REQUEST FOR APPLICATIONS

IMPROVING PUBLIC HEALTH DATA SYSTEMS TO ADDRESS HEALTH EQUITY CHALLENGES FOR AT-RISK COMMUNITIES IN THE U.S. GULF COAST

The National Academies of
**SCIENCES
ENGINEERING
MEDICINE**

GULF RESEARCH PROGRAM

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Visit the Gulf Research Program on the web for more information about this funding opportunity.

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

Summary of this Funding Opportunity

The [Gulf Research Program](#) (GRP) and [Robert Wood Johnson Foundation](#) (RWJF) are partnering to advance health equity[1] in at-risk[2] 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 health[3] (SDOHs) data could play in improving the capability of public health data systems to better understand and address health disparities[4] 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 Historically Black Colleges and Universities (HBCUs) located in one of the five U.S. Gulf of Mexico states—Alabama, Florida, Louisiana, Mississippi, and Texas—that partner with at-risk communities. Preference will be given to HBCUs 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]

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[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.

For Phase I of this funding opportunity, the GRP expects to award project planning grants to ten HBCUs. For Phase II, the GRP expects to fund the implementation of six of the ten project plans.

Award Details

	Phase I: Project Planning	Phase II: Project Implementation
Total Amount Available	Up to $1,000,000	Up to $9,000,000
Award per Grantee	Up to $100,000	Up to $1,500,000
Period of Performance	5 months	20 months
Estimated Number of Awards	10	6

Key Dates

- **December 16, 2021**: Online proposal for planning grant submission opens
- **February 1, 2022**: Deadline for submission of proposals due by 5:00 p.m. Eastern Time

Phase I: Project Planning
- **April 2022**: Award selection and notification for planning grant
- **September 30, 2022**: Deadline for submission of full project plans due by 5:00 p.m. Eastern Time

Phase II: Project Implementation
- **November 2022**: Award selection and notification for implementation grant
- **August 31, 2024**: 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.

Retrieved on December 2, 2021 from
https://www.niehs.nih.gov/research/supported/translational/justice/index.cfm
[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)

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, 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 HBCU-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 HBCUs located in one of the five U.S. Gulf of Mexico states: Alabama, Florida, Louisiana, Mississippi, and Texas.

[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.
[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.

This funding opportunity consists of two phases:

- **Phase I: Project Planning.** The GRP expects to award 5-month project planning grants to ten HBCUs to: (1) build a new or expand an existing partnership with an at-risk community and (2) co-develop a full project plan with the at-risk community that balances the priorities and needs of all partners. *Final deliverable: Full project plan for consideration for a Phase II grant.*

- **Phase II: Project Implementation.** The GRP expects to fund six of the ten project plans submitted during Phase I for implementation.

During Phase II, the GRP will provide opportunities for the HBCU-community partnerships to further build relationships and engage networks through convening events (e.g., workshops, peer-to-peer learning activities, annual meetings, etc.).

HBCU-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.

Deliverables
Each phase of this funding opportunity has distinct deliverables including:

Phase I: Project Planning
- A full project plan (See Project Guidelines below for more details)
- A completed questionnaire that collects information about each partner's experience in the planning process.

Phase II: Project Implementation
- A final report
- Products or access to products (e.g., online health equity tracker) that were developed for or from the proposal/project
- A completed questionnaire that collects information about each partner's experience in the project implementation.

The GRP plans to showcase the work of its grantees and their deliverables (e.g., through its website, social media, webinar series, etc.) with a variety of audiences. Additionally, the deliverables will inform the GRP in the development of future programming that could expand on the lessons learned from grantees to other academic-community partnerships interested transforming the utility of public health data and data systems to better understand and address health equity challenges in at-risk communities.

Grantees are also required to adhere to internal GRP reporting requirements (e.g., progress reports, financial reports, etc.). For more information, see "Reporting Requirements."

Funding Opportunity Guidelines

Requirements

To be responsive to this funding opportunity, the proposal/project plan must:
- incorporate the principles of CBPR[15, 16] into project planning and implementation;
- 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 addresses 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 HBCU 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 currently under consideration for funding from other sources are not eligible.
- 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 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.

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[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.

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

This funding opportunity will have two review stages:
1. Phase I: review of the proposal for a project planning grant
2. Phase II: review of the project plan for the project implementation grant

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.

Phase I: Proposal for Project Planning Grant
Proposals are currently being accepted for the Phase I planning grant only. The proposal for the Phase I Planning Grant 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. ORCID (Open Research and Contributor ID)
   b. Project directors (up to 500 words): Describe the project director(s) research and/or practical experience with the at-risk community of interest, CBPR, SDOHs, climate-specific and/or environmental factors, health disparities, and/or health equity.
   c. Project team members (up to 100 words per entry/person/member): Describe each project team member's research and/or practical experience with the at-risk community of interest, CBPR,

SDOHs, climate-specific and/or environmental factors, health disparities, and/or health equity

     d. Involvement of the project directors and project team members in other proposals related to this funding opportunity.

  III. **Proposal Details**
     a. Proposal <u>title</u> (up to 15 words)
     b. Proposal <u>key words</u> (up to 10 words)
     c. Anticipated <u>timeline of activities</u> for Phase I (up to 500 words). Alternatively, applicants may upload a Gantt chart or other type of project schedule.
     d. Description of anticipated <u>project</u> (up to 1000 words)
       i. Brief description of the project location
       ii. Brief description of the at-risk community of interest, including language on how they are being disproportionately impacted by climate change
       iii. Brief description of the health disparity/disparities to be investigated
       iv. Potential SDOHs related to the health disparity/disparities
       v. Possible data corresponding to those SDOHs (e.g., geospatial, demographic, climate-specific, and environmental factors)
       vi. Propose how the data 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.
     e. Description of anticipated <u>partnership</u> (up to 500 words). Briefly describe potential partners that might be approached to join the HBCU-community partnership, including how each partner would add value to the project planning phase and development of the project plan.
     f. Description of anticipated use of <u>CBPR</u> (up to 500 words). Briefly describe how principles of CBPR might be used during the planning grant.
     g. Works cited

  IV. **Proposal Budget**
     a. Anticipated budget for Phase I (up to $100,000)
     b. Anticipated budget distribution among organizations you partner with, if applicable.

  IV. **Required Attachments**
     a. **Resume(s)**: A resume is required for the Project Director and each individual identified at his time 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.

Phase II: Project Plan

Applicants who receive a Phase I planning grant will develop a full project plan for Phase II. The project plan, which applicants will submit for consideration for a Phase II project implementation grant, 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. ORCID (Open Research and Contributor ID)
   b. Project directors (up to 500 words): Describe the project director(s) research and/or practical experience with the at-risk community of interest, CBPR, SDOHs, climate-specific and/or environmental factors, health disparities, and/or health equity.
   c. Project team members (up to 1000 words): Describe each project team member's research and/or practical experience with the at-risk community of interest, CBPR, SDOHs, climate-specific and/or environmental factors, health disparities, and/or health equity
   d. Involvement of the project directors and project team members in other proposals related to this funding opportunity.

III. **Project Plan Details**
   a. Project plan <u>title</u> (up to 15 words)
   b. Project plan <u>key words</u> (up to 10 words)
   c. Project plan <u>summary</u> (up to 250 words)
   d. Project plan <u>timeline of activities</u> for Phase II (up to 1000 words). Alternatively, applicants may upload a Gantt chart or other type of project schedule.
   e. Project description and approach (5000 words)
      i. <u>Background</u>. 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. <u>Purpose and aims</u>. 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. <u>Methodology</u>. 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. <u>Project assessment</u>. Describe what success would look like for your project and how it will be measured.
      v. <u>Potential for impact</u>. 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. Project plan <u>works cited</u>. Please provide a list of all works cited in the project plan.
   g. Data Management Plan (maximum 500 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.   **Proposal Budget**
      a.   Budget for Phase II (up to $1,500,000)
      b.   Budget distribution among organizations you partner with, if applicable.

IV.   **Required Attachments**
      b.   **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.
      c.   **Budget justification** (maximum 2,000 words). View a sample budget justification.
      d.   **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.
      e.   **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)

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 Phase I: Proposal (Planning Grant)
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 proposal.

Relevance & Potential Impact (20%)
- To what extent does the proposal address the challenge?
- To what extent could the identified SDOHs and corresponding data (e.g., geospatial demographic, climate-specific, and/or environmental factors) better inform a health agenda, plan, policy, program, service, and/or resource allocation to benefit the health equity challenges of the at-risk community?

Potential for Scientific Rigor (50%)
- To what extent could the identified health disparity/disparities advance health equity for the at-risk community of interest?
- To what extent are the identified SDOHs relevant to the health disparity/disparities?
- To what extent do the identified geospatial, demographic, climate-specific, and/or environmental data correspond to the SDOHs?

Project Team (20%)
- To what extent is the Project Director well-qualified in their experience, knowledge, and skills to lead project planning and implementation?
- To what extent are the Project Team Members that have been identified at this time 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 5-month planning period (Phase I)?
- To what extent is the budget (up to $100,000) commensurate with the proposal for Phase I planning activities?

Merit Review Criteria for Phase II: Project Plan (Implementation Grant)
Project plans will be evaluated on the basis of four review criteria. The bullets under each criterion should guide applicants in writing their project plans and guide reviewers in evaluating a plan.

Relevance & Potential Impact (20%)
- To what extent does the project plan address the challenge?
- To what extent does the project plan 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 project plan describe how its outcomes could be useful to other communities?
- To what extent does the project plan describe how its results could change existing public health data systems?

Scientific Rigor (50%)
- To what extent does the project plan provide a well-justified rationale for selecting the at-risk community of interest?
- To what extent does the project plan 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 project plan 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 project planning and implementation?

- 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 project plan feasible within the 20-month implementation period (Phase II)?
- To what extent is the budget (up to $1,500,000) commensurate with the project plan for Phase II implementation activities?

Data Management Policy

The GRP's Data Management Policy will apply to Phase II of this funding opportunity (project implementation) 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"*). 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 provides 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 Frequently Asked Questions: Human Subjects Research & Institutional Review Board (IRB) will apply to Phase II of this funding opportunity (project implementation) 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 implementation phase 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.

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

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[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 capitals[18]

Resilience is the "ability to prepare and plan for, absorb, recover from, and more successfully adapt to adverse events."[19]

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[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.

[19] National Research Council. 2012. Disaster Resilience: A National Imperative, p. 1. Washington, DC: The National Academies Press. https://doi.org/10.17226/13457.