**Medical Research RFP**

The Greater Milwaukee Foundation is seeking proposals to support research into the cause, prevention and treatment of cancer, heart disease, multiple sclerosis and Parkinson’s disease. Special consideration will be given to projects focused on reducing and eliminating health disparities in communities of color. Funding awards will be announced in mid-December.

**Dates**

September 9 Application available

September 30 Applications due

**Eligibility**

Grants will be made only to 501(c)(3) nonprofits or governmental agencies. Eligible nonprofits must have board membership that is at least 10 percent people of color. Funds requested should not exceed $75,000 annually. Multi-year requests will be considered. This application is open to agencies located throughout Wisconsin.

**Use of funds**

Funds may be used for direct personnel costs, supplies, equipment and other expenses directly related to the proposed project.

**Application process**

First time applicants must first create an organizational profile before receiving access to the grant application. Not to be confused with the application itself, the profile provides necessary general information about your agency that is not contained in the grant application.

Please review the steps in the How to Apply for a Grant section under the Grant Seekers menu and then click on the “Apply for a Grant” button at the bottom of the page. You will be taken to the “Welcome to Philanthropy Online!” page where you can log into Philanthropy Online to complete your application. If you are a first-time applicant, you must first fill out the new user registration form.

Kindly note that this is a single step application so steps 2 and 3 of the “How to Apply for a Grant section are not applicable for this RFP. Once you have submitted the application our Community Investment will review and make a determination on whether to fund your project.

**Grant Application Questions**

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

1. Project title:
2. Provide a brief description of the research project. (200 words allowed)
3. Requested amount:
4. Project budget:
5. Organization's email address:
6. Project start date (MM/YYYY):
7. Project end date (MM/YYYY):
8. When are funds needed? (MM/YYYY):
9. CEO's Name:
10. CEO’s Title:
11. Project contact person's name:
12. Project contact person's title:
13. Project contact person's phone number:
14. Project contact person's email address:
15. Organization's total operating budget for past fiscal year:
16. Organization's total operating budget for current fiscal year:
17. List names of current board members:
18. Board Diversity:

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

1. Is this a minority or woman-led organization?
2. What is the percentage of full-time equivalent people of color on your staff?
3. Describe the organization’s capacity to conduct the research. (200 words)
4. Will this research focus on reducing and eliminating health disparities? If so, please explain.
5. Explain the need for and significance of the project. (300 words)
6. What specific questions are being asked or hypotheses will be tested and how are you attempting to answer them? (300 words)
7. Describe the expected outcomes and procedures to measure progress toward goals. (300 words)
8. Describe the target population. Include demographics and the number of individuals affected by the project. (150 words)
9. Is the request for a clinical research project? If so, please explain how patients will be recruited and the status of IRB approval. (200 words)
10. Describe the sources, quality and availability of data to be analyzed. (300 words)
11. Outline the timeline to be used in the development and implementation of the project. (300 words)
12. Describe collaborations, if any, and how collaborators will contribute to the research project. (300 words)
13. Describe the status of the pending request(s) to other revenue sources. (300 words)
14. Describe dissemination plan for the results or next steps if the research is expected to continue beyond the grant period. (200 words)
15. Please complete the budget form and narrative.
16. The next few sections are project/program related questions.

Please complete the next few sections with estimated numbers about the population you anticipate serving. If the funding requested is for capital/equipment, please enter "0" in each section and complete the Outcomes Questions.

Population directly served by projectPopulation indirectly served by project

1. Age group of population being served

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

1. Gender of population being served

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

1. Race/Ethnicity of population being served

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

1. Income Level of Population to be served

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

1. Special populations to be served

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

1. Counties to be served

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

1. Outcomes Question

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

1. Proposals are considered incomplete if the following documents have not been submitted, preferably via email to [CIAdmin@greatermilwaukeefoundation.org](mailto:CIAdmin@greatermilwaukeefoundation.org) on or before the due date: - Year to date income and expense statement and balance sheet; - Most recent Form 990; - Most recent audited financial statements and notes