

# **Amendment 35 FY 2016-18 Grant Application Process**

## **Summary of Feedback**

**March 2015**

*The Colorado Department of Public Health and Environment wishes to thank those who took time to provide this very helpful feedback on the application and review process for the Amendment 35 grants programs.*

**Health Promotion and Chronic Disease Prevention Branch,  
Prevention Services Division and the Office of Health Equity**



**COLORADO**  
Department of Public  
Health & Environment

## **Executive Summary**

In August 2014 the Colorado Department of Public Health and Environment released Requests for Applications (RFA) for state fiscal years 2016-2018 (July 1, 2015 through June 30, 2018) for three [Amendment 35 grants programs](#). These Amendment 35 grants programs conducted an evaluation of the application submission and application review/scoring processes by soliciting feedback via an online feedback form from various interested parties, including the applicants, application reviewers and the oversight committee members for each grants program. This report is a summary of the feedback received.

Below is a list of common likes and suggested improvements:

### **Aligning Application Processes and Resources**

- The applicants liked having information for all three grant programs in one place on the Amendment 35 webpage.
- Some applicants indicated they liked having the same timelines for all three programs. Others found the same deadline for all three too burdensome due the time involved and different program requirements.
- Most of the applicants found the grant writing trainings, applicant information webinars, questions and answers sessions and application templates helpful.

### **Request for Applications (RFA)**

- The applicants suggested that the grant programs accept applications electronically or not require the applicant to submit multiple copies of a paper application.
- Most of the applicants indicated they understood the application requirements and instructions.
- Applicants, especially those representing smaller organizations, found the application to be redundant and burdensome to complete and viewed it as overly-prescriptive and requiring too much information.

### **Application Reviewer Coordination**

- Application reviewers felt they received enough information about the application review process and were clear on their role.
- Application reviewers indicated additional training on the scoring rubric might help the rubric to be used more consistently among reviewers.
- Application reviewers for the CCPD and Health Disparities grants indicated they would have liked more time to adequately discuss each grant.

### **Communication**

- Applicants shared that the selection criteria was not always clear to them during the application reviewer discussions.
- Applicants indicated they would have liked more substantive feedback about their application (i.e., why an application was or was not funded, how it could be improved).

## **Background**

In August 2014 the Colorado Department of Public Health and Environment released Requests for Applications (RFA) for state fiscal years 2016-2018 (July 1, 2015 through June 30, 2018) for three [Amendment 35 Grant Programs](#): Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD), Health Disparities and Tobacco Education, Prevention and Cessation. Applications were due September 30, 2014. By December 23, 2014, each applicant was notified whether or not their application would be recommended for funding to the Colorado Board of Health.

Procedural steps of the RFA release, instruction, communication, submission, application reviews and dissemination of results for each grants program were planned in conjunction with each other for broad reach to those eligible for funding and transparency of the processes. The application reviewers included subject matter experts from community-based organizations, academic institutions, government agencies and members of each grant program's oversight committee. Applications received in response to the Requests for Applications were reviewed by a minimum of three application reviewers and scored on a 100-point scale. Then each grants program convened all of its application reviewers for a public meeting (also call a "funding conference") to discuss and establish a recommendation for each application to put forth to the program's oversight committee. Each program's oversight committee presented its funding recommendations to the Colorado Board of Health on February 18, 2015 for final approval.

This application review method is modeled after the processes used by the National Institutes of Health and the Centers for Disease Control and Prevention which have been vetted and approved by the nation's research and public health leadership. The information presented by the three primary reviewers allows the other reviewers an opportunity to assess the merit, fairness and importance of the points raised by each primary reviewer. The method aims to reduce the influence of individual biases and increases the influence of whole group norms and values.

These Amendment 35 grants programs conducted an evaluation of the application submission and application review/scoring processes by soliciting feedback via an online feedback form from various interested parties, including the applicants, application reviewers and the oversight committee members for each grants program. The feedback form was available online to respondents December 29, 2014 through January 15, 2015. Recommendations were received by each program for improvements to the RFA development, review, coordination and communication processes. Twenty-five (25) respondents indicated that they would be willing to share feedback and suggestions for process improvement with Amendment 35 program staff via a phone call or an in-person meeting. Program staff followed up with these respondents January 19 through February 27, 2015 to collect additional feedback.

Feedback submitted through the online feedback form was anonymous (unless the respondent provided their name), so Amendment 35 program staff could not follow up with many of the individual respondents to verify the accuracy of information submitted or ask for further clarification of comments. More than one person from an organization could submit responses to the online feedback form. Similar comments were grouped together in order to process and summarize the feedback received. This information will be used to improve the application processes for the next Amendment 35 funding cycle.

## **Summary of Applicant Overall Responses**

### **Total Number of Respondents:**

- **Applicants:** 105
- **Reviewers:** 45

### **Letters of Intent and Application Submission:**

- **Respondents who submitted a letter of intent and an application:** 99
- **Respondents who submitted a letter of intent but did not apply:** 5
- **Reason an application was not submitted:**
  - The application requirements were too burdensome 4
  - The organization did not have adequate time and resources to complete the application 3
- **Other:** 2
  - The applicant training was excellent but the process was intimidating
  - The RFA was too prescriptive
  - The training was excellent but this RFA felt “over the top” with regulations and substantiations
  - The RFA seemed directed to Front Range or large public health agencies that have dedicated grant writers and not directed to small agencies

### **Respondent number of applications prepared:**

- 1 application: 49
- 2 applications: 21
- 3 applications: 21

### **Respondent applications by program:**

- Tobacco: 45
- Health Disparities: 34
- Cancer, Cardiovascular and Chronic Pulmonary Disease: 70

### **Range of number employees of respondent organizations (may include national companies):**

3 - 6,725,000

### **Range of respondent organizations’ annual operating budgets (may include national companies):**

\$33,333.00 - \$2,000,000,000

**Respondents who attended the Amendment 35 Regional Grant Writing Trainings held by the Colorado School of Public Health Center for Public Health Practice held in May and June 2014.**

48

<b>Respondent level of agreement with the following:</b>	<b>Agree/ Strongly Agree</b>	<b>Disagree/ Strongly Disagree</b>	<b>N/A</b>
The combined RFA webpage for all three grant programs was easy to use and understand	19	6	0
The combined RFA webpage allowed me to stay organized throughout the RFA process	19	6	1
Having all programs use the same timeline for application submission allowed me to stay organized throughout the RFA process	14	11	1
Having all the programs use the same timeline for submission was burdensome	18	7	1

<b>Comments regarding applying for more than one Amendment 35 grant program:</b>	<b># of Respondents</b>
Difficult/burdensome to prepare more than one application at one time	7
Liked having the RFAs on the same timeline	1
Difficult due to inconsistent terminology	1
Too prescriptive to share attachments, letters of support between applications	1
Would like an online application process	1
Have funding to assist smaller local public health agencies with the grant writing process	1
More time to explore regional possibilities	1
Provide data to local public health agencies or don't require such extensive data to be submitted	1
Had to contract grant writing resources	1
Difficult because the requirements were so different for each application	4
Insufficient time to prepare multiple applications at once	1
If multiple people are writing grants, the same timeline could be helpful for planning purposes	1

**A35 FY 2016-2018 Cancer, Cardiovascular and Pulmonary Disease (CCPD) Application Process**

<b>Method by which respondents heard about the grant funding opportunity/Request for Applications:</b>	<b># of Respondents</b>	<b>% of Respondents</b>
Announcement at conference or public event	9	18%
State grants website	14	27%
A colleague	15	29%
Broadcast email announcement	23	45%
Colorado Department of Public Health and Environment website	14	27%
Previous applicant	21	41%
Staff person from Colorado Department of Public Health and Environment	4	8%
State Health Coalition	3	6%
Other	3	6%

<b>Respondents' level of agreement with the following statements:</b>	<b>Agree/Strongly Agree</b>	<b>Disagree/Strongly Disagree</b>	<b>N/A</b>
The applicant understood the application review process	39	9	1
Helpful answers to questions were posted on the A35 webpage	26	15	3
The RFA requested enough information to adequately describe my proposed program	33	15	1
The RFA requested redundant information	32	16	1
The timeline for the review process was appropriate	40	6	3
The RFA application process was burdensome	29	19	1
The applicant was able to adapt strategies from Appendix A for target community and program	29	18	2
The terminology used in the RFA was clear and easy to understand	26	22	1
The applicant understood the amount of support Colorado Department of Public Health and Environment could offer during the RFA process	37	10	2
The applicant understood the criteria used to evaluate the application	26	20	3
The application review process was transparent to applicants	26	18	4
The application review process ensured an unbiased review of my application	23	12	12
The feedback received about the application was timely	34	10	5
The feedback received about the application helped the applicant understand why it was or was not funded	12	28	9
The feedback received about the application will help the applicant write better applications in the future	10	28	18
Based on the feedback received the applicant thought that the reviewers were qualified	11	18	18

<b>Strategy</b>	<b>CCPD Strategy for which applicant applied:</b>	<b># of Respondents</b>	<b>% of Respondents</b>
1	Healthy Eating Active Living: Access to Physical Activity	10	21%
2	Healthy Eating Active Living: Breastfeeding-Friendly Environments	10	21%
3	Healthy Eating Active Living: Healthy Food Retail	6	13%
4	Healthy Eating Active Living: Healthy Food Venues	13	27%
5	Healthy Eating Active Living: Worksite Wellness	17	35%
6	Cancer: Provider/Clinic Interventions	6	13%
7	Cancer: Individual Level Interventions	3	6%
8	Cancer: Community-Based Interventions	5	10%
9	Cardiovascular Disease & Risk Factors: Self-Measured Blood Pressure Monitoring	1	2%
10	Cardiovascular Disease & Risk Factors: Team-Based Care, Medication Therapy Management	2	4%
11	Cardiovascular Disease & Risk Factors: Clinical Systems Quality Improvement	4	8%
12	Cardiovascular Disease & Risk Factors: National Diabetes Prevention Program (DPP)	6	13%
13	Cardiovascular Disease & Risk Factors: Diabetes Self-Management Education	6	13%
14	Chronic Pulmonary Disease: School-centered Multi-component Asthma Management	5	10%
15	Cross-Cutting: Patient Navigator (PN) Programs	13	27%
16	Cross-Cutting: Community Health Workers (CHW) Programs	6	13%
17	Cross-Cutting: Training Programs for PNs and/or CHWs	7	15%

<b>Disease area grant application proposed to address:</b>	<b># of Respondents</b>	<b>% of Respondents</b>
Cancer	20	43%
Cardiovascular (including Diabetes)	27	57%
Chronic Pulmonary Disease	18	38%
Cancer and CVD via HEAL	18	38%

**Innovative approaches proposed for the strategies: 15**

**Was the application recommended for funding?**

- Yes, fully funded: 5
- Yes, partially funded: 27
- No, not funded: 21

**Lead agency of the application:**

- Non-profit organization: 22
- For-profit and private sector organization 1
- Public or government agency: 27
- Individuals representing health care, public health, workplaces, community settings, or faith-based organizations: 7
- A Federally recognized Native American Tribe headquartered in Colorado 0

**Proposed target population:**

- Rural or Frontier: 32
- Urban: 23

**First application for Amendment 35 funding:**

- Yes: 12
- No: 38

<b>Size of the population the program was proposed to target:</b>	<b># of Respondents</b>
0-1,000	5
1,001-50,000	25
50,001-250,000	11
250,001-500,000	4
500,001-1,000,000	3
Greater than 1,000,000	4

<b>CCPD applicant comments regarding what was liked about the application and review process:</b>	<b># of Respondents</b>
Colorado Department of Public Health and Environment (CDPHE) did a great job of making the process as applicant-friendly as possible	2
The review process was open to the public and available by phone/transparency	8
The Q & A sessions/posting of questions and answers/ample opportunity to ask questions and review timely answers	6
The RFA process was much improved from the last application process	4
The RFA guide was very detailed and focused, there were clear instructions	5
The reviewers seemed to represent a variety of expertise/included reviewers from outside of CDPHE	1
<b>CCPD applicant comments regarding what was liked about the application and review process (cont'd):</b>	<b># of Respondents</b>
The templates provided were helpful	2
Strategies were extremely helpful/advance information prior to RFA release	5
The RFA included all the required forms	1
The application timeline was very clear	1

The website worked well	2
Not all questions in narrative form; there were charts and forms to complete	1
The review process was timely	1
Communication regarding the delay in Review Committee decisions from November to December	1
The webinar was very helpful	2
Assistance from CDPHE staff	2
Timely notification of status of application	1

<b>CCPD applicant comments about what was not liked about the process:</b>	<b># of Respondents</b>
Some applications were reviewed and scored based on criteria that wasn't stated in the application/inconsistent criteria	5
Disappointed many applications received reduced funding: danger of instead of having a few successful programs, there will be many sub-par programs	1
Did not receive adequate/specific feedback regarding non-funding/partial funding of applications/no information on application scoring	8
Amount of funding available was the only thing that made this process OK	1
Not enough money to go around-need to identify areas of need and establish new funding	1
Did not use consistent and standard language/definitions throughout the application, work plan and all required forms/ Multiple versions of budget document forms/formats posted-was confusing	7
Clarify the risks/benefits of an organization applying for more than one strategy	1
The RFA and strategies were overly-prescriptive and did not leave room for creativity or for a program that was not based on coalition building/innovation	11
Q&A sessions were vague, dismissive of questions/difficult to follow the chain of responses, confusing	6
Too much emphasis was placed on evaluation planning, particularly for CCPD	3
The RFA process was too cumbersome/requirements not reasonable for organizations that don't have grant writers on staff/allow for more narrative	8
Questions were not answered in a timely manner/not answered clearly	1
The paper submission was challenging/burdensome/environmentally unfriendly/multiple copies of documentation requested that CDPHE already had on file, i.e. indirect rates	7
Grant reviewers should not be from CDPHE; should be external reviewers with adequate credentials; process was political, not transparent enough	2
Higher scoring applications should be funded/funds distributed more broadly	2
Difficult to complete multiple applications and submit by same date	2
No feedback regarding letters of intent prior to completing the application process	1

**A35 FY 2016-2018 Health Disparities Application Process**

<b>Method by which respondents heard about the grant funding opportunity/Request for Applications:</b>	<b># of Respondents</b>	<b>% of Respondents</b>
Announcement at conference or public event	1	4%
State grants website	6	26%
A colleague	8	35%
Broadcast email announcement	8	35%
Colorado Department of Public Health and Environment website	4	17%
Previous applicant	8	35%
Staff person from CDPHE	5	22%
State Health Coalition	1	4%
Other	3	13%

<b>Respondents' level of agreement with the following statements:</b>	<b>Agree/ Strongly Agree</b>	<b>Disagree/ Strongly Disagree</b>	<b>N/A</b>
The applicant understood the application review process	19	4	0
Helpful answers to questions were posted on the A35 webpage	12	6	5
The RFA requested enough information to adequately describe my program	16	7	0
The RFA was redundant	19	3	1
The timeline for the review process was appropriate	22	1	0
The RFA application process was burdensome	14	9	0
The applicant was able to adapt strategies from Appendix A for my target community and program	14	8	1
The terminology used in the RFA was clear and easy to understand	10	13	0
The applicant understood the amount of support CDPHE could offer during the RFA process	20	3	0
The applicant understood the criteria used to evaluate my application	15	8	0
The application review process was transparent to applicants	13	9	1
The application review process ensured an unbiased review of my application	12	5	4
The feedback received about the application was timely	14	5	4
The feedback received about the application helped the applicant understand why it was or was not funded	7	11	5
The feedback received about the application will help the applicant write better applications in the future	6	9	8
Based on the feedback received the applicant thought that the reviewers were qualified to review	4	7	12

**Strategy from Appendix A for which applicant applied:**

- Diabetes Self Management Education 3
- Asthma Management 0
- Patient Navigators/Community Health Workers 13
- Blood Pressure Self-monitoring 1

**Disease area the application proposed to address:**

- Cancer 4
- Cardiovascular (including Diabetes) 10
- Chronic Pulmonary Disease 4
- Cross-cutting (Cancer, Cardiovascular, & Chronic Pulmonary Disease) 13

**Was the application recommended for funding?**

- Yes, fully funded: 7
- Yes, partially funded: 0
- No, not funded: 15

**Lead agency of the application:**

- Non-profit organization: 14
- For-profit and private sector organization 1
- Public or government agency: 8
- Individuals representing health care, public health, workplaces, community settings, or faith-based organizations: 2
- A Federally recognized Native American Tribe headquartered in Colorado: 0

**Proposed target population:**

- Rural or Frontier: 9
- Urban: 16

**First application for Amendment 35 funding:**

- Yes: 7
- No: 15

<b>Size of the population the program was proposed to target:</b>	<b># of Respondents</b>
0-1,000	1
1,001-50,000	13
50,001-250,000	6
250,001-500,000	1
500,001-1,000,000	1
Greater than 1,000,000	0

<b>Health Disparities applicant comments regarding what was liked about the application and review process:</b>	<b># of Respondents</b>
Timeline, alignment with identified strategies	2
The review process was open to the public and available by phone/transparency	1
The broadened range of the RFA to include more vulnerable communities	1
The TA provided by the Colorado of School of Public Health	4
The RFA guide was very detailed and focused, there were clear instructions	3
The RFA included all the required forms/same format for all programs	1
The review process was timely	2

<b>Health Disparities applicant comments about what was not liked about the process:</b>	<b># of Respondents</b>
Some applications were reviewed and scored based on criteria that wasn't stated in the application/inconsistent criteria	1
The RFA was very complex-examples of winning RFA samples would be helpful	1
Did not receive any/adequate/specific feedback regarding non-funding/partial funding of applications/no information on application scoring	5
Same submission timelines for multiple grants was difficult to manage	1
Many sections and requirements in the RFA were confusing/redundant	3
Little room for deliverables more important to community need	1
Did not use consistent and standard language/definitions throughout the application, work plan and all required forms-there were several errors	1
The Q & A sessions were timid with vague/inaccurate responses/ no follow-up emails	1
Reviewers should live and work outside of Denver to understand the subject matter	1
The paper application process was cumbersome/need to move to an online process	3
Too much emphasis was placed on evaluation planning	2

**A35 FY 2016-2018 Tobacco Application Process**

<b>Method by which respondents heard about the grant funding opportunity/Request for Application:</b>		
Announcement at conference or public event	5	14%
State grants website	7	19%
A colleague	8	22%
Broadcast email announcement	16	43%
Colorado Department of Public Health and Environment website	13	35%
Previous applicant	26	70%
Staff person from CDPHE	7	19%
State Health Coalition	1	3%
Other	0	0%

<b>Respondents' level of agreement with the following statements:</b>	<b>Agree/ Strongly Agree</b>	<b>Disagree/ Strongly Disagree</b>	<b>N/A</b>
The applicant understood the application review process	27	10	1
Helpful answers to questions were posted on the A35 website	25	10	3
The RFA requested enough information to adequately describe my program	29	8	1
The RFA was redundant	24	12	1
The timeline for the review process was appropriate	23	13	1
The RFA application process was burdensome	28	8	1
The terminology used in the RFA was clear and easy to understand	19	16	2
The applicant understood the amount of support CDPHE could offer during the RFA process	26	9	2
The applicant understood the criteria used to evaluate my application	22	14	1
The application review process was transparent to applicants	15	17	4
The application review process ensured an unbiased review of my application	15	7	12
The feedback received about the application was timely	18	13	6
The feedback received about the application helped the applicant understand why it was or was not funded	5	20	11
The feedback received about the application will help the applicant write better applications in the future	5	19	12
Based on the feedback received the applicant thought that the reviewers were qualified to review the application	6	7	22

**Category for which applicant applied:**

- Community Tobacco Initiatives: 27
- Cessation Initiatives: 11

**Was the application recommended for funding?**

- Yes, fully funded: 25
- Yes, partially funded: 9
- No, not funded: 4

**Lead agency of the application:**

- Non-profit organization: 9
- Public or government agency: 29
- Individuals representing health care, public health, workplaces, community settings, or faith-based organizations: 4
- A Federally recognized Native American Tribe headquartered in Colorado: 0

**Proposed target population:**

- Rural or Frontier: 29
- Urban: 13

**First application for Amendment 35 funding:**

- Yes: 1
- No: 37

<b>Size of the population the program was proposed to target:</b>	<b># of Respondents</b>
0-1,000	1
1,001-50,000	16
50,001-250,000	12
250,001-500,000	2
500,001-1,000,000	3
Greater than 1,000,000	2

<b>Tobacco applicant comments regarding what was liked about the application and review process:</b>	<b># of Respondents</b>
The Q & A sessions	1
The evidence-based strategies were extremely helpful	2
There was ample opportunity to ask questions and review answers	1
The RFA process was much improved from the last application process	1
The RFA guide was very detailed and focused, there were clear instructions	2
The reviewers seemed to represent a variety of expertise	1
The templates provided were helpful	1
The grant writing trainings were excellent	2
That tobacco was non-competitive	1
The RFA included all the required forms	1
The application timeline was very clear	4
The website worked well	1
Required letters of support from the LPHAs	1
The review process was timely	1
The technical assistance for tobacco grants	1
The School of Public Health availability for review of applications	1

<b>Tobacco applicant comments about what was not liked about the process:</b>	<b># of Respondents</b>
The paper submission was challenging/burdensome/environmentally unfriendly/ would have preferred electronic submission/	6
Suggested strategies too prescriptive/Statement of Work difficult to understand and not pertinent to some programs	1
Questions were not answered in a timely manner/not answered clearly/calls were repetitive/difficult to hear	4
Redundancy/CDPHE requested research data that is already available to CDPHE/CDC	3
The application time-frame was too far in advance	1
The language in the appendices did not match the RFA	2
The change log was not updated	1
The process was burdensome and confusing/cumbersome/long	3
The tobacco letter did not indicate whether the application would be fully funded	3
Provide standard consistent definitions/criteria/i.e., higher scoring applications=more funding	1
Communication about changes in the process was unclear	1
Did not receive feedback or only received a letter/no reviewer comments	5
Review/decision timelines were not met-pushed back an additional month	3
The evaluation attachment was not specific enough/confusing	2
Terminology was not consistent/errors on the RFA document	4

**A35 Application Process Application Reviewer Responses**

**Respondent number of applications reviewed or served on review committee or commission by program:**

- Tobacco: 19
- Health Disparities: 6
- Cancer, Cardiovascular and Chronic Pulmonary Disease: 29

**Cancer, Cardiovascular and Pulmonary Disease (CCPD) Application Reviewer Responses**

**Reviewer level of involvement:**

- Internal Reviewer (employee of Colorado Department of Public Health and Environment (CDPHE)): 15
- External Reviewer (not an employee of CDPHE): 3
- Internal Reviewer and Member of Review Committee or Commission: 2
- External Reviewer and member of Review Committee or Commission: 5
- Member of Review Committee or Commission only: 1

<b>Respondents' level of agreement with the following statements:</b>	<b>Agree/ Strongly Agree</b>	<b>Disagree/ Strongly Disagree</b>	<b>N/A</b>
The CCPD RFA was broadly disseminated	22	0	3
A diverse selection of applicants responded to the to the CCPD RFA	23	2	0
I was satisfied with the quality of the applications I received	15	8	2
The webinar orientation on October 6 helped me to be a successful reviewer	20	2	3
My role in the review of CCPD grants was clear	22	3	0
As a lead reviewer I understood my role in the review process	21	1	3
The amount of work required for the review process was reasonable	16	7	2
The scoring rubric was easy to use	16	8	1
The scoring rubric was used consistently by all reviewers	3	21	1
The scoring process facilitated an impartial review for each grant	14	10	1
The RFA requested enough information for my review	23	1	1
The grant application process was burdensome for applicants	13	8	4
I had an adequate amount of time to review my assigned applications	20	3	2
I was assigned applications within my subject expertise	21	2	2
I felt qualified to review my assigned applications	23	1	2
The Review Committee decisions were fair and impartial	18	5	2

<b>Respondents' level of agreement with the following statements (cont'd):</b>	<b>Agree/ Strongly Agree</b>	<b>Disagree/ Strongly Disagree</b>	<b>N/A</b>
The review process was thorough	21	4	0
The review process was transparent	21	4	0
Conflict of interests did not influence the grant review process	19	6	0
The review process resulted in an equitable distribution of the available funds	17	6	2
The two-day Funding Conference offered enough time to adequately discuss each grant	7	17	1

<b>CCPD reviewer comments regarding what worked well in the process:</b>	<b># of Respondents</b>
Overall organization process of CDPHE staff/coordination/training/time to review	5
The scoring rubric and webinar were helpful in understanding the review process	7
Having the strategies as a basis for assessing applications' evidence base	1
The discussion between reviewers when considering budget reductions was a good idea	4
The reviewers seemed committed to the process and providing helpful information/were well prepared/knowledgeable	4
Applications were thoroughly reviewed	1
The printouts of reviewer comments during the funding conference	1
The thoroughness of the RFA and corresponding appendix	2
The funding conference was just about the right amount of time for a high level of engagement	1

<b>CCPD reviewer comments regarding what they would change about the process:</b>	<b># of Respondents</b>
There was little information about the successes of those reapplying for continuation projects	1
Would have liked more time to consider potential budget reductions/opportunity for others to hear the rationale for the reductions	4
Increase the funding conference from 1 ½ days to 2 or 3	4
Would like to see a higher cut off score, i.e. 80 or above for review/ensure score is known to both reviewers and applicants	1
Limit reviewers to CCPD review committee members and external reviewers	3
More accurately align reviewers' areas of expertise to the grant applications	2
Discuss grants beginning with those that scored the highest/too much discussion on low-scoring applications.	2

<b>CCPD reviewer comments regarding what they would change about the process (cont'd):</b>	<b># of Respondents</b>
Use subject matter experts to perform intake of the applications/group by strategy and category for the funding conference	1
Reviewers review grants based on strategy for comparison purposes	1
Prohibit reviewers to interject their comments about grants/applications they did not review	7
The rubric was not consistently followed by all reviewers/ The rubric language and letter grade scoring were not consistent/confusing	5
Provide more clarity regarding the lead reviewer role	1
Prohibit reviewers changing scores without significant justification	5
Evaluate letters of intent and invite a more limited number of potential applicants to apply	1
Provide more guidance to reviewers about how to approach the application review process	1
Prompt reviewers to group applications according to the categories of “fund, partially fund, or don’t fund”/Allow reviewers to see which applications fall in the fund budget so recommended amounts are visible early in the process	1
Provide a tool for recording scores so reviewers can review their responses prior to submission of the final score	1
Funding cuts should be based on actual line items in the budget, not a percentage	4
Have a discussion day after the initial day of the funding conference for reviewers to discuss the scores/comments and come to consensus regarding scoring the applications	3
Add page limits to sections of the RFA	1
The process for application review was extremely complex and time consuming/17 strategies	3
Eliminate the discussion of each application by all the A35 reviewers as a large group-this was time-consuming, cumbersome	1
Clarify how funding would be distributed by the various disease areas and make this consistent and non-negotiable/weight the scores by statutory requirement	2
There were too many reviewers	1
Having 3 people reviewing each grant was not enough	1

<b>Additional reviewer comments regarding the CCPD application review process:</b>	<b># of Respondents</b>
Appreciated the efforts of staff and reviewers to make the process efficient/great job	4
The process ran very smoothly considering the large number of grant applications	1

## Health Disparities Application Reviewer Responses

### Reviewer level of involvement:

- Internal Reviewer (employee of Colorado Department of Public Health and Environment (CDPHE): 3
- External Reviewer (not an employee of CDPHE): 0
- Internal Reviewer and Member of Review Committee or Commission: 0
- External Reviewer and member of Review Committee or Commission: 1
- Member of Review Committee or Commission only: 0

Respondents' level of agreement with the following statements:	Agree/ Strongly Agree	Disagree/ Strongly Disagree	N/A
The Health Disparities RFA was broadly disseminated	2	0	1
A diverse selection of applicants responded to the to the Health Disparities RFA	2	1	0
I was satisfied with the quality of the applications I received	1	1	1
The webinar orientation on October 3, 2014 helped me to be a successful reviewer	1	0	2
My role in the review of CCPD grants was clear	1	1	1
As a lead reviewer I understood my role in the review process	1	1	1
The amount of work required for the review process was reasonable	2	1	0
The scoring rubric was easy to use	0	3	0
The scoring rubric was used consistently by all reviewers	0	3	0
The scoring process facilitated an impartial review for each grant	2	1	0
The RFA requested enough information for my review	3	0	0
The grant application process was burdensome for applicants	1	1	1
I had an adequate amount of time to review my assigned applications	2	1	0
I was assigned applications within my subject expertise	2	0	1
I felt qualified to review my assigned applications	2	0	1
The Review Committee decisions were fair and impartial	2	1	0
The review process was thorough	2	1	0
The review process was transparent	1	2	0
Conflict of interests did not influence the grant review process	2	1	0
The review process resulted in an equitable distribution of the available funds	1	2	0
The Funding Conference offered enough time to adequately discuss each grant	0	3	0

<b>Health Disparities reviewer comments regarding what worked well in the process:</b>	<b># of Respondents</b>
The individual review process worked relatively well	1

<b>Health Disparities reviewer comments regarding what they would change about the process:</b>	<b># of Respondents</b>
Every application should be given the same review process-all application should be revised by reviewers or they should be based on average scores alone	1
Applications should be evaluated by the type of applicant, (i.e. University, NGO, rural health, etc... or intended audience) to serve a broad diversity and build widespread capacity	1
Negative scores should not be allowed	1
Have clear differentiation between the rating gradations	1

<b>Additional reviewer comments regarding the CCPD application review process:</b>	<b># of Respondents</b>
Appreciated the efforts of staff and reviewers to make the process efficient/great job	4
The process ran very smoothly considering the large number of grant applications	1

## Tobacco Application Reviewer Responses

### Reviewer level of involvement:

- Internal Reviewer (employee of Colorado Department of Public Health and Environment (CDPHE): 3
- External Reviewer (not an employee of CDPHE): 8
- Internal Reviewer and Member of Review Committee or Commission: 0
- External Reviewer and member of Review Committee or Commission: 2
- Member of Review Committee or Commission only: 2

Respondents' level of agreement with the following statements:	Agree/ Strongly Agree	Disagree/ Strongly Disagree	N/A
The Tobacco RFA was broadly disseminated	12	0	4
A diverse selection of applicants responded to the to the Tobacco RFA	13	2	1
I was satisfied with the quality of the applications I received	12	3	1
The webinar orientation on September 19, 2014 helped me to be a successful reviewer	11	1	4
My role in the review of Tobacco grants was clear	14	1	1
The description that was provided during the application introduction was helpful and matched my review of the application	11	1	4
The amount of work required for the review process was reasonable	12	3	1
The scoring rubric was easy to use	5	10	1
The scoring rubric was used consistently by all reviewers	7	8	1
The scoring process facilitated an impartial review for each grant	14	2	0
The RFA requested enough information for my review	15	1	0
The grant application process was burdensome for applicants	6	8	2
I had an adequate amount of time to review my assigned applications	14	1	1
I was assigned applications within my subject expertise	14	0	2
I felt qualified to review my assigned applications	13	1	2
The Review Committee decisions were fair and impartial	15	0	1
The review process was thorough	14	2	0
The review process was transparent	15	1	0
Conflict of interests did not influence the grant review process	15	0	1
The review process resulted in an equitable distribution of the available funds	14	2	0
The two-day Funding Conference offered enough time to adequately discuss each grant	14	2	0

<b>Tobacco reviewer comments regarding what worked well in the process:</b>	<b># of Respondents</b>
The review committee meeting had great facilitation and moved at a reasonable pace/finished early/was well organized	7
The discussion when scores were very different provided insight into a reviewer's rationale for their scoring	2
Appreciated having the rubrics in print as well as electronically	1
Reviewers appeared to have the expertise needed to review the applications	2
The review process was efficient and objective	3
Timely distribution of the applications for review	1
The number of grants assigned for review was reasonable.	1
Well-written RFA and application template	2
Reviewers were diverse with representation from rural areas and outside of Metro Denver	1
This survey	1

<b>Tobacco reviewer comments regarding what they would change about the process:</b>	<b># of Respondents</b>
The scoring rubric was confusing/would have preferred to give values for each item in each section and add together/have online submission	6
The spreadsheet should not be completed in paper form, but online	1
More guidance on what type of information was needed for community versus cessation grants would have been helpful	1
The budget scoring was confusing/inconsistent/should be emailed to reviewers prior to the conference/remove the cutoff requirement for scores 70 or below	4
Review assignments for categories where there were clear conflicts of interest.	1
Introductions at the beginning of the review process would have been helpful	1
No need to score non-competitive applications-just make recommendations/provide guidance/if already a funding formula, why score?	3
Grant-writing workshops were very basic, not topical	1
Would like to see the Reviewer scores alongside the CDPHE staff budget scores	1
Separate Reviews of cessation grants from community grants	2
Quality of many of the applications was confusing	1
The review process could be more efficient/Need more communication/clarity	3
Direct grant funds toward capacity building	1
Reduce burdens on health departments for small grants (<75,000)	1
Correct spelling/calculation errors on the scoring rubric prior to dissemination	1
Community applications not be competitive/ Review and score rural vs. urban applications separately/separate RFAs	4
Structure of the RFA should vary based on the application request amount	1
STEPP team should be allowed to ask the applicant clarifying questions/posted along with the score	1
Require a summary document with each application to be posted on the STEPP website	1

## Summary of Program Staff and Respondent Conversations

*Twenty-five (25) respondents indicated on the feedback form that they would be willing to share feedback and suggestions for process improvement with Amendment 35 program staff via a phone call or an in-person meeting. Program staff followed up with these respondents January 19 through February 27, 2015 to collect additional feedback. Below are excerpts from these conversations.*

### **Applicants**

- “This was the best process to date. It was evident that the staff of the three programs worked together to align the application processes and respected the time of the applicant organizations. I liked the more interactive training and assistance offered before the RFAs were released. My interaction with staff felt like a genuine partnership.”
- “I appreciated the combined timelines and application processes and similar format for questions and answer sessions.”
- “The application process for all three programs was a bit cumbersome but program staff was helpful. The assistance offered by the University of Colorado School of Public Health was invaluable. The staff was wonderful.”
- “All three programs’ applicant Question and Answer sessions were very confusing. Most of questions came after the RFAs were released and interaction with staff was then limited. Is there a way to allow better engagement with program staff after the RFA is released?”
- “The application reviewers and review committees are Denver-centric. They could benefit from more rural representation. Rural partners are named in statewide applications but don’t end up getting served.”
- “Our application for the CCPD program was not recommended for funding. We were unsatisfied with the feedback we received about why it was not selected. It didn’t provide enough detail.”
- “As a local public health agency, we were overwhelmed with last minute requests for letters of support from agencies applying for CCPD grants especially from Denver-based organizations claiming state-wide reach. Although it was great to learn about the projects, perhaps these letters of support should be submitted earlier – maybe with the Letter of Intent.”
- “Local public health agencies were put in a bind. We were asked to provide letters of support to competing applicants. Next time, a checkbox on the applicant information form stating we are aware of the project, might be more appropriate.”
- “The CCPD RFA instructions were clear and my questions were answered by staff.”
- “The terminology used in the RFA was different from the terminology used in the required Statement of Work template. A translation document was created but that should not have been needed.”
- “The selection criteria for the CCPD applications and recommended budget cuts were not clear and hard to follow especially on the phone.”
- “For CCPD, we were required to budget at least 10 percent for evaluation activities and it was not clear why or how to do this.”

- “During the CCPD funding conference, we heard we were recommended for funding but didn’t hear at what amount. For those on the phone, please read the information being presented.”
- “I worked with several other agencies over a long period of time to put together the CCPD application. We were recommended for funding but at a much lower amount than we requested. This left us feeling deflated and it has been challenging to determine how to move forward.”
- “For the Health Disparities program, it would have been helpful if the same terminology was used throughout the RFA. It seemed inconsistent. I also would have liked to have received feedback about why my application wasn’t recommended for funding.”
- “I heard there are legitimate reasons why the Tobacco non-competitive application is as cumbersome as the competitive application; however, it seems like that should be changed.”
- “Tobacco RFA has looked different each grant cycle. I understand the need to evolve but it is tough on the applicant.”
- “The funding formula for the non-competitive Tobacco grants is problematic. It doesn’t account for a community’s experience or quality of work. Local public health agencies with more capacity are encouraged to help those with less capacity but there isn’t money available to help with capacity building for these smaller organizations.”
- “I would encourage the Department to consider merging the administration of the Tobacco and CCPD grants programs to better incent coordination of the work grantees are doing in communities.”

### **Application Reviewers**

- “Smaller agencies applying for grants don’t have the capacity to tell their story. How can these programs offer better technical assistance for these organizations?”
- “A work group of Amendment 35 review committee members, local public health agencies, foundations and other interested parties could help inform the development of the next RFA.”
- “The CCPD application review process could have benefited from allowing the reviewers more time to meet as smaller groups to work out score discrepancies (difference of 20 or more points among reviewers). These conversations should be facilitated by a neutral party who does not have a working relationship with the applicant. It was clear that the reviewers applied the scoring rubric differently.”
- “I suggest dividing the CCPD application reviewers into smaller groups for each funding category – cancer, cardiovascular disease and pulmonary disease-and then convene everyone to discuss top applications for each group. It was hard to assess all applications at once.”
- “The CCPD RFA was too prescriptive. It dictated the outcomes to be achieved and how they should be achieved. The “how” should be up to the applicant.”
- “The multiple strategies included in the CCPD RFA made the review process challenging especially if an applicant applied for more than one strategy. Perhaps the program could consider reducing the number of strategies or not allowing an applicant to apply for more than one. Also, it would be helpful to clarify further what constitutes “innovative” work. The innovative work should be a separate category of funding.”

- “The CCPD RFA and scoring process was complicated and didn’t account for an applicant’s past grant performance.”
- “The CCPD reviewers recommended reduced award amounts. It would have been helpful to have clear guidance about how to propose these cuts as well as time to talk with the applicant before proposing cuts.”
- “For the Tobacco program, the application review process went well considering the number of people involved. There was some confusion about how to consider an organization’s fiscal assessment rating into their overall application score. I feel there should be a different, less cumbersome application process for smaller, rural agencies.”
- “The Tobacco application review process went well. There was a good mix of reviewers. The RFA was thoughtfully developed.”

## **Discussion**

Response to this invitation for feedback on the FY 2016-18 Request for Applications (RFA) for the Amendment 35 grants programs was robust and provides several indications of opportunities for improvement. Over the next few months each of the Amendment 35 Review Committees will review this information with their respective grant programs and discuss ways to incorporate this feedback into the programs and future RFAs. In the near term, the programs already have begun synthesizing these data and generating ideas and responses to much of the feedback received. This analysis will continue to take time but the preliminary review of the feedback reveals themes and concerns which can be discussed at this point.

The application cycle can be broken down into three main phases. Themes are organized below by these major process stages.

### **1. The application stage**

There was a high degree of appreciation for the grant writing trainings that were offered statewide by the Colorado School of Public Health and the Center for Public Health Practice and which were underwritten by the A35 grant programs. Multiple commentators, and indications from the quantitative data, support the conclusion that these were useful. The data indicate many applicants felt ready to respond to the RFA and they were, by and large, able to understand and complete the RFA process.

The Amendment 35 grant programs initiated several changes for this RFA in an effort to make the application process less burdensome for applicants. The previous requirement for extensive discussions of local data were eliminated and replaced with a request for a brief discussion of the local need. Where prior applications required extensive discussions of project evaluations and evaluation plans, this most recent RFA asked grantees to set aside 10 percent of their project budgets for evaluation so that grantee evaluation needs could be determined in partnership with the grant program and the technical assistance provider after award decisions were made. In addition, prior requirements that grantees perform reviews of the literature to identify evidence-based interventions and propose only evidence-based work that was supported by the literature were eliminated in favor of pre-selected evidence-based strategies that align with and support already ongoing work throughout the state.

Nevertheless, responses to this request for feedback indicate the grants programs have some remaining issues to address to further reduce burdens on applicants. Smaller organizations found the applications burdensome in general because of their length and found the level of details required difficult. Several respondents commented they found the applications challenging because all three grants programs had the same due date and this made completing multiple applications within the timeline difficult. Some smaller agencies communicated that they would prefer to not apply for all three programs at the same time.

The Amendment 35 grants programs discussed the due date and response period extensively before release of the RFAs. The grants application coordination team decided on an eight-week application period to provide applicants a reasonable amount of time to prepare multiple applications. The group also discussed different due dates but felt this was not possible to implement. To create lengthy application periods that did not overlap with each other would have consumed much of the year and dragged the application to contracting period beyond the 11-month window that already had been set aside for it. The team also explored the option of staggering the applications on an annual basis but this will require setting up application and contract years with shorter durations to have grant programs fall into different starting cycles. Finally, some applicants requested that the state use an electronic process to collect the application submissions. Several respondents noted that making eight copies of their application presented a particular challenge. The department used an electronic submission process three years ago which also met with numerous complaints. There appears to be a subset of individuals who would prefer to submit applications electronically; but there may be an equal proportion of individuals who would prefer paper applications. As the state transitions to new accounting software, there are plans to introduce an online portal by which grantees and vendors can interface with state agencies. This may provide a venue by which applications can be submitted but further details on this portal will need to be obtained. In the meantime, the programs will continue to explore means of instituting application processes that are not burdensome for small organizations.

## **2. The Request for Applications (RFA) stage**

Many respondents indicated that they felt the RFAs themselves were clearly organized and relatively easy to understand and follow. Some noted that they appreciated the thought and research which went into the design; however, this sentiment was not universal. The selection of 17 strategies by the Cancer, Cardiovascular and Pulmonary Disease Grants (CCPD) program drew particular attention by respondents. Some felt this was too prescriptive on the part of the program and should have allowed for greater community flexibility. The selection of these strategies was intentional by the review committee and program staff. During its early years, the program had used a less prescriptive, more responsive application process but found it difficult to perform an overall impact evaluation of the program because it was not clear what the program was trying to accomplish. In previous grant cycles, many applicants requested funds to execute safety-net programs for disadvantaged individuals. With the implementation of the Affordable Care Act, the creation of the Health Insurance Exchange, and the expansion of Medicaid in Colorado, the review committee decided to pursue strategies that would align with

current, evidence-based efforts in public health in the areas of cancer, cardiovascular, and pulmonary diseases. A narrow group of strategies, aligned with broader work across the state, appeared to promise greater impact statewide on the health of the public. Pre-written objectives and activities were offered in order to assist organizations with their applications, not to constrain what organizations could do. Underlying all of these decisions, however, was a commitment to achieve real, measurable change across multiple disease areas and multiple objectives. The CCPD program and review committee will continue to discuss ways to align community determined needs with statewide goals.

The lack of alignment between the statement of work (SOW) template and the terms it uses and the Appendix A which accompanied the Health Disparities and CCPD grant applications also drew concerns across multiple respondents. Appendix A used a grant-like approach for work planning by specifying activities and objectives. The state's SOW template, however, uses different terminology because it is designed from more of a contract orientation. The department recognizes that this caused confusion and during the application process released a glossary and a crosswalk which sought to match the terms so that people could understand these documents better. But it recognizes that more is needed. The department is currently looking at ways to approach relationships established through these Amendment 35 grant programs more as a grantor-grantee relationship and is considering the changes that would need to be made, including how contracts/grant agreements are structured, to achieve this shift.

Some local public health agencies (LPHAs) commented that numerous CCPD applicants contacted them shortly before applications were due for a letter of support. They found these multiple requests challenging since they often have so few staff and, in some cases, were also preparing a competitive application. The idea for requiring letters of support from LPHAs emerged from a desire to assure grantee recipients of Amendment 35 funds were working in closer concert with local public health. The hope was that LPHAs would find out about activities planned for their community and be able to tap into and align with that work. However, the programs recognize that this intent was not matched to what LPHAs experienced, so it will work with local partners to find other ways to be supportive and other mechanisms by which Amendment 35 grant dollars can be implemented in concert with LPHAs.

Some respondents communicated that they did not feel the tobacco community grants should be competitive and scored since the communities' funding levels are determined by formula. It is true that the department does contract directly with state agencies for some services through the Office of Planning and Partnerships. However, in some communities, a nonprofit is designated by the county as the tobacco program applicant for that county and these organizations cannot be contracted with outside of the state procurement process. The tobacco program will continue to explore ways to make the process easier for smaller communities and ways that these communities can band together in collaborative efforts that reduce the burden on them.

### **3. The application review and funding recommendation stage**

Several lessons and insights about the review and selection process already have been gleaned through the collection of this feedback. Both application reviewers and applicants expressed that

the design for the review process and the scoring was somewhat complicated. The rubric used for Cancer, Cardiovascular and Pulmonary Disease Grants (CCPD) and the Health Disparities grants was complicated because of the potential combinations of strategies that applicants could select and the need for a rubric for every potential combination. For example, some applicants could have selected strategies confined to policy work and the healthy eating and active living (HEAL) area while others only could do clinical and health systems interventions. A third group could do both. The resulting rubric was difficult to use. Some application reviewers struggled to apply the criteria as they read longer applications with multiple strategies. Some commented that they were uncertain whether the rubric had been applied consistently by all application reviewers. The Amendment 35 grants programs will continue to explore ways of simplifying the application and review process and ways to design the application process so it is more streamlined.

The lack of funding in CCPD and Health Disparities grants created numerous challenges during the funding recommendation stage and these were noted by multiple respondents. The CCPD grants program, for instance, received applications for a total of \$37 million in funds but expects only to award \$11.5 million. This introduced the question of whether to fully fund the top scoring applicants or to spread the grant funding across as many applicants as possible. The review committee chose the latter option in order to create a broader distribution of funds and a broader impact across multiple interventions and parts of the state. This resulted in several applicants not being recommended for grant funding. Meanwhile, others had their recommended budgets reduced from their requested budgets. The process of arriving at a reduced budget created numerous challenges since there was no clear avenue for arriving at the newer amounts. The application reviewers used numerous mechanisms to make these decisions but staff, application reviewers and applicants agree that a more robust method of making these hard choices is still merited.

The result of these factors – the complex rubric and the challenge of recommending funding from a limited pot– resulted in a process which both application reviewers and applicants felt was less than fully transparent. This was compounded by what some respondents felt was less than fully formed feedback that they received from the programs. This concern was most prevalent among those applicants who were not awarded funds. The programs recognize that the application reviewer comments provided were somewhat limited and that, particularly for those who were not selected for funding, extensive feedback would be appreciated. The programs will explore ways to enhance this level of communication in the future.

### **Conclusions:**

The department is grateful for the time taken by members of the public health community to respond to this request for feedback on the application process. Each review committee plans to discuss these comments and responses further in the coming months and arrive at recommendations for implementation now and at the next RFA design phase. The three programs believe that this latest RFA represented a significant advance for public health in Colorado. Grant awards are distributed across the state. Strategies and work are being advanced that promises to have a noticeable impact on public health. The selected strategies are based in

the latest evidence and they are appropriate to the needs of the state as highlighted in surveillance data. Many strategies will advance cutting edge innovations and advances that promise to successfully transform the prevention and management of chronic disease. The RFAs were designed within a framework that will facilitate further evaluation. The programs will continue their commitment to advancing and improving public health across the state and to continued, ongoing program quality improvement. We appreciate your feedback and your partnership in these efforts. Please feel free to communicate further insights and thoughts as they occur to you.

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