**Medical Research RFP Questions**

**Grant Application Questions**

Listed below are the application questions. Use this list to prepare your answers prior to working through the application.

1. Project title:
2. Provide a brief description of the research project. (200 words allowed)
3. Requested amount:
4. Project budget:
5. Organization's email address:
6. Project start date (MM/YYYY):
7. Project end date (MM/YYYY):
8. When are funds needed? (MM/YYYY):
9. CEO's Name:
10. CEO Email:
11. CEO Title:
12. Project contact person's name:
13. Project contact person's title:
14. Project contact person's phone number:
15. Project contact person's email address:
16. Organization's total operating budget for past fiscal year:
17. Organization's total operating budget for current fiscal year:
18. Is this a minority or woman-led organization?
19. What is the percentage of full-time equivalent people of color on your staff?
20. List names of current board members:
21. Board / Staff Diversity:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | American Indian / Native American | Asian American / Pacific Islander | Black / African American | White | Latino | Two or More |
| Number of |  |  |  |  |  |  |
| Percentage of |  |  |  |  |  |  |

1. Does the organization have a policy which states that it does not discriminate against *age, race, religion, gender, sexual orientation, disability or national origin?*
2. Please indicate in which neighborhoods your project will be implemented:
* Harambee
* Metcalfe Park
* Muskego Way
* Sherman Park
* Other – fill in text box
1. Explain the need for and significance of the project. (300 words)
2. What specific questions are being asked or hypotheses will be tested and how are you attempting to answer them? (300 words)
3. Provide a brief description of the population served by this project. (70 words)
4. Describe the difference you intend the project to make for the population served? (100
5. Describe the expected outcomes and procedures to measure progress toward goals. (300 words)
6. How will this research reduce or eliminate health disparities in communities of color? (200 words)
7. What resources, program models, expertise, staff capacities or organizational strengths does your organization have to conduct the research? (200 words)
8. Is the request for a clinical research project? If so, please explain how patients will be recruited and the status of IRB approval. (200 words)
9. Describe the sources, quality and availability of data to be analyzed. (300 words)
10. Explain how the project uses evidence-informed strategy, which is strategy informed by objective evidence, evaluation, or research. (200 words)
11. Outline the strategy, methodology and timeline to be used in the development and implementation of the project. (300 words allowed.)
12. Describe the evaluation process and how the results will be measured. (300 words allowed)
13. Describe collaborations, if any, and how collaborators will contribute to the research project. (300 words)
14. Describe the status of the pending request(s) to other revenue sources. (300 words)
15. Describe dissemination plan for the results or next steps if the research is expected to continue beyond the grant period. (200 words)
16. Please complete the budget form and narrative.
17. The next few sections are project/program related questions.

Please complete the next few sections with estimated numbers about the population you anticipate serving..

Population directly served by projectPopulation indirectly served by project

1. Age group of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Birth – Age 5 |  |
| Children & Young Adults (6-17) |  |
| Adults (18-65) |  |
| Seniors (65+) |  |
| Total |  |

1. Gender of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Male |  |
| Female |  |
| Total |  |

1. Race/Ethnicity of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| American Indian / Native American |  |
| Asian American / Pacific Islander |  |
| Black / African American |  |
| White |  |
| Latino |  |
| Total |  |

1. Income Level of Population to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Income level <200% of poverty level |  |
| Income level >200% of poverty level |  |
| Total |  |

1. Special populations to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| With Disabilities |  |
| At-Risk Youth |  |
| Homeless |  |
| LGBT |  |
| Abused |  |
| Total |  |

1. Counties to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Milwaukee County |  |
| Ozaukee County |  |
| Washington County |  |
| Waukesha County |  |
| Total |  |
|  |  |

1. Outcomes Question

|  |  |  |
| --- | --- | --- |
|  | Enter each outcome | Enter # of clients you anticipate serving (“0” if no population is directly served) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

1. Proposals are considered incomplete if the following documents have not been submitted, Year to date income and expense statement and balance sheet; - Most recent Form 990; - Most recent audited financial statements and notes.