

April 3, 2023

REQUEST FOR APPLICATIONS

**Improving Public Health Data Systems to Address
Health Equity Challenges for At-Risk Communities
in the U.S. Gulf Coast**



**NATIONAL
ACADEMIES** *Sciences
Engineering
Medicine*

GULF RESEARCH PROGRAM

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Summary of this Funding Opportunity

The [Gulf Research Program](#) (GRP) and [Robert Wood Johnson Foundation](#) (RWJF) are partnering to advance health equity¹ in at-risk² communities of the U.S. Gulf of Mexico that are disproportionately experiencing the impacts of climate change. This funding opportunity will support research to investigate the role that social determinants of health³ (SDOHs) data could play in improving the capability of public health data systems to better understand and address health disparities⁴ in at-risk communities (e.g., Black, Indigenous, and other People of Color [BIPOC] communities).

Specifically, the purpose of this funding opportunity is to support academic-community partnerships that use a community-based participatory research^{5, 6} (CBPR) paradigm to demonstrate which data on climate-specific, environmental, and social determinants could better inform—and how these data could better inform—health agendas, plans, policies, programs, services, and/or resource allocation that address the health equity challenges of at-risk communities that are disproportionately experiencing the impacts of climate change.

The GRP is accepting proposals from accredited Minority Serving Institutions (MSIs) located in the five U.S. Gulf of Mexico states—Alabama, Florida, Louisiana, Mississippi, and Texas. Preference will be given to MSIs that partner with at-risk communities located in coastal regions along the Gulf of Mexico. One of the GRP’s areas of interest is partnerships with environmental justice communities to better understand and address the impacts of climate change on environmental health disparities.⁷

¹ *Health equity* is “the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.” National Academies of Sciences, Engineering, and Medicine 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.

² The GRP defines *at-risk* communities as those who are underserved, under-resourced, under-represented, or otherwise marginalized from the formal health sector.

³ *Social determinants of health* are the “conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Some examples include education; employment; health systems and services; housing; income and wealth; the physical environment; public safety; the social environment; and transportation”. National Academies of Sciences, Engineering, and Medicine 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies. Press. <https://doi.org/10.17226/24624>.

⁴ *Health disparities* are “preventable differences in the burden of disease, injury, violence or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities”. Centers for Disease Control and Prevention. (2021). Health Disparities. Retrieved on November 15, 2021 from <https://www.cdc.gov/aging/disparities/index.htm>.

⁵ Israel B, Schulz A, Parker E, & Becker A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19(1), 173–194.

⁶ Wallerstein, N & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312-323.

⁷ *Environmental health disparities* exist when “communities exposed to a combination of poor environmental quality and social inequities have more sickness and disease than wealthier, less polluted communities”. National Institute of Environmental Health Sciences. (2021). Environmental Health Disparities and Environmental Justice. Retrieved on December 2, 2021 from

<https://www.niehs.nih.gov/research/supported/translational/justice/index.cfm>

Award Details

| | |
|-----------------------------------|-------------------|
| Total Amount Available | Up to \$6,000,000 |
| Award per Grantee | Up to \$1,500,000 |
| Period of Performance | 23 months |
| Estimated Number of Awards | 4 |

Key Dates

- **April 3, 2023:** Online proposal submission opens
- **June 12, 2023:** Deadline for submission of proposals due by 5:00 p.m. Eastern Time
- **June-September 2023:** Proposal review, and award selection and notification
- **October 1, 2023:** Project start date
- **August 31, 2025:** Project end date
- **October 31, 2025:** Final project reports due

Online submission website: <https://gulfresearchprogram.smapply.io/>.

The Challenge

In the U.S. Gulf of Mexico region, historic and deep racial discrimination has limited the meaningful involvement of BIPOC communities in the systems and institutions that make decisions about and implement the laws, regulations, policies, and practices that affect their communities.⁸ This limitation has contributed to an inequitable concentration of poor environmental factors (e.g., air pollution, water contamination, toxins in the soil, etc.) and health outcomes in BIPOC communities that are well-documented in the scientific literature.⁹ While climate change is projected to amplify the effects of poor environmental factors on health for all communities in the U.S. Gulf of Mexico, BIPOC communities will continue to be disproportionately impacted.

Advancing health equity involves looking critically at the conditions and environments that deny people the opportunity to achieve their full health potential. Specific conditions, known as SDOHs, shape the environments of everyday life that influence the health and well-being of communities. Differences in SDOHs account for 80-90 percent of the modifiable contributors of health behaviors, risks, outcomes, and patterns for a population.¹⁰ Yet, existing public health data systems rarely collect data on SDOHs and commonly focus on clinical determinants of health (e.g., weight, blood pressure, cholesterol level,

⁸ Brulle, RJ, & Pellow, DN. (2006). Environmental Justice: Human Health and Environmental Inequalities. *Annual Review of Public Health, 27*, 103-24.

⁹ Lave & Seskin (1970); Freeman (1972); Burch (1976); Melosi (1981); United Church of Christ (1987); Robinson (1991); Brown & Mikkelsen (1990); Brown (1992); Bryant & Mohai (1992); Mohai & Bryant (1992); Bullard (1990, 1993); Bullard & Wright (1993); Been (1994); Brulle & Pellow (2006); Leung & Takeuchi (2011); Centers for Disease Control and Prevention (2013)

¹⁰ Hood, CM, Gennuso, KP, Swain, R, and Catlin, BB. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventative Medicine, 50*(2), 129 – 135.

etc.). Additionally, existing systems lack key demographic, climate-specific, and environmental factors that drive health disparities, as well as geospatial data at a more granular unit of analysis. Moreover, existing public health data systems operate within the formal health sector (e.g., clinics and hospitals, public health departments, health insurance companies, etc.) rather than within the community setting.¹¹

Since the contributing factors (i.e., SDOHs, environmental quality, climate) that influence health in the places where people are born, grow, play, learn, work, live, worship, and age (i.e., the community setting) are often excluded from existing public health data systems, there is an incomplete representation of the burden and distribution of disease, disability, injury, and violence at the population level. As a result, existing public health data systems are not well-suited to understand the drivers behind persistent health disparities in at-risk communities, which may lead to inadequately-informed health agendas, plans, policies, programs, services, and/or resource allocation that fail to reach certain communities or even entire populations.¹² This failure leaves out-of-reach communities and populations underserved, under-resourced, under-represented, and/or marginalized by the formal health sector; overtime, these circumstances eventually give rise to health disparities (e.g., preventable differences in life expectancy, cardiovascular disease, etc.).¹³

Addressing health equity challenges requires a transformation in public health data systems and a shift in who/for whom, which, where, and how health equity data are identified, collected, analyzed, utilized, monitored, evaluated, and communicated.¹⁴

Purpose of this Funding Opportunity

The purpose of this funding opportunity is to support MSI-community partnerships that use a CBPR paradigm to demonstrate which SDOHs data, as well as data on climate-specific and environmental factors, could better inform—and how these data could better inform—health agendas, plans, policies, programs, services, and/or resource allocation that address the health equity challenges of at-risk communities that are disproportionately experiencing the impacts of climate change.

The GRP is accepting proposals from accredited MSIs located in one of the five U.S. Gulf of Mexico states: Alabama, Florida, Louisiana, Mississippi, and Texas. The GRP expects to award grants for 23-month projects that partner with an at-risk community and implement a project that balances the needs and priorities of all partners.

The GRP will provide opportunities for the MSI-community partnerships to further build relationships

¹¹ McDavid Harrison, K., & Dean, HD. (2011). Use of data systems to address social determinants of health: A need to do more. *Public Health Reports*, 126(Suppl 3), 1 – 5.

¹² Venzon, A., Bich Le, T., & Kim, K. (2019). Capturing social health data in electronic systems: A systematic review. *Computer, Informatics, Nursing: CIN*, 37(2), 90 – 98.

¹³ Centers for Disease Control and Prevention. (2013). *CDC health disparities and inequalities report – United States*. *Mortality and Morbidity Weekly Report*, 62(Suppl 3), 1 – 187.

¹⁴ Salemi, JL, Salinas-Miranda, AA, Wilson, RE, & Salihu, HM. (2015). Transformative use of an improved all-payer hospital discharge data infrastructure for community-based participatory research: A sustainability pathway. *Health Services Research*, Suppl 1(Suppl 1), 1322 – 1338.

and engage networks through convening events (e.g., workshops, peer-to-peer learning activities, annual meetings, etc.).

MSI-community partnerships are encouraged to build diverse teams that include a variety of community stakeholders (e.g., nonprofit organizations, government, academia, private sector, etc.), including representatives and trusted leaders from at-risk communities. The GRP also encourages the inclusion of graduate students on project teams.

Funding Opportunity Guidelines

Requirements

To be responsive to this funding opportunity, the proposal must:

- incorporate the principles of CBPR^{15,16};
- work in and partner with an at-risk community;
- identify one or more major health disparity/disparities that affect the at-risk community and will be the focus of the partnership;
- identify (1) potential SDOHs of the selected health disparity/disparities to investigate and (2) possible data corresponding to those SDOHs (e.g., geospatial, demographic, climate-specific, and environmental factors); and
- identify how the data could advance health equity by improving the capability of existing public health data systems to understand and address health disparities; for example, how could the data inform a health agenda, plan, policy, program, service, and/or resource allocation to better address the health equity challenges of at-risk communities.

Eligibility

The GRP welcomes proposals from U.S. academic institutions that are accredited by the U.S. Department of Education as an MSI per the Higher Education Act of 1965. The applying organization will be referred to as the “applicant” hereafter. The individual who will lead the proposed project will be referred to as the “project director” hereafter.

The GRP requires applicants to adhere to the following:

- This funding opportunity is for new, distinct activities only. Proposed activities that augment a broader, existing effort or project may be eligible if the proposal clearly demonstrates that the funding request is for new, distinct activities that would not otherwise occur.
- Proposed activities involving advocacy or lobbying are not eligible.
- All applicants must have a valid U.S. federal tax ID number.
- U.S. federal agencies are not eligible to receive GRP funding as applicants or sub-awardees, although their employees may be non-funded collaborators.
- Federally Funded Research and Development Centers (FFRDCs) and University Affiliated Research Centers (UCARCs) can be named as sub-awardees, however, they must have the

¹⁵ Minkler, M. & Wallerstein, N. (2008) Community based participatory research for health: Process to outcomes. 2nd Edition, Jossey Bass: San Francisco.

¹⁶ Burke, JG et al. (2013). Translating community-based participatory research principles into practice. *Progress in Community Health Partnerships: Research, Education, and Action*, 7(2), 115-122.

authority to obtain funding for work outside of their federal sponsor contact and not be proposing to do work they are otherwise doing under their federal sponsor contract.

- BP Exploration and Production, Inc. (BP), Transocean Deepwater, Inc. (Transocean), their affiliates, and employees are not eligible to receive grant funding or to participate in any grant.

The GRP requires the project director and key personnel in an application to adhere to the following:

- An individual may be named as Project Director in only one application.
- An individual, including a Project Director, may be named as Project Team Members in any number of other applications.
- If an individual appears on multiple proposals, a clear description should be included to explain how the proposed work is complementary and not duplicative of other proposed efforts and how the participant will budget his or her time.
- Should an individual appear on two or more proposals as Project Director, ALL proposals listing that individual as Project Director will be disqualified and eliminated from the review process. It is the responsibility of the Project Directors to confirm that each member of the entire team is within the eligibility guidelines.

Application Submission and Review

Please review the application preparation and submission instructions and submit any questions to gulfgrants@nas.edu prior to the submission deadlines. The GRP strives to respond to applicants' questions within two business days but cannot guarantee that applicants' questions will be answered before submission deadlines.

The GRP will only accept proposals submitted via the [online application system](#). Full proposal materials submitted in any language other than English will not be considered. The GRP may reject, without review, proposals that are not responsive to the Request for Proposal instructions.

The applying institution or organization will be referred to as the "applicant" hereafter. The individuals who will lead the proposed project will be referred to as the "project directors" hereafter.

Project Proposal

The proposal must include the following elements:

- I. **Applicant** (up to 500 words)
Describe the applicant, including their location; mission and/or vision statement; and research and/or practical experience with at-risk communities, CBPR, SDOHs, climate-specific and/or environmental factors, health disparities, and/or health equity.
- II. **Project Team**
Project directors are encouraged to assemble diverse project teams. Partnerships with nonprofits, community-based organizations, and/or faith-based organizations that are representative of the at-risk community are highly encouraged.
 - a. Project director. List the project director's name, email, organizational affiliation, type of institution, and project role.
 - i. ORCID (Open Research and Contributor ID)

- b. Project team members. List the name, email, organizational affiliation, type of institution, and project role of each project team member in the order of their importance.
- c. Involvement of the project directors and project team members in other proposals related to this funding opportunity.

III. Proposal Details

- a. Proposal title (up to 15 words)
- b. Proposal key words (up to 10 words)
- c. Proposal summary (up to 250 words)
- d. Proposal timeline of activities (up to 1000 words). Alternatively, applicants may upload a Gantt chart or other type of project schedule.
- e. Project description and approach (7000 words)
 - i. Background. Describe the project location; at-risk community of interest (e.g., demographics, history of being disproportionately impacted by climate change, rationale for selecting at-risk community); health disparities being investigated, related SDOHs, and corresponding data (e.g., geospatial, demographic, climate-specific, and environmental factors); relevant data sources and systems (e.g., what data are currently being collected on or related to the health disparities of interest, climate, or environmental factors and how?); and gaps and/or limitations in data, data sources, and data systems' capabilities.
 - ii. Purpose and aims. Discuss: 1) what this project intends to accomplish, including which data gaps the project aims to fill, and 2) how the data selected for the project might better inform a health agenda, plan, policy, program, service, and/or resource allocation that benefits the health equity challenges of the at-risk community of interest.
 - iii. Methodology. Describe: 1) the project design; 2) what CBPR principles will be incorporated into the project and how; 3) any framework(s) and/or approaches that will guide the project; 4) what methods you will use to collect, if applicable; 5) how you will use data to measure SDOHs, climate and environmental factors; and 6) how you will analyze the data.
 - iv. Project assessment. Describe what success would look like for your project and how it will be measured.
 - v. Potential for impact. Describe how the outcomes of this project could be useful to other communities and how the results of this project could change existing public health data systems.
- f. Works cited. Please provide a list of all works cited in the proposal.
- g. Data Management Plan (maximum 1500 words). Please refer to [GRP's Data Management Policy](#) for guidance on the development of the project Data Management Plan.
- h. If the proposed project involves research on human subjects or the use of human-subject data, see "Research Involving Human Subjects" below.

IV. Required Attachments

- a. **Proposal Budget Form** ([template](#)). Complete this form to provide information on the proposed budget. Budget requests should be developed commensurate with the support needed to achieve the project goals.
- b. **Budget Justification** (maximum 2,000 words). View a [sample budget justification](#).

- c. **Resume(s):** A resume is required for the project director and each individual identified as a project team member. Resumes are limited to two pages for each person. Please combine all resumes into a single PDF document before uploading as an attachment. If a resume is longer than two pages, only the first two pages will be considered in peer review.
- d. **Collaborators and Other Affiliations Form:** The purpose of this form is to help the GRP and RWJF eliminate potential conflicts of interest during reviewer recruitment. [Download](#) the form and complete it to provide information on the following:
 - i. All persons (including their current organizational affiliations) who are currently, or who have been collaborators (i.e. an individual with whom you work closely to co-design or conduct a project) or co-authors with the individual on a project, book, article, report, abstract, or paper during the 48 months preceding the submission of the application.
 - ii. The individual's own graduate and postdoctoral advisor(s) and their current organizational affiliations.
 - iii. A list of your past and current advisees (including their current organizational affiliations)
- e. **Current and Pending Support from Other Sources Form:** [Download](#) the form and complete it to provide information on current and pending support from other sources for the project director and key personnel, if applicable, and upload it to the online application system. The form requests information on the project director's and key personnel's current and pending support from other sources (e.g., ongoing projects and proposals). All current project support from whatever source (e.g., federal, state, local or foreign government agencies, public or private foundations, industrial or other commercial organizations) must be listed. The project proposed for this funding opportunity and all other projects or activities that require a portion of time of the project personnel and other senior personnel must be included, even if they receive no salary support from the project(s). The total award amount for the entire award period covered (including indirect costs) must be shown as well as the number of person-months per year to be devoted to the project, regardless of source of support.

V. Optional Attachments

a. Letters of Support

Peer Review Process

Only complete applications meeting the eligibility criteria will be evaluated by external reviewers based on the Merit Review Criteria (see below). Funding decisions will take into consideration the reviewer's evaluations and the program's funding availability, current portfolio, objectives, and goals. The final decision for funding will be made by the National Academies. Visit our website to see the [GRP's conflict of interest and confidentiality policies](#).

Merit Review Criteria for the Proposal

Proposals will be evaluated on the basis of four review criteria. The bullets under each criterion should guide applicants in writing their proposals and guide reviewers in evaluating a plan.

Relevance & Potential Impact (20%)

- To what extent does the proposal address the challenge?

- To what extent does the proposal describe how the identified SDOHs and corresponding data (e.g., geospatial, demographic, climate-specific, and environmental factors) could better inform a health agenda, plan, policy, program, service, and/or resource allocation to benefit the health equity challenges of the at-risk community?
- To what extent does the proposal describe how its outcomes could be useful to other communities?
- To what extent does the proposal describe how its results could change existing public health data systems?

Scientific Rigor (50%)

- To what extent does the proposal provide a well-justified rationale for selecting the at-risk community of interest?
- To what extent does the proposal describe how the identified SDOHs are relevant to the health disparity/disparities?
- To what extent do the identified geospatial, demographic, climate-specific, and/or environmental data correspond to the SDOHs?
- To what extent does the proposal incorporate the principles of CBPR?
- To what extent are the methods and data collection (if applicable) appropriate?
- To what extent are the data analysis/analyses and measurement appropriate?

Project Team (20%)

- To what extent is the project director well-qualified in their experience, knowledge, and skills to lead the proposed project?
- To what extent are the project team members well-qualified in their experience, knowledge, and skills to ensure the completion of a successful proposed project?

Feasibility and Budget (10%)

- To what extent is the proposal feasible within the 23-month period ?
- To what extent is the budget (up to \$1,500,000) commensurate with the proposal?

Data Management Policy

The GRP's [Data Management Policy](#) will apply to this funding opportunity and should be considered in the planning process. To facilitate sharing of data and information products, all applications submitted to the GRP must include a data management plan and follow FAIR guiding principles (FAIR stands for "Findable, Accessible, Interoperable, Reusable." To learn more about FAIR guiding principles refer to the National Academies report "[Open Science by Design: Realizing a Vision for 21st Century Research](#)").

The GRP follows the federal government's definition of data in the Office of Management and Budget (OMB) 2 Code of Federal Regulations (CFR) Section 200.315: "...the recorded factual material commonly accepted in the scientific community as necessary to validate research findings." Information products may include documents (i.e., reports, workshop summaries, etc.), multi-media curricula for education and training (i.e., video and/or online tutorials, manuals and handbooks, etc.), and other media and communication platforms. Even in the unlikely case in which no data or any other information products will be produced, a plan must be submitted that states "No data or information products are expected to be produced from this project."

The GRP's [Data Management Policy](#) and [Data Management web page](#) provide information on what must be included in the data management plan submitted as part of an application.

Research Involving Human Subjects Policy

The GRP's [Research Involving Human Subjects Policy](#) will apply to this funding opportunity and should be considered in the planning process. All projects involving human subjects must be submitted to an institutional review board (IRB) for review and either receive IRB approval or be granted exemption from human subjects' regulations before an award can be made. Proposers should file their application with their local IRB at the same time the application is submitted to the GRP so that any approval procedure determined as necessary will not delay the award process. An application may be submitted to the GRP prior to receiving IRB approval or being granted exemption; however, if the application is selected for funding, the award will be made conditional upon IRB granting approval or exemption from human subjects' regulations within 60 days of the notice of conditional award. If a proposed project involving human subjects is granted exemption from human subjects' regulations [see [45 CFR 46.101\(b\)](#)], the Applicant must provide documentation that an IRB (or the appropriate authority other than the Project Director or Key Personnel) has declared the project exempt from the human subjects regulations. Documentation should include the specific category justifying the exemption. Organizations without internal access to an IRB must seek approval or exemption from an independent review board or other appropriate authority.

Making the Award

Selection Notice

The GRP reserves the right to select all, some, one, or none of the proposals received in response to this solicitation.

When the evaluation of a proposal is complete, the project director will be notified that (1) the proposal has been selected for funding pending contract negotiations, or (2) the proposal has not been selected. These official notifications will be sent via email to the project director identified on the application. If a proposal is selected for award, the GRP reserves the right to request additional or clarifying information for any reason deemed necessary, including, but not limited to, indirect cost information or other budget information. Awardees are free to accept or reject the grant agreement as offered.

Award Notice

The GRP transmits award notices to organizations via e-mail. The award is not finalized and the National Academies of Sciences, Engineering, and Medicine is not obligated to provide any funding until a signed copy of the award agreement has been received by the Academies.

Grant Periods

Upon receipt of the award notice, the awardee should note the effective date and the expiration date. Effective date is the date specified in the grant notice on or after which expenditures may be charged to the grant. Charging expenditures to the grant prior to the effective date is prohibited. Expiration date is the date specified in the grant notice after which expenditures may not be charged against the grant except to satisfy obligations to pay allowable project costs committed on or before that date. Once an

award is made, the effective date cannot be changed. The expiration date may be changed as a result of approval of a request for a no-cost extension. If approved, the GRP will issue an amendment to the grant.

If additional time beyond the performance period and the established expiration date is required to assure adequate completion of the original scope of work within the funds already made available, the awardee may apply for a one-time, no-cost extension of up to six months. A formal request must be submitted to the GRP at least 45 days prior to the expiration date of the grant. The request must explain the need for the extension and include an estimate of the unobligated funds remaining and a plan for their use. This one-time extension will not be approved solely for the purpose of using the unliquidated balances.

Post-Award Management

Coordination with GRP

After the award is conferred, grantees shall coordinate with GRP to formally initiate the project. GRP staff will periodically request status meetings during the project to discuss progress and any unanticipated developments that may affect the project outcomes as specified in the grant agreement. These interactions will help ensure successful management of the grant.

Reporting Requirements

After an award is conferred, the grantee shall provide a semi-annual financial report to the GRP to report on grant expenditures to date under the grant. The grantee shall provide an annual written report to the GRP to report on activities being carried out under the grant, including but not limited to project accomplishments to date and grant expenditures. No later than sixty (60) days after the expiration of the award, the grantee shall provide in writing a final grant report. The final grant report shall address the original objectives of the project as identified in the grant proposal, describe any changes in objectives, describe the final project accomplishments, and include a final project accounting of all grant funds.

Data Management

Implementation of a data management plan will be monitored through the annual and final report process. Even when no data or any other information products will be produced, a plan must be submitted that states “No data or information products are expected to be produced from this project.” Please see the GRP’s [Data Management Policy and Data Management](#) web page for information on this requirement.

Scientific Integrity

A fundamental purpose of the GRP is to facilitate the advancement of knowledge and the application of science to address challenges relevant to the Program’s mission. All activities of the GRP will be conducted to meet the highest standards of scientific integrity. All grantees have a responsibility to use the funds wisely.

Post-Award Evaluation

The Gulf Research Program conducts evaluations of its grantmaking in support of improving its practices

and decision-making. These evaluations are intended to:

- Help build an evidence base that both grantees and the GRP can use to understand their impact.
- Enable organizational learning and increase capacity to provide quality programming.
- Support the sharing of successes, challenges, and insights among funders, grantees, and stakeholders.

The Gulf Research Program will monitor and evaluate the grant at reasonable times and at our expense, which may include visits by our representatives to observe your program procedures and operations, data collection by an evaluator, and/or discussion of the project with your personnel and stakeholders.

Grant Terms and Conditions

Please review the Grant Agreement prior to submitting an application. It is the policy of National Academies of Sciences, Engineering, and Medicine to entertain potential modifications to the Grant Agreement only under the most exceptional circumstances. Rather, successful applicants are strongly encouraged to sign the Grant Agreement as presented.

- [View a sample grant agreement if the applicant is a public institution.](#)
- [View a sample agreement if the applicant is a private institution.](#)

About the Gulf Research Program

The GRP is a division of the National Academies of Sciences, Engineering, and Medicine — a private, nonprofit organization with a 150-year history as an independent advisor to the Nation on issues of science, engineering, and medicine. The GRP was founded in 2013 as part of legal settlements with the companies involved in the 2010 Deepwater Horizon disaster, and received an endowment to carry out studies, projects, and other activities in the areas of research and development, education and training, and monitoring and synthesis.

The GRP seeks to enhance offshore energy safety, environmental protection and stewardship, and human health and community resilience in the Gulf of Mexico and beyond. It focuses its work on the Gulf of Mexico and other outer continental shelves of the United States where there is hydrocarbon production, and on their coastal zones; specifically, this includes the areas of the Southcentral region of Alaska that are or could be affected by activities (e.g., drilling, production, and transportation) associated with hydrocarbon production in the offshore. Where appropriate, the GRP’s work may extend farther inland or into adjacent seas.

The GRP uses four strategic approaches to “catalyze, implement, and track positive impact in the Gulf of Mexico and beyond”¹⁷:

1. Advance science and understanding
2. Bridge knowledge to action
3. Build partnerships and engage networks
4. Monitor for progress and change

¹⁷ National Academies of Sciences, Engineering, and Medicine. 2020. *Gulf Research Program: 2020-2024 Strategic Plan*, pp. 3-4. Available at <https://www.nationalacademies.org/cache/0f9e/content/4885770000227383.pdf>.

Retrieved April 24, 2021.

The GRP's Health and Resilience Program

The Gulf Health and Community Resilience Program manages two major efforts: 1) the Gulf Health and Resilience Board which funds research and supports projects that develop approaches and solutions that advance science and understanding in health and community resilience, and 2) the Enhancing Community Resilience Initiative, a concerted community engagement program that applies science in select communities to support local health and community resilience efforts.

The overarching goal of the Health and Resilience Program is to advance equity in health and climate resilience efforts in the GRP's geographic areas of focus (i.e., the coastal areas of the Gulf region and Southcentral Alaska) by:

- Reducing inequities in health and community resilience.
- Advancing research and practice in health and community resilience.
- Building the capacity of communities to: 1) address the impacts of climate change and disasters on at-risk communities, and 2) sustain their disaster and climate resilience efforts.

The Health and Resilience Program uses two complementary frameworks to approach its work:

1. the SDOHs
2. the six community capitals¹⁸

¹⁸ National Academies of Sciences, Engineering, and Medicine. 2019. *Building and Measuring Community Resilience: Actions for Communities and the Gulf Research Program*, pp. 15-17. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25383>.