innovation hub
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AMCHP Innovation Hub Replication Project

Request for Applications (RFA)

REQUEST FOR APPLICATIONS RELEASED: November 27, 2023
REQUEST FOR APPLICATIONS DEADLINE: March 1, 2024

This request for applications (RFA) includes the following sections:

For questions about this Request for Applications or the Replication Projects, email
evidence@amchp.org.

Selection Criteria/Considerations

Reviewers will reflect on notes from your Exploratory Call before reviewing and scoring your application using the following selection criteria/considerations.

Health Equity
- The applicant describes any health inequities in the proposed project area and explains how replicating the practice will contribute to reducing health inequities.
- The applicant describes any experience with health equity-related work.
- <u>Title V Applications Only</u>: The applicant indicates their level of familiarity with racial equity and any current work they are doing around this.

Partnerships
- The applicant describes any project partners and provides letters of support.
- The applicant describes a clear process for meaningfully engaging community leaders and centering their experience throughout project processes.
- <u>Title V Applications Only</u>: The applicant describes any partnerships with community-based rooted organizations led by and serving Black, Indigenous, Hispanic/Latine, Asian, Pacific Islander, and other communities of color.

Replication Project Plan
- The applicant provides a reasonable project plan.

Funding
- The applicant demonstrates a strong need for funding/it appears that funding would greatly impact the success of the project.

Replication Project Team
- The team is inclusive in terms of different identities and includes at least one person with lived experience related to the focus of the proposed project.

Shared Decision-Making
- The applicant describes processes and activities that indicate decisions will be made in partnership with partners/community members.

Note: In alignment with AMCHP's "[Joint Organizational Commitment to Anti-Racism and Racial Equity](#)" statement, we will be prioritizing projects led by or directly supporting Black, Indigenous, People of Color (BIPOC); others experiencing systemic oppression; or those representing groups that have been historically oppressed. In addition, AMCHP will prioritize projects submitted by organizations that haven't been awarded previously or which feature a practice that hasn't been replicated yet through the Replication Projects. [View a list of previously replicated Innovation Hub practices here](#).

Application

Please provide complete responses to each section of the application below. There are two options for applying, either by providing written responses in the form below or by recording a brief video or audio response to each question. For written responses, there is no word limit – please respond to each question fully and with as much detail as you think is helpful. Past applicants have typically written between 1-2 paragraphs per question.

Regardless of the format selected, send your completed application (pages 3-4) to evidence@amchp.org by **March 1st, 2024**. You will receive notification that your application has been received no later than two days after you submit along with a brief survey for you to provide feedback on the application process.

Contact Information	
Name	
Organization	
Address	
City, State, ZIP	
E-Mail Address	

Health Equity
The Robert Wood Johnson Foundation defines health equity as "… everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."
1) Tell us about your organization's (or partners') experience with health equity work. What work are you/they currently doing? What, if any, are your/their future plans?
Response:
2) How will replicating your selected Innovation Hub practice contribute to reducing health inequities among historically and systemically oppressed groups?
Response:
2a (For Title V Applicants Only): Describe your Title V program's familiarity with racial equity and any current work to be anti-racist in your programs and services.
Response:

Partnerships
3) What existing partnerships (especially community partnerships) do you have that will support this project? Please describe each partner and attach at least one letter of support when you submit your application.
Response:

4) How will you encourage community and partner engagement and leadership throughout your Replication Project?

Response:

5) How do you plan to engage community members, specifically those who historically have not been engaged in the programs implemented in their communities?

Response:

6) (**Community-rooted/Tribal Entity/Non-Title V Applicants):** Describe your current relationship with your state health department, if any. Note: An existing relationship with your state health department is not required to participate in this opportunity.

Response:

6) (Title V Applicants): Does your Title V agency have partnerships with community-rooted organizations led by and serving Black, Indigenous, Hispanic/Latine, Asian, Pacific Islander, and other communities of color? If so, share two examples of these partnerships and describe how important they have been to your work. What did you learn from these partnerships?

Response:

Draft Project Plan

7) What activities will you undertake to implement the Innovation Hub practice you have selected?   Please respond to these questions by completing the table below. *You may add rows as needed.*
- Include activities that will prepare you to equitably implement the practice.
- For each activity listed, indicate:
    - When you anticipate the activity will occur
    - The role of key partners/collaborators
    - What success will look like when the activity is completed

Project Timeline and Breakdown of Activities

Timeframe (May 2024-April 2025)	Description of Activity	How will key partners/collaborators be involved in this activity?	What will success look like for this activity?

Replication Project Team

8) Who will be responsible for leading/supporting the plan described above*? You may add rows as needed.*

Name	Title/ Organization	Role on Project	Email	Racial/Ethnic Identity	Has lived experience related to the focus of the proposed project?