



THE UNIVERSITY OF  
**CHICAGO**  
MEDICINE

AT THE FOREFRONT OF MEDICINE®

**COMMUNITY BENEFIT GRANT – APPLICATION**

<b>APPLICANT INFORMATION</b>	
Name of Organization:	Tax ID:
Mailing Address, City, State, Zip:	Tax Status:
Contact Person:	Title:
Phone/Fax:	Email:
Submission Date:	
Name of Program:	
Start Date of Program:	End Date of Program:
<i>*Note: UCM grants are for a maximum of 1 year, applicants may reapply after funding ends.</i>	
Zip Code(s) and Neighborhood(s) to be Impacted:	
Health Need to be Addressed:	
Organization's Website Address:	
<b>OUTLINE OF INTENT</b>	
1. Summarize the mission of your organization (Max. 150 words):	
2. Describe the purpose of your request (Max. 200 words):	
3. Amount requested?	
<i>*Please attach a detailed project budget. See Appendix A.</i>	

*4. Describe the identified community health need and how it aligns with UCM's strategic health priorities. Please briefly cite any statistics that indicate the problem that this program intends to solve (Max. 300 words).*

*5. Describe the target population. Include the recruitment strategy and total number of persons intended to be served (Max. 350 words):*

*6. Describe current collaborations with other organizations for this program, including collaborations with faculty at the University of Chicago, if applicable (Max. 150 words):*

*7. Please provide a thorough description of the program, including the goals and objectives, and the anticipated timeframe for executing each program component (Max. 350 words). See Appendix B for alignment with UCM goals/objectives. Please include a timeline.*

8. Describe how your organization will measure the performance, outcomes and impact of the program and the methods it will use. Please ensure your measurement techniques are Specific, Measurable, Attainable, Realistic, and Time-Bound (SMART). **See Appendix B for template and alignment with UCM metrics.** Please include targets and methodology of data collection. We understand you may not collect each of the outlined metrics; however, candidates that demonstrate alignment with some/all measures will be strongly considered. Please include any additional metrics not listed by UCM that you may measure (Max 450 words).

9. Identify other sources of support for this project or program. Also indicate if this is a matching fund effort with another organization and please provide that information (Max. 150 words).

10. Has your organization received funding from the University Chicago Medicine or University of Chicago before? If yes, please list departments that provided past funding (Max. 100 words).

Please return this completed form to: [communitybenefit@uchospitals.edu](mailto:communitybenefit@uchospitals.edu)

## Grant Guidelines

**Please read the grant guidelines outlined below prior to submitting your application. Should your program be funded by the University of Chicago Medicine (UCM), strict adherence to grant guidelines is expected.**

### 1. Reporting:

All grant recipients must provide a written report specifying the use of funds awarded and measured outcomes quarterly, after 6 months and/or after 12 months of receiving a grant, depending upon the decision of the Grants Committee. The Grant Report Form will be provided by UCM. Examples of what is required in the report include:

- Progress and results with regard to goals and objectives of your program
- Success and challenges of implementing your program
- Financial statement on use of funds granted by UCM for your program
- Any data reports relevant to the funded program

### 2. Branding:

All grant recipients must abide by the following branding guidelines of the University of Chicago Medicine should your program use printed or online materials:

- Please refer to UCM as the University of Chicago Medicine in all materials related to your event or program.
- Display **approved** UCM logo on printed materials, internet sites which advertise event or program.
  - UCM will provide your organization with the appropriate logo.
  - All promotional materials using the UCM logo must be approved by UCM Marketing and Communications before distribution.

**APPENDIX A – Sample Budget Template**

<b>Expense Category</b>	<b>Requested Amount from UCM</b>	<b>Total Budget Amount</b>	<b>Justification/ Explanation</b>
Inhalers	\$5,000	\$15,000	To distribute to children with asthma
Office supplies	\$1,000	\$4,000	For administrative documentation
Project Coordinator salary	\$5,000	\$60,000	To manage the day to day program activities
Health literacy appropriate materials	\$4,000	\$4,000	To develop materials that are health literate
<b>Total</b>	\$15,000	\$83,000	

**APPENDIX B – UCM Goals, Objectives and Metrics**

Please utilize the following as a template that outlines your evaluation plan. Please note UCM defined goals, objective and metrics are noted below – alignment with these areas are strongly encouraged.

Goal	Objective	Metric/Indicator	Target	Method

**Access to Care Goal:** Strengthen medical home connections and retention

Objectives	Metrics
Increase outreach services to connect residents to medical homes	<ul style="list-style-type: none"> <li>The # of outreach events attended</li> <li>The # of contacts touched</li> <li>The # of flyers/pamphlets distributed</li> </ul>
Increase appropriate utilization of healthcare services	<ul style="list-style-type: none"> <li>The # of ER visits in the last 12 months</li> <li>The # of children and adults that had a medical visit for a routine check-up in the last year</li> <li>The # of referrals to children and adults made to a primary medical provider</li> <li>The % of referral completions for children and adults to a primary doctor</li> </ul>
Increase and sustain the proportion of people who have a medical home	<ul style="list-style-type: none"> <li>The % of people under 65 years of age who have medical insurance</li> <li>The % of persons who report that they have a usual primary care provider</li> <li>The % of people that report having a specific source of ongoing care</li> <li>The % of children aged 17 years and under who report having a specific source of ongoing care</li> <li>The % of adults 18-64 who report having a specific source of ongoing care</li> </ul>

**Adult Diabetes Goal:** Improve the health and quality of life for those living with Diabetes

Objectives	Metrics
Improve glycemic control and diabetes related care among persons with diabetes	<ul style="list-style-type: none"> <li>The % of adults report having been diagnosed with diabetes</li> <li>The % of residents with HbA1c measures &gt;9%</li> <li>The % of residents with HbA1c measures &lt; 7%</li> <li>The % of adults aged 18 years and older with diagnosed diabetes who report receiving annual diabetes related exams (e.g., foot, dilated eye, dental, glycosylated hemoglobin<sup>1</sup>)</li> </ul>
Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education	<ul style="list-style-type: none"> <li>The # of adults aged 18 years and older with diagnosed diabetes that report they have received formal diabetes education</li> <li>The % of adults aged 18 years and older retained through the formal longitudinal diabetes education program</li> <li>The % of adults aged 18 years and older with diagnosed diabetes who report improved knowledge of diabetes self-management</li> </ul>
Increase prevention behaviors in persons at high risk for diabetes with prediabetes	<ul style="list-style-type: none"> <li>The % of persons aged 18 years and older at high risk for diabetes with prediabetes report increase levels of physical activity</li> <li>The % of persons aged 18 years and older at high risk for diabetes with prediabetes who report trying to lose weight</li> <li>The % of persons aged 18 years and older at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet</li> </ul>

<sup>1</sup> For diabetics, glycosylated hemoglobin should be measured twice a year.

**Adult Cancer Goal:** Support and build community based breast and colorectal cancer education and screening programs

Objectives	Metrics
Increase cancer education in the community	<ul style="list-style-type: none"> <li>The # of total sites cancer education was provided</li> <li>The # of workplace sites cancer education was provided</li> <li>The # of breast cancer education sessions provided to the community</li> <li>The # of women aged 18 years or older that attended breast cancer education sessions</li> <li>The # of colorectal cancer education sessions provided to the community</li> <li>The # of persons aged 18 years or older that attended colorectal cancer education sessions</li> </ul>
Increase cancer screening in the community	<ul style="list-style-type: none"> <li>The % of women 50-74 years that received a mammogram in the past two years</li> <li>The % of adults aged 50 to 75 years that have ever received a sigmoidoscopy, colonoscopy, or proctoscopy since receiving education</li> </ul>
Increase knowledge on cancer screening guidelines	<ul style="list-style-type: none"> <li>The % of women aged 18 years or older who report improved knowledge of breast cancer screening guidelines</li> <li>The % of people aged 18 years or older who report improved knowledge of colorectal cancer screening guidelines</li> </ul>

**Pediatric Obesity Goal:** Support school-based or community site programs focused on risk, prevention, physical activity and culturally relevant nutrition management

Objectives	Metrics*
Increase programming that addresses childhood obesity in schools	<ul style="list-style-type: none"> <li>The # of schools with increased programming around physical activity, nutrition, and/or obesity education</li> <li>The # of community sites with increased programming around physical activity, nutrition, and/or obesity education</li> <li>The # of program sessions with increased programming around physical activity, nutrition, and/or obesity education</li> <li>The # of children/caregivers participating in childhood obesity programs</li> </ul>
Increase physical activity among children and adolescents	<ul style="list-style-type: none"> <li>The % of children and adolescents that do 60 minutes (1 hour) or more of physical activity daily</li> <li>The % of children and adolescents that do more than 30 minutes of either moderate- or vigorous-intensity aerobic physical activity (MVPA) at least 3 days a week</li> <li>The % of children and adolescents that do muscle-strengthening physical activity at least 3 days a week as part of their 60 of daily physical activity</li> <li>The % of children and adolescents that do bone-strengthening physical activity at least 3 days a week as part of their 60 of daily physical activity (sports)</li> </ul>
Increase healthy eating habits among children and adolescents	<ul style="list-style-type: none"> <li>The proportion of children and adolescents that report consuming more fruits</li> <li>The proportion of children and adolescents that report consuming more vegetables</li> <li>The % of children and adolescents that report increased knowledge in nutrition/healthy eating</li> </ul>
Improve the weight status among children and adolescent	<ul style="list-style-type: none"> <li>The proportion of children and adolescents aged 2 to 19 years with a BMI at or above the sex-and age-specific 85th percentile from the CDC Growth Charts – <i>Overweight/Obese</i></li> <li>The proportion of children and adolescents aged 2 to 19 years with a BMI at or above the sex-and age-specific 95th percentile from the CDC Growth Charts - <i>Obese</i></li> </ul>

\* Note: to be segmented by age/grade where possible/appropriate

**Pediatric Asthma Goal:** Strengthen child and caregiver's ability to appropriately manage asthma

Objectives	Metrics*
Increase asthma screening and outreach	<ul style="list-style-type: none"> <li>• The # and type of community sites accessed to conduct outreach</li> <li>• The # of unduplicated children/caregivers outreached</li> <li>• The # and type of community sites where asthma screenings were conducted</li> <li>• The # of unduplicated children/caregivers that received asthma screenings</li> </ul>
Reduce asthma hospitalization and absenteeism among children	<ul style="list-style-type: none"> <li>• The % of children aged 17 years and under hospitalized as a result of asthma in past year</li> <li>• The % of children aged 17 years and under that had an ER visit for asthma in past year</li> <li>• The % of children aged 5 to 17 years who had an asthma episode or attack in the past 12 months missed school days due to asthma in the past 12 months</li> </ul>
Improve education and treatment plans for children with asthma	<ul style="list-style-type: none"> <li>• The # and type of community sites where asthma education is conducted</li> <li>• The # and % of children/caregivers with asthma that report receiving formal asthma education</li> <li>• The percentage of children/caregivers with asthma who report improved knowledge of asthma management<sup>1</sup></li> <li>• The # and % of children/caregivers with current asthma received written asthma management plans from their health care provider</li> </ul>
Improve provider understanding and treatment of asthma	<ul style="list-style-type: none"> <li>• The # of health care providers that are trained on appropriate management/action plans</li> <li>• The # of health care providers that report they have a better understanding of treating asthma</li> </ul>

\* *Note: to be segmented by age/grade where possible/appropriate*

<sup>1</sup> This includes improved knowledge specific to the % of children/caregivers with asthma that report a greater knowledge of asthma attack identification, environmental triggers, medication adherence, utilizing asthma devices, self-monitoring, Asthma Action Plan, appropriate use of medical care. "Guidelines for the Diagnosis and Management of Asthma" by the National Asthma Education and Prevention Program (NAEPP) Expert Panel Report 3.  
<http://www.nhlbi.nih.gov/files/docs/guidelines/asthsumm.pdf>