are going to accomplish your proposal). Include innovation, approach and impact on the community.
    - d. **Evaluation Plan** – How will you evaluate your proposal and what will you measure. Provide 3-5 specific quantitative measures that you would report to us to show your proposal has achieved the stated objectives, specific aims and/or goals.
    - e. **Data Acquisition Plan** (if applicable) – Describe the proposal's sources of data, data collection methods, analysis plan and personnel.

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- f. **Logic Model** – develop a logic model to visually show how your program is supposed to work. (<https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>)
- g. **Timeline** – Describe the project deliverables, expected outcomes and major milestones.
- h. **Sustainability** – How will the project continue beyond initial funding?

iv. **Budget and Budget Justification**

- a. Please attach budget on supplied Excel budget template (Appendix 3). Budget should include: personnel, supplies, space, travel, consultants/contractors, communications/marketing expenses, etc. **Note: Supplies are defined generally as an item of property that has an acquisition cost of \$5,000 or less and an expected service life of one year or less.**
- b. The Budget Justification will contain sufficient information to demonstrate experience and staff expertise to carry out the project. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented in narrative form (Appendix 4). If conducting this project will require hiring of one or more individuals who are not currently employed by the applicant's organization, applications will provide detailed job descriptions, including required qualifications and experience.
- c. List other internal/external funding that will be applied to this project.
- d. If your organization's proposal requests Value Institute resources (in addition to the VI collaborator) describe/list resource request and if you will be adding this resource to your budget. Example of VI resources include: program evaluation, methodology, biostatistics, data analytics, and study design.

- Completed applications will be submitted in PDF format via RedCap.

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- The Harrington VICP internal review committee will be initially responsible for reviewing and scoring completed applications. Based on final scores, the VI will forward recommended proposals to the Harrington Funds Advisory Group for approval.
  - i. Harrington Funds Advisory Group will review recommended proposals and make approvals for funding.
  - ii. The approved proposals from the Harrington Fund Advisory Group will then be forwarded to the Christiana Care Chief Executive Officer (CEO) for final decisions and approval.
  - iii. The VI Program Officer will notify successful applicants of their award.

**Preference will be given as follows:**

1. Proposals that have both a community focus and clinical outcome.
2. Proposals addressing pre-identified community needs of health and wellness including: Diabetes, Chronic Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Substance Use Disorder, and Perinatal Care.

**Funding Restrictions (funds cannot be used for the following):**

1. Starting a new business
2. Paying back loans
3. School tuition
4. Facilities and Administration (F&A)
5. Cost sharing
6. Equipment
7. Buildings or rehabbing of existing structures
8. Projects that extend beyond New Castle County

- **Administrative Requirement**

The successful applicant(s) will be required to:

- i. Coordinate with the VI Program Officer on a monthly basis.
- ii. Manage their program's budget and submit monthly invoices.

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- iii. Present bi-monthly (every 2 month) status updates via a progress report (Appendix 5) to the VI Program Officer which includes but is not limited to: milestones, completed deliverables, delays or changes to the protocol and budget variances.
  - iv. Semiannual reporting of all projects. The report includes reconciling budgets and expenses and a status update of project progress (Appendix 6).
  - v. After completion of the project, the project team is expected to present at a VI sponsored forum.
- **Evaluation Process**  
Each Harrington Value Institute Community Partnership Fund Project will be evaluated with a three-step process.

**Step One:** The Harrington VICP internal review committee will score all of the proposals

- i. Scores should be given on a 1 (exceptional) through 9 (poor) scale, as depicted below
- ii. Proposals will be scored across six criteria:
  - 1. **Significance and impact on the community** — Does the proposal address a significant community or population health priority or ongoing issue? Does this project help achieve the Triple Aim (better health, improved experience, lower cost)? Does the project leverage existing community resources? Will a sufficient number of people be impacted in a meaningful way?
  - 2. **Innovation** — Is the proposed project novel and innovative and advancing the field? Does the project truly move the needle or is a small or incremental change?
  - 3. **Approach** — Are the methods sound and likely to be successful? Is there a significant research question? Are there important and measureable outcomes? Is the project feasible given the requested funding and timeframe?



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4. **Evaluation Plan** – How will the research or program be evaluated and what metrics will be measured to gauge impact?
  5. **Feasibility**—Is the project sustainable beyond the initial funding? Is the budget reasonable?
  6. **Community Partnership Program Mission** – Does the scope of the work and applicants’ status correspond to the funding criteria?
- Proposals with the lowest average score will be recommended to the Harrington Funds Advisory Group for funding

Impact	Score	Descriptor	Strength/Weaknesses	
High Impact	1	Exceptional	<i>Strengths</i>	
	2	Outstanding		
	3	Excellent		
Moderate Impact	4	Very Good		
	5	Good		
	6	Satisfactory		
Low Impact	7	Fair		<i>Weaknesses</i>
	8	Marginal		
	9	Poor		

Source: NIH Interpreting New Application Scores and Critiques, 2015 [enhancing-peer-review.nih.gov](http://enhancing-peer-review.nih.gov)

**Step Two:** The Christiana Care Harrington Funds Advisory Group will review recommended proposals and make recommendations for funding which will be forwarded to the Christiana Chief Executive Officer (CEO).

**Step Three:** The Christiana Care CEO will make final approval for funding.

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**IV. RFP Administrative Information**

This RFP is available in electronic form through the VI website (<https://research.christianacare.org/valueinstitute/how-we-work/partnerships/>). All requests, questions, or other communications regarding this RFP should be made in writing to the Harrington VICP Program Officer. Please address all communications to the person listed below. Applicants should rely only on written statements issued by the RFP designated contact.

Marshala Lee, MD, MPH, Program Officer  
Harrington VICP Fund  
Christiana Care Health System  
Value Institute  
4755 Ogletown-Stanton Rd.  
8E17  
Newark, DE 19718  
Phone: 302-733-9165  
Email: [Marshala.R.Lee@ChristianaCare.org](mailto:Marshala.R.Lee@ChristianaCare.org)

- **Proposals** – To be considered, all proposals must be submitted via RedCap and respond to the items outlined in this RFP. The applicant is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all appendices. Failure to do so will be at the sole risk of the applicant. The Value Institute reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted via RedCap in PDF format. Any proposals received after the deadline for receipt will not be considered and the applicant will be notified via email of such. Upon receipt of applicant proposals, each applicant will be presumed to be thoroughly familiar with all specifications and requirements of this RFP. The failure or omission to examine any form, instrument or document will in no way relieve applicants from any obligation in respect to this RFP.
- **Acknowledgement of Understanding of Terms** – By submitting a bid, each applicant will be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms and has fully informed itself as to all existing conditions and limitations.

REFERENCES

1. Institute for Healthcare Improvement. *IHI Triple Aim Initiative: Better Care for Individuals, better Health for Populations, and Lower Per Capita Costs*. Retrieved from:

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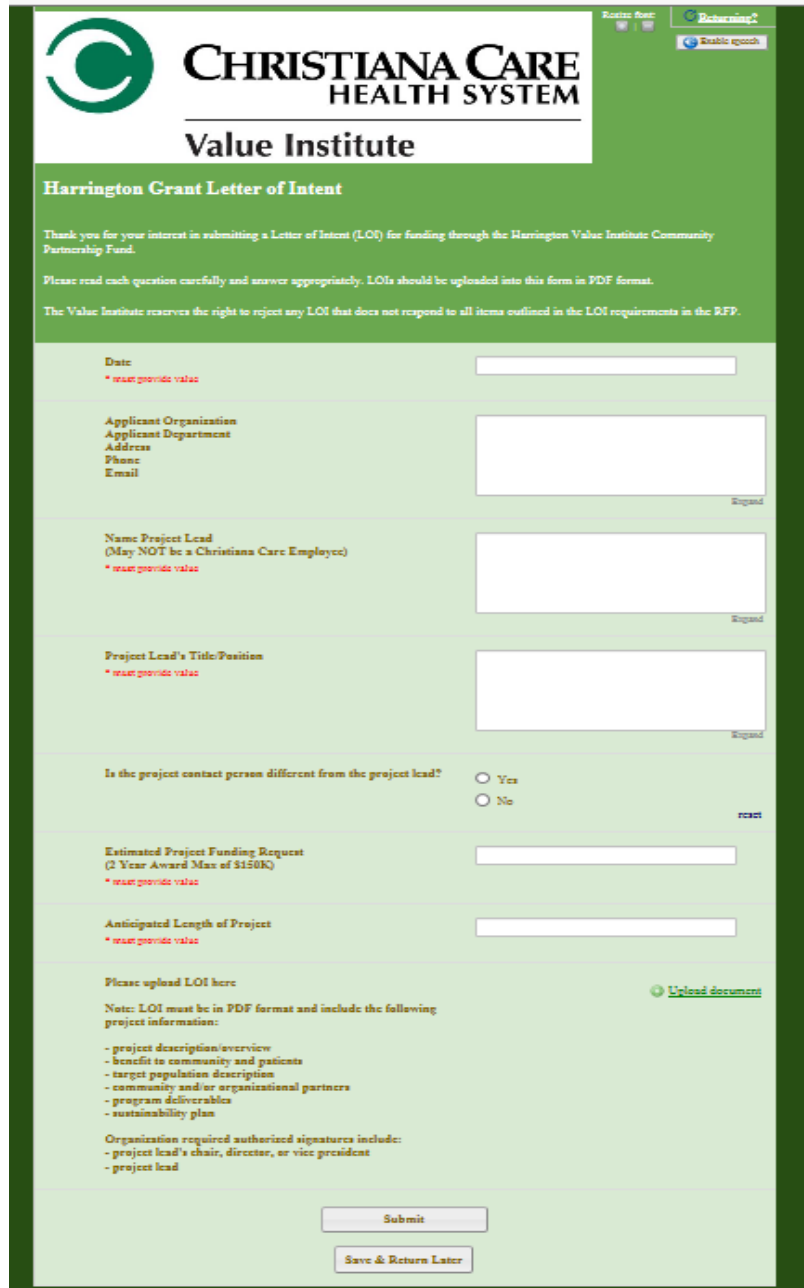
<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

2. Solar O, Irwin A. *A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion. Paper 2 (Policy and Practice)*. Retrieved from:  
[http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH\\_eng.pdf](http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf)
3. World Health Organization (WHO). *About social determinants of health*. Retrieved from: [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)
4. U.S. Department of Health and Human Services, Health Resources and Services Administration. *HPSA Find*. Retrieved from: <http://hpsafind.hrsa.gov/>
5. Bio Science Writers. *NIH Grant Applications The Anatomy of a Specific Aims Page*. Retrieved from: <http://www.biosciencewriters.com/NIH-Grant-Applications-The-Anatomy-of-a-Specific-Aims-Page.aspx>

## **APPENDIX 1**

### Letter of Intent (LOI) Red Cap Form

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**CHRISTIANA CARE HEALTH SYSTEM**  
**Value Institute**

**Harrington Grant Letter of Intent**

Thank you for your interest in submitting a Letter of Intent (LOI) for funding through the Harrington Value Institute Community Partnership Fund.

Please read each question carefully and answer appropriately. LOIs should be uploaded into this form in PDF format.

The Value Institute reserves the right to reject any LOI that does not respond to all items outlined in the LOI requirements in the RFP.

**Date**  
 \* must provide value

**Applicant Organization**  
 Applicant Department  
 Address  
 Phone  
 Email

**Name Project Lead**  
 (May NOT be a Christiana Care Employee)  
 \* must provide value

**Project Lead's Title/Position**  
 \* must provide value

Is the project contact person different from the project lead?  
 Yes  
 No

**Estimated Project Funding Request**  
 (2 Year Award Max of \$150K)  
 \* must provide value

**Anticipated Length of Project**  
 \* must provide value

Please upload LOI here [Upload document](#)

Note: LOI must be in PDF format and include the following project information:

- project description/overview
- benefit to community and patients
- target population description
- community and/or organizational partners
- program deliverables
- sustainability plan

Organization required authorized signatures include:

- project lead's chair, director, or vice president
- project lead

Submit  
 Save & Return Later

**APPENDIX 2**  
 Sample Letter of Intent

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**Project Information**

1. Briefly describe the project to be funded, its objectives, main activities and rationale.

The Promotoras for Healthy Family was developed and implemented in 2012. Christiana Care Program staff partnered with the Latin American Community Center (LACC) to foster capacity building and address some of the health issues that impact the Hispanic community. Through this request a full time program manager from Christiana Care and a part-time coordinator (LACC), both promotoras, would be funded to provide outreach and education to link families into services. Utilizing program assessment forms, they will assess the needs of the family, create a health priorities plan and implement it to resolve needs. One of the main activities of the project is to develop recaps to capture data.

2. State the anticipated benefit to our patients or the community.

Benefit to Hispanic community:  
Access to care for preventive services including cancer screenings, dental services, children's immunizations Assistance with enrollments if eligible to marketplace for insurance, state programs (Screening for Life, Health Care Connection)  
Program provided by bilingual/bicultural staff to educate about health issues using an evidence based model. (Promotoras de Salud)

3. Define the Christiana Care Health System service line and/or target population your proposal intends to reach. How many patients will this program serve per year?

This program will be through the Cancer Service Line and intends to enroll 100 new Hispanic families/per year, (with a minimum of 2 children per family) for a total of 600 individual assessments. An additional 400 individuals will be assessed and enrolled. Grand total expected :1000 participants.

4. Please list your community partners including contact information (if applicable).

Latin American Community Center- Tyra Pope, Director of Prevention and Advocacy, 403 N. Van Buren Street, Wilmington De. 19805 Phone-302-655-7338, ext 7711, email: tpope@latincenter.org.

Westside FamilyHealthcare- Kelleanne Smith- Referral coordinator- Westside Family Healthcare, 1802 West 4th Street, Wilm, De. 19805 Phone: 302 655 3822 ext 333, Kelleanne\_Smith@Westsidehealth.org

5. Please list three program deliverables to be completed within one year.

Year I:  
1) Data management is established in Redcaps  
2) 100% of families assisted to primary care, insurance, state program- Screening for Life/Health Care Connection (at least service per adult)  
3) 100% of adult individuals participate in one age /gender appropriate cancer screening or if have diabetes

6. How will the project be sustained after the initial VICP funding is completed?

We are meeting with Division of Public Health to share project and opportunities for state or federal funds. Previous funding was through Arsht- Cannon Fund for three years with match funds for year two through CSEG.

**Required Signatures**

Project Lead's Department Chair, Medical Director, group Vice President or external organizational supervisor:

Signature:

[Redacted Signature]

Date:

[Redacted Date]

Project Lead:

Signature:

Nora Katurakes, RN, MSN, OCN  
Digitally signed by Nora Katurakes, DN: cn=Nora Katurakes, o=CHRISTIANA CARE HEALTH SYSTEM, ou=CHRISTIANA CARE HEALTH SYSTEM, email=Nora.Katurakes@christianacare.org, c=US

Date: 11/10/2015

**APPENDIX 3**

Sample Budget Template

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<b>Project Lead:</b>				
<b>Project Title:</b>				
<b>Year 1 Funding Request:</b>		0		
<b>Personnel</b>				
<b>Name</b>	<b>Role</b>	<b>Hourly Rate</b>	<b># of Hours</b>	<b>Total</b>
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
<b>Total Personnel Expense</b>				<b>0.00</b>
<b>Operations</b>				
<b>Category</b>	<b>Details</b>			<b>Total</b>
<i>Consultant/Vendor</i>				
<i>Equipment</i>				
<i>Supplies</i>				
<i>Travel</i>				
<i>Space</i>				
<i>Communications</i>				
<i>Marketing</i>				
<i>Other</i>				
<b>Total Operation Expense</b>				<b>0.00</b>
<b>Total Project Expense</b>				<b>0.00</b>

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**APPENDIX 4**  
Budget Justification Example

**Sample Budget Justification**

Personnel

**James Smith, PhD – Academic Investigator (1.2 calendar months year 1)** will lead this project as academic investigator analysis and be responsible for the reporting, grant application, and publications. He is the lead biostatistician at Christiana Care Health System, and has worked extensively with outstanding experts in medical studies related to cardiology, cancer research, environmental health; his conducted comprehensive researches in both clinical trials and large observational studies. His role has varied from study design to writing drafts as the lead author for peer reviewed research papers. The areas he has the greatest interests are: survival data analysis, longitudinal data analysis, clinical trials, categorical data analysis, Bayesian Analysis, and health economics, including cost-effectiveness analyses and quality of life.

**Jane Brown – Community Investigator (1.8 calendar months effort year 1)** will be responsible for implementation of the entire project as community investigator. Ms. Taylor has been involved with research related to CVD prevention for over twenty years. She is actively part of the planning, implementation, and publishing/presenting of multiple research studies in the field. Her training in dietetics at NIH Clinical Center and her graduate work in nutrition at Penn State has prepared her for a career in nutrition with a focus on research. Working as a nutrition research manager at Penn State's NIH-funded General Clinical Research Center, as well as serving on the IRB at Penn State, has given her extensive experience in reviewing and conducting research studies. She understands the importance of working as a research team to achieve optimal recruitment, attainment, and follow-up of participants. She also possesses the skills necessary to collect and analyze data in clinical trials.

**Robert White, MD- Mentor (.24 calendar months effort year 1)** will be the mentor for the entire project. Dr. White is an experienced epidemiologist and clinical investigator. He is the Professor of Medicine at Thomas Jefferson University and Professor Emeritus of Medicine and Professor Emeritus of Health Policy and Management at the Rollins School of Public Health, Emory University. Dr. White has 25 years' experience in working with registries, clinical trials and outcomes assessment. Donald Duck is or has been on the editorial boards of eight journals including Circulation and Journal of the American College of Cardiology. He has served on numerous ACC and AHA committees, including the ACC Board of Trustees and the program committees of both the ACC and AHA. He has served on many peer review grant panels for the NHLBI and other organizations, and is editor of the book, Cardiovascular Health Care Economics.

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**Kim Greene – Research Associate (1.2 calendar months effort year 1)** will utilize her multi-disciplinary background in clinical research and public health to help the Project Lead for this proposed study, focusing on study design and data collection during the follow-up process. Ms. Greene is a Research Associate at the Value Institute at Christiana Care Health System. She has over 10 years of experience in clinical research across several fields and settings including three years of psychiatric clinical research in the fields of substance abuse and mood disorders and six years of clinical drug development research in the pharmaceutical industry. While in the pharmaceutical industry, she acquired sponsor-level experience in Phase I, II, and III clinical trials across multiple therapeutic areas including oncologic, cardiovascular, and respiratory diseases as well as developed her project coordination and management skills. After completing a Master’s degree in Public Health, she obtained over two years of experience in health services research within a hospital setting.

**Lisa Lewis – Volunteer (3.0 calendar months effort year 1)** will be a student investigator. She is working on Tobacco Cessation for Million Hearts Delaware. Her dedication to research and her willingness to learn will allow her to help Dr. Smith for the overall project management.

#### Other Key Personnel

**Mark Graves, MD – Physician (.24 calendar months effort year 1)** will oversee the entire project. Dr. Graves is a cardiologist with Christiana Care Cardiology Consultants. He is chairman of the Delaware Million Hearts Initiative, a national campaign of the Center for Disease Control and Center for Medicare Services to decrease death and disability from heart attack and stroke. In addition, he is a member of Christiana Care’s Center for Heart & Vascular Health’s Blood Pressure Ambassador Program and a member of the Governor’s Council on Disease Prevention and Health Promotion where he serves as co-chairman on the committee for Tobacco Prevention in Youth. In 2014, the American Heart Association last year recognized him for his volunteer efforts by awarding him the Distinguished Achievement Award.

#### Supplies

Office Supplies for one year includes: Paper - \$150, printer ink \$200, note pads \$50, writing tools - \$50, miscellaneous \$50  
Audio recorders \$150 and handsfree headsets \$100 for patient interviews (quantity 3 each)  
iPad for patient data collection (quantity 2) - \$500 each  
Cell phone reimbursement for nurse researcher - \$50/month for six months  
Transcription Services - \$120/hour for 10 hours  
Patient participation incentive \$20/patient for 200 patients

#### Travel - estimation

Researcher mileage reimbursement – 1200 miles at \$.57/mile – approximately 10 miles/day for 6 months for a total of 120 days.



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## APPENDIX 5 Sample Bi-monthly Progress Report

**Bi-monthly Progress Report**

Specific Objective	Activities and Strategies	Completion Dates			STATUS	NOTES
		7/2019	8/2019	9/2019		
Create Governance structure of Consortium	Establish a Steer Committee to organize the start-up and overall organization through the grant period	X			COMPLETED	Committee members include: representatives from Christiana Care Health System, Nemours Hospital for Children, University of Delaware, Delaware Health Science Alliance, St Francis Hospital, Westside Family Healthcare, Bay Health, Beebe Hospital, Kent General and La Red Health Centers. Next formal meeting to commence 2/10/2017. Steer Committee meetings will recur on a monthly to bi-monthly basis.
	Hire Executive Director		X		COMPLETED	Lisa Brown, MBA, effective 8/18/19.
	Hire Manager			X	COMPLETED	George Reedman, PhD MS, effective 9/3/19.
	Articulate the strategy, mission/vision			X	COMPLETED	<p><b>Mission</b> The mission of the consortium will be to promote, support and advance health professions education throughout the state of Delaware. We will accomplish this mission through the values of alignment/collaboration, team-based care, innovation, economies of scale and sustainability. We will engage in activities to achieve our mission which includes networking, community development, advocacy and advising, capacity building, training, and program implementation support and consultation services.</p> <p><b>Vision</b> The ultimate vision of the work of the consortium will be to improve the health of the state through a coordinated educational structure that produces a stable pipeline of the highest quality health professionals. We envision this consortium as an independent organization undertaking new and different work. The activities we will embark on in the first 6 months of the project will focus on recruiting members of the consortium and creating a governance structure. We will</p>

Organization  
Project Title  
Year 1 (7/2019 – 1/31/2019) September Bi-monthly Progress Report

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Specific Objective	Activities and Strategies	Completion Dates			STATUS	NOTES
		7/2019	8/2019	9/2019		
Establish new training programs & experiences	Conduct traveling info sessions to describe services of Consortium and offer consultations for educational programming			X	DEVELOPING	10/09/19 – George Reedman to meet w/Bay Health CEO Mr. Edwin to consult on development of GME residencies and how consortium could assist. 11/4/19 – Lisa Brown scheduled to meet w/CCHS NPs to consult on development of a statewide NP residency program. Discussion around how consortium could be of service.
	Solicit consult requests			X	DEVELOPING	
	Develop process of consultations, including needs assessment and readiness tool			X	DEVELOPING	Researching and developing consortium needs assessments and readiness tools. Developing and formalizing consultation process.
Create faculty development structure & offerings	Name a Faculty Development Chair and faculty members			X		
	Create core curriculum informed by best practices as well as Component B work			X		
	Establish a system for distance learning with sites			X	DEVELOPING	Working with CCHS IT and External Affairs Dept. Researching and consulting with professional website design and mobile app development companies to establish a system for distance learning and collaboration.
Creation of Health Professions Training Network to promote a "learning state"	Develop partnerships with organizations like DAFP, DAM, DIMER, Medical Society, etc.			X		

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**DATE OPEN: December 10, 2018 | APPLICATION DEADLINE: March 22, 2019**

**APPENDIX 6**  
Sample 6 Month Progress Report

**Interim 6 month Report**

The Harrington Value Institute Community Partnership Fund requests from its grantees regular narrative reports on grant work they have performed. Interim reports are due 23 March 2018, with a final report due 31 July 2017. Please contact us if your report will not be submitted by these deadlines.

In no more than 3 pages, please respond to the following questions for the period of funding on which you are reporting (1 July 2019 through 31 January 2020). Please note that the interim report is meant to be a brief summary of the grant activities and progress toward outcomes during the period on which you are reporting. A more comprehensive report on the entire grant period will be requested at the conclusion of the grant.

1. Please provide a brief statement of the purpose, significance and objectives of your project.
2. Have there been any significant changes from the funded application, including changes in protocol, goals and objectives or planned activities? If so, please explain why changes were implemented.
3. What did you accomplish during this reporting period? Briefly describe the activities carried out during this reporting period to meet the goals, as described in your proposal, and significant results. Include metrics and outcomes demonstrating milestones met, persons served, and other data that shows progress made to date.
4. Have there been any challenges with project progress during this reporting period? How have you overcome these challenges? Do you anticipate new challenges in the next reporting period; if so, do you have a plan to address them?
5. What impact did your project have on the population or community you serve during this reporting period? Do you have any stories that capture the impact of this project you would like to share?
6. Please provide a brief statement (less than 300 words) describing notable progress to date and preliminary results (if applicable) using nontechnical language that is ready for public use.

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Please feel free to attach any additional material you feel are relevant and noteworthy, such as:

- Copies of drafts of instruments, data dictionaries, educational materials, manuals, or other project deliverables
- Abstracts from presentations made to professional groups or associations
- Manuscripts submitted or in press
- Websites, blogs, or other Internet-based links
- Public affairs or popular press coverage of the project