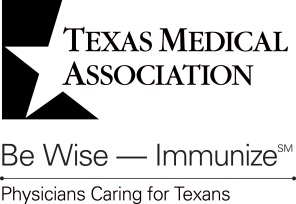
**TMA BE WISE — IMMUNIZE**

**LOCAL IMPACT GRANTS PROGRAM**

**REQUEST FOR PROPOSAL**

**INTRODUCTION**

The Texas Medical Association (TMA) invites proposals from eligible applicants for a grant of up to $2,500 to help protect the health of Texans, demonstrate the trusted leadership of the family of medicine, and improve Texas’ vaccination rates through TMA’s Be Wise — ImmunizeSM program.

*Be Wise — Immunize is a health improvement initiative of TMA. The program combines education and hands-on immunization clinics to increase statewide vaccination rates. For more information about TMA’s Be Wise — Immunization program, go to* [*www.texmed.org/bewise*](http://www.texmed.org/bewise)*/.*

**ELIGIBLE APPLICANTS**

Eligible applicants are TMA county medical societies, TMA medical student chapters, TMA county medical society alliance chapters, and TMA member-physician practices/clinics.

**PROJECT OBJECTIVES**

Grant applicants **must** state clearlythe goals and measurable objectives they plan to meet with the grant. The work plan (see description below) should describe the target audience they seek to immunize (children, adolescents, and/or adults), methods to reach the audience (such as a free- and/or low-cost vaccination clinic or forming a coalition), and an explanation of why the project is needed and important to their community.

Grant applicants must focus events on underserved and uninsured Texans or in low-income ZIP codes in their community (documentation to substantiate this must be included in the grant application). Applicants working with an organization that serves an underserved or uninsured population can provide a description of the organization to fulfill this requirement.

Applicants must use the Be Wise — Immunize brand and materials at their event, and be able to ensure TMA’s Be Wise — Immunize and Texas Medical Association Foundation will be mentioned prominently in all promotional activities.

**Eligible applicants must accomplish one of the following to receive a Be Wise — Immunize Local Impact Grant:**

* Organize and host a Be Wise — Immunize vaccination event to immunize underserved and uninsured children, adolescents, and/or adults*. For example, a medical clinic will offer free Tdap vaccinations to 100 uninsured pregnant women and their families at a local health fair.*
* Expand an existing or prior Be Wise — Immunize vaccination clinic/event in an underserved area of the state. To receive an expansion grant, the project must be modified significantly from the original clinic or event, e.g., to include a new uninsured population; provide a different vaccination; or reach a larger population, e.g., a 20-percent increase. *For example:* 
  + *In 2016, TMA alliance members vaccinated 50 children against flu at a local daycare. In 2017, they want to expand the flu vaccination event to include parents/guardians and daycare personnel.*
  + *Medical students held an after-hours vaccination clinic in 2016 for adolescents 9-18 years of age. In 2017, they will request funds to hold two additional after-hours clinics.*
* Build a new Be Wise — Immunize coalition or expand an existing coalition in a county/city where immunization rates are lower than the Texas and national average.(Community immunization coalitions are an effective and sustainable way to improve vaccination rates and maximize local medicine, business and civic resources.) *For example, apply for a grant to bring together immunization stakeholders in your community to combine time and resources for an immunization event in August when children and adolescents go back to school — then make it a yearly event.*

**AVAILABILITY OF FUNDS**

TMA provides three grant application submission deadlines to accommodate your project: March 1, July 1, and Nov. 1, 2017. Applicants should apply for a grant at least four months before their project is scheduled to begin. For flu clinics, be sure to provide adequate time for ordering vaccine. Typically, flu vaccine orders need to be placed during the second quarter of the year for clinics in the fourth quarter of that year. The chart below provides important information for each grant cycle.

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant cycle** | **Application deadline** | **Grant notification on or before** | **Grant funding awarded on or before\*** |
| Spring | March 1, 2017 | May 1, 2017 | June 15, 2017 |
| Summer | July 1, 2017 | Sept. 1, 2017 | Oct. 15, 2017 |
| Fall | Nov. 1, 2017 | Jan. 1, 2018 | Feb. 15, 2018 |

\*Funds will be allocated upon completion of a **signed grant contract** between TMA and the applicant; the signed contract **must** be returned within **seven days** of the contract date. TMA will send a check in the amount awarded within **30 days** of receiving the signed contract. Grantees have up to **12 months** from the date of the signed contract to complete their projects.

**FUNDING GUIDELINES AND RESTRICTIONS ON USE OF FUNDS**

Funds can be used to purchase vaccine or for any other item/cost associated with the direct delivery of vaccinations, such as facility rental or payment for nurses to administer the shots. Funds may not be used for non-vaccine-related supplies that may serve to enhance a vaccination event but are not pertinent to administering vaccinations.

Funding for Be Wise — Immunize Local Impact Grants is derived from a grant that TMA has received from TMA Foundation (TMAF), the philanthropic arm of TMA. TMAF supports primarily short-term, high-impact, high-visibility programs. Because TMA Foundation is a 501(c)(3) organization, TMAF funds may not be used for:

* Unrestricted general operating expenses;
* The use of and payment for services of a fiscal agent;
* Endowment funds;
* Religious organizations for religious purposes;
* Fundraising activities or events (e.g., annual fund drives, benefit tickets);
* Umbrella funding organizations that intend to distribute funds at their own discretion;
* Political lobbying or legislative activities;
* Individuals; and
* Capital expenditures (e.g., building repairs, renovations, or additions).

**PROPOSAL requirements**

**Proposals must include three components (see below):**

1. **Proposal Cover Page;**
2. **Work Plan; and**
3. **Budget Form: Budget form must include itemized expenses. Terms used in the form are explained below.**

*Proposals that do not include all requirements will be returned to the applicant.*

**DEADLINE**

Proposals must be submitted electronically by 5 pm on the date of each application deadline: March 1, 2017; July 1, 2017; and Nov. 1, 2017. Email completed applications to tammy.wishard@texmed.org.

# SELECTION PROCESS

* **Evaluation:** The TMAF Grants Committee will review and act on the proposals.
* **Selection Criteria:** Emphasis is placed on programs that align with Be Wise — Immunize program objectives and Local Impact Grant requirements, as well as these criteria: visibility of the program, potential impact, measurable results, innovative approaches, partnering, a well-defined target audience, and short timeframe.
* **Notification:** Written notification will be sent within 30 days of the grants’ award date. No phone calls or email inquiries, please.

# MISCELLANEOUS

* Costs incurred in the process of preparing and submitting proposals are the responsibility of the applicant.
* TMA reserves the right to amend or withdraw the request for proposal (RFP).
* The applicant (county medical society, medical student chapter, county medical society alliance, or TMA member-physician practice/clinic) may subcontract with other entities, but the selected applicant will deal directly with such entities and be responsible for their performance and payment, as well as the final report to TMA.
* Should none of the proposals sufficiently meet the RFP’s specifications, TMA may choose not to award a grant to any applicant.
* Grantees must acknowledge TMA’s Be Wise — Immunize program, and the TMA Foundation and its major Be Wise underwriters in printed materials, press releases, and published and electronic materials, as appropriate. Copies of the materials must be provided to TMA. TMA will provide proper wording/logos to grant recipients.
* Grantees agree to furnish TMA a final written report regarding progress and conclusions reached with respect to the project financed by the grant, including an accounting of funds they have expended. Any unexpended grant funds must be returned to TMA no later than 14 months after the grant contract is signed (this provision also will be featured in the grant contract).

For additional information or questions, contact:

Tammy Wishard, TMA Outreach Coordinator

Texas Medical Association

401 W. 15th St.

Austin, TX 78701

Phone: (800) 880-1300, ext. 1470; (512) 370-1470

Email: tammy.wishard@texmed.org

Be Wise — Immunize is a service mark of the Texas Medical Association.

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**2017 TMA BE WISE — IMMUNIZE**

**LOCAL IMPACT GRANTS PROGRAM**

**PROPOSAL COVER PAGE**

**Application Checklist:**

Answered all the questions.

Typed the answers in the space provided.

Budget indicates what specific expenses the Local Impact Grant will cover, as well as the entire project budget.

Submitted up to four pages of supplemental information in a single pdf.

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested From TMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Proposal Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Organization Applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director/CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TMA Members Involved in Project (list name and city for all):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Primary Organizations With Which You Are Partnering (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief Project Summary (limit 100 words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BE WISE — IMMUNIZE EVENT (select one):**

* Organize and host a new Be Wise — ImmunizeSM vaccination event to immunize underserved and uninsured children, adolescents, and/or adults*.*
* Expand an existing or prior Be Wise — Immunize vaccination clinic/event in an underserved area of the state.
* Build a new Be Wise — Immunize coalition or expand an existing coalition in a county/city where immunization rates are lower than the Texas and national average*.*

Be Wise — Immunize is a service mark of the Texas Medical Association.

**A. WORK PLAN (maximum two pages, 12-point type)**

1. **PROJECT**: Is your project new or ongoing? Clearly state your goal, objectives, target audience, and relevance of vaccination project:
   * **Goal:** What is the overall goal of your project?
   * **Objectives:** What do you plan to accomplish? Objectives must be stated in measurable terms, e.g., vaccinate 300 children ages 2-5 for pertussis; vaccinate 150 adolescents ages 9-18 for HPV.
   * **Target audience:** Who will benefit from this project?
   * **Evidence of need:** Please cite demographic research and/or other data that support the need for this project.
   * **Projected completion:** When do you plan to have your event? Will it be a one-day or multiday event? Provide specific dates.
2. **IMPLEMENTATION:** Describe how you plan to implement your vaccination project, including possible venue, source of vaccine for the event (i.e., a Texas Vaccines for Children provider, county health department, physician, medical school, community clinic, or the like), use of nurses to provide vaccinations, and purchase of insurance coverage for administering vaccinations at the event. Also list community partners, the number of volunteers needed and their function, if you plan to repeat this activity, and project timeline. TMA offers a [Be Wise — Immunize Quick Start Manual: A Step-by-Step Vaccination Outreach Guide](http://www.texmed.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=19917&libID=17563), an easy-to-follow guide for planning your free- or low-cost shot clinic, or an immunization coalition.

**3. MEASURABLE OUTCOMES:** Describe how you plan to measure and assess results to determine whether stated objectives and your intended outcomes were met. Outcomes are benefits and/or changes that occur in individuals or groups as a result of their participation in a program or activity. Outcomes can involve knowledge, skills, attitudes, behavior, performance, status, or condition.

* + **Methods:** Describe quantitative and/or qualitative methods you will use to measure how program objectives and intended outcomes were met.
  + **Assessment:** Describe other ways you will assess and measure the success of your completed project.

# B. BUDGET

# BUDGET FORM: Complete the form on the next page. Tips for completing the form appear on pg. 8.

# IN-KIND DONATIONS: In addition to the budget form, please detail your efforts to negotiate discounts or in-kind donations for your event, including vaccine, food, and/or other supplies. Provide the source for potential discounts/donations and a detailed description of what was requested/secured.

**TMA Be Wise — Immunize Local Impact Grant Application**

**Budget Form\***

**Budget Narrative**

Please detail the purposes and roles of each budget item for which funds are being requested (column 1) in the “Explanation” field under each section.

**(Insert extra lines in categories as needed)**

**1 2 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemized Budget Description** | **Amount Requested From TMA’s Be Wise — Immunize** | **Matching Funds/Resources** | **Budget for Total Program** |
| Personnel  (including consultants/subcontractors) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Personnel Explanation:** Click here to enter text. *Have you attempted to identify volunteers who can provide this service or volunteers who can be used to help reduce this personnel expenditure?* | | | |
|  |  |  |  |
| Travel (staff and/or other participants) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Travel Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Communications (telephone, fax, postage) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Communications Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Printing/copying (include quantities of each item listed) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Printing/copying Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Supplies (include quantities of each item listed) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Supplies Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Fees Paid to Third Parties (detail quantities) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Fees Paid to Third Parties Explanation:** Click here to enter text. *Have you negotiated with them to reduce the cost of their fees? (E.g., if a mall wants to charge full price to rent space, you may be able to negotiate a discounted cost.)* | | | |
|  |  |  |  |
| Other Direct Expenses (detail quantities) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Other Direct Expenses Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| Other (detail quantities) |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total** | **$** | **$** | **$** |
| **Other Explanation:** Click here to enter text. *Explain the purpose and role of the budgeted item.* | | | |
|  |  |  |  |
| **Total** | **$** | **$** | **$** |

**Tips for Completing Budget Form**

**1. Column 1 “Amount Requested From TMA’s Be Wise — Immunize”:** In addition to listing the amount requested, complete the column to the left titled “Itemized Budget Description” with details about the amount you are requesting (see example below). This detail is your “budget narrative” and helps TMA understand the need or use of the money being requested.

**2. Column 2 “Matching Funds/Resources” (secured or anticipated to be secured):** (This can be money, time, volunteers, or supporting services from your organization or partners.) The total in column 2 must equal or exceed the amount being requested from Be Wise — Immunize (column 1). Volunteer time is considered an in-kind donation. To calculate the value of volunteer time, the Independent Sector[[1]](#footnote-1)\* currently values an hour of volunteer time at **$22.14**. Place an actual or reasonable estimate of the dollar value of all noncash resources. For example, if video production services are being donated at no cost, provide the figure of what would normally be charged and the name of the company or person donating the service.

Please describe all amounts in column 2 in the Itemized Budget Description column (far left). Matching resources and funds need not be related to the funding requested from Be Wise — Immunize (e.g., an in-kind donation of a DVD player might be needed to show an educational presentation, yet the funds you are requesting from TMA will support vaccines).

**3. Column 3 “Total Expenses”:**  Columns 1 and 2 added together equal column 3. **Inaccurately calculated totals will not be considered.**

*Example:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1**  **Amount Requested From TMA’s Be Wise — Immunize** | **2**  **Matching Funds/ Resources** | **3**  **Budget for Total Program** |
| Personnel (Including consultants/ subcontractors) |  |  |  |
| Volunteer Personnel (2 @ $22.14 X 6 hours) | $0 | $265.68 | $265.68 |
| **Total** | **$**  *Example* | **$265.68** | **$265.68** |
| **Personnel Explanation:** One volunteer to administer immunizations, second volunteer to sign in attendees and file paperwork. *Have you attempted to identify volunteers who can provide this service or volunteers who can be used and thus reduce this personnel expenditure?* | | | |
| Supplies |  |  |  |
| Tdap Vaccine (60 doses @ $10 a dose) | $400 | $200 | $600 |
|  |  |  |  |
| **Total** | **$400** | **$200** | **$600** |
| **Supplies Explanation:** Purchase Tdap vaccine for low-cost, half-day vaccination clinic; negotiated to secure vaccines at half retail cost. *Explain the purpose and role of the budgeted item.* | | | |
| **Total** | **$575** | **$1,743** | **$2,318** |

*If more space is needed, you can add lines to the budget form.*

1. \* INDEPENDENT SECTOR is a just and inclusive society of active citizens, vibrant communities, effective institutions, and a healthy democracy whose mission is to promote, strengthen, and advance the nonprofit and philanthropic community to foster private initiative for the public good. [↑](#footnote-ref-1)