



## Happy New Year from Innovative Funding Partners!

New Year, New Grants! Happy New Year from Innovative Funding Partners. As we head into 2017, and a Trump administration, many organizations have questions regarding the future direction and anticipated trends of federal grants. To schedule a free call to discuss your organization's grant funding needs and learn about upcoming opportunities please contact us at [info@innovativefundingpartners.com](mailto:info@innovativefundingpartners.com).

### Senior Partners



[Dr. Brian Kelley](#)



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The culture and practice of managing a not-for-profit is always changing. Probably the most pressing issues are **revenue generation, financial stability, innovation implementation, and staff recruitment and retention**. Trying to engage staff through innovation can be very challenging as is paying for such innovation. Grants are effective mechanisms for creating sustainable innovation, collaboration, and continuing education as well as community and stakeholder engagement. Why should you encourage your leadership to become more familiar with the grant development process?

Applying for grants provides not-for-profits with the following:

1. An opportunity for a significant return on investment
2. Leadership can direct funding priority areas

5. Increased brand recognition
6. Better opportunity for staff recruitment and retention
7. Increased research capacity by expanding from industry supported research to grant supported
8. Generate programs and outreach efforts to address charity care/community benefit that is more outcome-focused

In 2017, let Innovative Funding Partners bring in nationally-recognized experts to help guide all aspects of your project. The grant mechanism can provide the necessary structure (e.g., project requirements, budget, deadlines, etc.) for program development. Federal grants provide insight into high priority areas and emerging federal policies and practices. Through proactive grant training and development efforts, Innovative Funding Partners will ensure your grants development can occur more systemically and naturally, bringing positive momentum and helping to foster a culture of change--with the potential for generating a significant source of new revenue.

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## Top Grant Picks

### **PCORI Engagement Award: Knowledge, Training and Development, and Dissemination Awards**

**(LOI Deadline: February 1, 2017)**

These awards support projects that encourage active integration of patients, caregivers, clinicians, and other healthcare stakeholders as integral members of the patient-centered outcomes research/clinical effectiveness research (PCOR/CER) enterprise. Grants up to \$250,000 over a 2-year period will be awarded.

### **CDC Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations**

**(Deadline: February 21, 2017)**

This FOA supports implementation of a comprehensive and coordinated approach to policy, systems, and environmental change strategies to prevent and control cancer. It supports high quality breast and cervical cancer screening services, statewide cancer coalitions to plan and implement cancer control priorities, and surveillance programs to monitor and report cancer burden. These priorities will be accomplished by funding three national programs: 1) The National Breast and Cervical Cancer Early Detection Program- funds will be awarded up to 75 applicants for implementing a program to provide breast and cervical cancer screening services to uninsured and underinsured women and implement key evidence-based strategies to reduce structural barriers to screening within health systems. Approximately \$155 million per year is available. 2) The National Comprehensive Cancer Control Program- funds will be awarded to up to 65 applicants for implementing a program to support cancer coalition efforts that leverage resources to plan and implement evidence-based strategies to promote the primary prevention of cancer; support cancer early detection efforts; address the needs of cancer survivors; and promote health equity. Approximately \$22 million per year is available. 3) The National Program of Cancer Registries- funds will be awarded to up to 55 applicants for implementing a population-based core Cancer Registry program. Approximately \$38 million per year is available.

### **Merck Foundation: Reducing Disparities in Diabetes Care**

**(LOI Deadline: January 24, 2017; Application Deadline: April 17, 2017)**

The Merck Foundation Bridging the Gap: Reducing Disparities in Diabetes Care program will provide funding for projects designed to promote health equity through collaborations that bring together stakeholders from inside and outside the healthcare system to improve access to high-quality diabetes care and reduce health disparities for vulnerable and underserved populations with type 2 diabetes in the United States. Similar to the Centers for Medicare & Medicaid Services (CMS) Accountable Health Communities Model, this program seeks to find innovative ways to improve the care and outcomes of vulnerable and

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**HRSA Ryan White HIV/AIDS Part C Capacity Development Program  
(Deadline: February 28, 2017)**

This announcement solicits applications for the Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality HIV primary health care services for low-income, uninsured, under-insured, and underserved PLWH. The FY 2017 RWHAP Part C Capacity Development Program provides one-time funds to build local capacity to support an activity that addresses a gap in the local HIV care continuum.

**SAMHSA Drug-Free Communities (DFC) Support Program-Competing Continuation  
(Deadline: March 15, 2017)**

The DFC Support Program has two goals: 1) Establish and strengthen collaboration among communities, public and private non-profit agencies; as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth. 2) Reduce substance use among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. \$8.75 million is available to fund over 70 awards.

**Partnerships to Achieve Health Equity  
(Deadline: March 31, 2017)**

The Partnership program is intended to demonstrate that partnerships between Federal agencies and organizations with a nationwide or regional reach, focus or impact can efficiently and effectively do one of the following: (1) improve access to and utilization of care by racial and ethnic minority and/or disadvantaged populations; (2) develop innovative models for managing multiple chronic conditions including health promotion and disease prevention for individuals with multiple chronic conditions that disparately affect racial and ethnic minorities and affect morbidity; (3) increase the diversity of the health workforce including health professionals, health researchers and health scientists through programs at the high school or undergraduate level that focus on racial and ethnic health disparities and health equity, and which include mentoring as a core component; or (4) increase data availability and utilization of data that increases the knowledge base regarding health disparities and facilitates the development, implementation and assessment of health equity activities.

**CDC Scaling the National Diabetes Prevention Program to Priority Populations  
(FORECASTED - Estimated Release: June, 2017)**

This is a new, open competition funding opportunity announcement (FOA) to expand the reach of the National DPP to priority populations, particularly those in underserved areas. Applicants will work with CDC through a cooperative agreement to deliver a CDC-recognized lifestyle change program to adult priority populations with prediabetes or at high risk for type 2 diabetes. The FOA specifically focuses on increasing program enrollment and retention for: Medicare beneficiaries, men, people with visual or physical disabilities (non-institutionalized), Hispanics, African-Americans, American Indians, Alaska Natives, and Pacific Islanders. Successful applicants will have both general experience delivering either a CDC-recognized lifestyle change program or a similar evidence-based behavior change program and specialized experience working with one or more of the priority populations listed.

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## Forecasted Grants

**CDC Hospital Preparedness Program  
(Estimated Release: January 17, 2017)**

This funding opportunity announcement is intended to support the U.S. public health and healthcare systems' ability to prepare for and to respond effectively to public health emergencies within the United States and associated territories and freely associated

identified through their strategic planning efforts.

**ACL Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs**  
(Estimated Release: January 31, 2017)

The Administration on Aging (AoA) within the Administration for Community Living (ACL) forecasts the possible availability of FY 2017 funds to make three-year grants to approximately 6-8 entities to bring to scale and sustain evidence-based programs that empower older adults and adults with disabilities to better manage their chronic conditions. Goal 1: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based self-management programs to empower them to better manage their chronic conditions; and Goal 2: Implement innovative funding arrangements (e.g. contracts with integrated health care systems) to support the CDSME programs beyond the grant period, while embedding the programs into an integrated, sustainable evidence-based prevention program network.

**ACL Evidence-Based Falls Prevention Programs**  
(Estimated Release: January 31, 2017)

The Administration on Aging (AoA) within the Administration for Community Living (ACL) forecasts the possible availability of Fiscal Year (FY) 2017 funds to make three-year grants to approximately 6-8 entities to bring to scale and sustain evidence-based falls prevention programs that will reduce the number of falls, fear of falling, and fall-related injuries in older adults and adults with disabilities. Goal 1: Significantly increase the number of older adults and adults with disabilities at risk of falls who participate in evidence-based community programs to reduce falls and falls risks; and Goal 2: Implement innovative funding arrangements (e.g. contracts with integrated health care systems) to support community-based falls prevention programs beyond the grant period, while embedding the programs into an integrated, sustainable evidence-based prevention program network.

**HUD Jobs Plus Initiative**  
(Estimated Release: February 7, 2017)

The purpose of the Jobs Plus Pilot program is to develop locally-based, job-driven approaches to increase earnings and advance employment outcomes through work readiness, employer linkages, job placement, educational advancement, technology skills, and financial literacy for residents of public housing. The place-based Jobs Plus Pilot program addresses poverty among public housing residents by incentivizing and enabling employment through earned income disregards for working families, and a set of services designed to support work including employer linkages, job placement and counseling, educational advancement, and financial counseling. Ideally, these incentives will saturate the target developments, building a culture of work and making working families the norm.

**CDC Community Approaches to Reducing Sexually Transmitted Diseases (CARS)**  
(Estimated Release: February 14, 2017)

This FOA focuses on reducing the proportion of adolescents and young adults with Chlamydia trachomatis infections, reducing Chlamydia rates among females aged 15-44 years, reducing gonorrhea rates, reducing sustained domestic transmission of primary and secondary syphilis, congenital syphilis, GC incidence, and reducing the proportion of young adults with genital herpes infection due to herpes simplex type 2. The new FOA provides support in five focus areas: (1) implementation of community engagement methods (e.g. community-based participatory research) to achieve health equity; (2) identification and implementation of systems and environmental change strategies that (a) promote sexual health and support healthy behaviors and (b) facilitate community-clinical linkages to build support for interventions to prevent and reduce STI disparities; (3) enhancement and sustainability of partnerships; (4) support for communication strategies to promote STD program successes and leverage additional resources for STI control and prevention; and (5) evaluation of the efficacy of this approach and intervention implementation.

**ACF Social and Economic Development Strategies -SEDS**

preservation of Native American cultures, and decrease the high rate of current challenges caused by the lack of community-based businesses, and social and economic infrastructure in Native American communities. Native American communities include American Indian tribes (federally-recognized and non-federally recognized), Native Hawaiians, Alaskan Natives, and Native American Pacific Islanders.

## Health Care Grants

### **NIH Promoting Caregiver Health Using Self-Management (R01) (Next Deadline: February 5th, 2017 - standard deadlines)**

The purpose of this initiative is to stimulate research in promoting caregiver health using self-management. Caregiving is an important science area since the number of people living longer with chronic conditions is growing. Informal caregivers (lay caregivers) are defined as unpaid individuals (spouses, partners, family members, friends, or neighbors) involved in assisting others with activities of daily living and/or medical tasks. Formal caregivers are paid, delivering care in ones home or care settings (daycare, residential care facility). This concept focuses on informal caregivers.

### **AHRQ Large Research Projects for Prevention of Healthcare-Associated Infections (Next Deadline: February 5th, 2017 - standard deadlines)**

This FOA issued by AHRQ invites grant applications for funding to conduct Large Research Projects (R01) that propose to advance the base of knowledge for detection, prevention, and reduction of Healthcare-Associated Infections (HAIs). The total costs awarded to a grant under this FOA will not exceed \$500,000 in any given year for a period of up to five years.

### **SAMHSA Addiction Technology Transfer Centers Cooperative Agreement (ATTC) (Deadline: February 9, 2017)**

The purpose of this program is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) treatment and recovery support services. This is done by accelerating the adoption and implementation of evidence-based and promising SUD treatment and recovery-oriented practices and services; heightening the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other co-occurring health disorders; and fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community. Nearly \$9 million is available to fund 11 projects.

### **CDC Community Characteristics Associated with Geographic Disparities in Diabetes and Cardiometabolic Health**

#### **(Deadline: February 14, 2017)**

This FOA has two components. Component A supports applications aimed at examination of county-level disparities in type 2 diabetes and cardiometabolic conditions to enhance understanding of disease determinants. Applicants will test hypotheses aimed at clarifying the contribution of environmental or socioeconomic circumstances to diabetes geographic disparities. As part of this initiative, Component A awardees will also be asked to form a common protocol and data management plan for the collection of a core set of exposure and outcome variables to permit multi-center analyses. Component B of this FOA solicits applications for a study Coordinating Center (CC) to provide logistics, data management, and analysis support to the multi-center research study. It is anticipated that 5 awards (4 for Component A and 1 for component B) will be made under this FOA.

### **Robert Wood Johnson Foundation (Multiple Deadlines)**

Applications are now open for the 2017 cohort in four national leadership development programs designed to create the next generation of leaders committed to equity and better health:

1) *Culture of Health Leaders* - This program supports leaders—from all sectors that have an

2) *Clinical Scholars* - This program prepares and supports small teams of clinicians, from a range of disciplines, to lead transformative change—centered on health equity—in their communities. (Deadline: March 8)

3) *Interdisciplinary Research Leaders* - This program equips teams of researchers and change agents with advanced leadership skills and a clear focus on health and equity, allowing them to apply health research and policy to meet the pressing needs of communities. (Deadline: March 8)

4) *Health Policy Research Scholars* - This program builds equity by investing in scholars from underrepresented populations or disadvantaged backgrounds whose research, connections, and leadership will inform and influence policy toward a Culture of Health. (Deadline: March 29)

### **NIH Use of Technology to Enhance Patient Outcomes and Prevent Illness (R21) (Next Deadline: February 16 - standard deadlines)**

This FOA seeks clinical research focused on the development and utilization of technologies that can help address patient outcomes. Relevant areas of technology include remote healthcare delivery to patients via telehealth, robotics to enhance medication adherence, on-site (e.g., clinical or home setting) care delivery, mobile health to increase access and adherence, web-based decision support tools, and others. Research projects may focus on assessment, diagnosis, intervention development, or intervention implementation. The combined budget for direct costs for the two-year project period may not exceed \$275,000. No more than \$200,000 in direct costs may be requested in any single year.

### **HRSA Increasing Organ Donation Awareness (Deadline: February 17, 2017)**

The overall purpose of the program is to reduce the gap between the demand for organ transplants and the supply of organ donors. For the FY 2017 grant cycle, the program seeks proposals related to living organ donation and vascularized composite allograft (VCA) donation, specifically hand and face. The specific goals of the 2017 grant program are to identify successful strategies that can serve as model interventions to: Increase public knowledge about opportunities for, and risks and benefits of, living donation, or Increase public knowledge about VCAs and willingness to become a VCA donor and/or authorize a deceased relative to be a VCA donor.

### **BUILD Health Challenge (Deadline: February 21, 2017)**

The BUILD Health Challenge awards are designed to support the advancement of community collaborations that are ready to put their bold, upstream, integrated, local, data-driven plans into action. Organizations jointly applying for a BUILD Health Challenge award should have a strong track record of working together and have developed their joint priorities and implementation plans with strong levels of community engagement and leadership. The BUILD Health Challenge awards are most appropriate for collaborations that have already developed a well-defined action plan with clear roles, strategies, and goals, and where an infusion of philanthropic support could accelerate their work.

### **NIH Innovations for Healthy Living - Improving Population Health and Eliminating Health Disparities (R43/R44) (Deadline: February 22, 2017)**

This Funding Opportunity Announcement (FOA) invites eligible United States small business concerns (SBCs) to submit Small Business Innovation Research (SBIR) grant applications that propose to develop a product, process or service for commercialization with the aim of reducing disparities in healthcare access and health outcomes and in preventing disease and improving health in one or more NIH-defined health disparity population group(s). Appropriate technologies should be effective, affordable, culturally acceptable, and deliverable to racial/ethnic minorities, low-income and rural populations.

### **NIH Technologies for Improving Minority Health and Eliminating Health Disparities**

business concerns (SBCs) to submit Small Business Technology Transfer (STTR) grant applications that propose to develop a product, process or service for commercialization with the aim of reducing disparities in healthcare access and health outcomes in one or more NIH-defined health disparity population group(s). Appropriate technologies should be effective, affordable, culturally acceptable, and deliverable to racial/ethnic minorities, low-income and rural populations.

#### **Anthem Foundation**

**(Deadline: February 24, 2017)**

We invest in traditional and nontraditional problem-solving approaches. These include programs that provide services directly to people and those that change systems that transform health care. We're committed to funding initiatives that positively affect the conditions addressed in our Healthy Generations program, which emphasizes efforts in these five areas: cardiac mortality; cancer prevention and smoking cessation; maternal and newborn health; diabetes prevention and management; and childhood and elderly obesity. We're also supporting behavioral health efforts and programs that benefit people with disabilities.

#### **HRSA Black Lung Clinics Program**

**(Deadline: March 6, 2017)**

BLCP's primary goal is to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease (CMDLD) through the provision of medical, outreach, educational, and benefits counseling services. \$6.6 million is available to fund up to 15 projects.

#### **HRSA Radiation Exposure Screening and Education Program (RESEP)**

**(Deadline: March 6, 2017)**

The purpose of this program is to: develop education programs in line with RESEP goals; disseminate information on radiogenic diseases and the importance of early detection; screen eligible individuals for cancer and other radiogenic diseases; provide appropriate referrals for medical treatment; and facilitate documentation of Radiation Exposure Compensation Act (RECA) claims. While all the aforementioned are goals and required components of RESEP, a priority should be to assist and successfully file new RECA claims.

#### **CDC Research Grants for Preventing Violence and Violence Related Injury (RO1)**

**(Deadline: March 10, 2017)**

The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance our understanding about what works to prevent violence by rigorously evaluating primary prevention strategies, programs, and policies to address specific gaps in the prevention of teen dating violence, intimate partner violence, sexual violence, and youth violence. This initiative is intended to support primary prevention strategies, programs or policies that target universal or selected high-risk populations (i.e., populations that have one or more risk factors that place them at heightened risk for initial perpetration of violence).

#### **HRSA Area Health Education Centers Program**

**(Deadline: March 29, 2017)**

The purpose of the AHEC Program is to develop and enhance education and training networks within communities, academic institutions, and community-based organizations. In turn, these networks support BHW's strategic priorities to increase diversity among health professionals, broaden the distribution of the health workforce, enhance health care quality, and improve health care delivery to rural and underserved areas and populations.

#### **OASH American Indian/Alaska Native Health Equity Initiative**

**(Deadline: April 3, 2017)**

The AI/AN Health Equity program will support programs that demonstrate effective

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participate in the development of culturally appropriate health care services and interventions to AI/AIN youth.

**OASH Minority Youth Violence Prevention II (MYVP II): Integrating Social Determinants of Health and Community Policing Approaches**  
**(Deadline: April 4, 2017)**

MYVP is intended to demonstrate the effectiveness of integrating public health and community policing approaches to reduce disparities in access to public health services, reduce violent crimes, and improve the health and well-being of at-risk minority male youth in targeted communities of color through a joint collaborative that includes a public health agency and law enforcement agency. MYVP supports program interventions developed through adaptations, refinements, and modifications of promising violence prevention and crime reduction models that are tailored to at-risk minority male youth (10-18 years-old) and integrate a problem-solving approach.

**Kresge Foundation: Developing Healthy Places Grant**  
**(No Deadline)**

The quality of one's health is determined by multiple factors: the natural environment, lifestyle, genetic factors and, to a small degree, medical care. Yet, for many people, it is the conditions in which they live that most inhibit their health. Their neighborhoods have limited access to affordable fresh food, safe places for recreation, high-quality education and living-wage jobs. They may be exposed to environmental hazards due to the proximity of polluting industries and substandard housing. Addressing these conditions begins to promote health equity among people in low-income neighborhoods and fosters improved health for entire communities. Through this focus area, we support three initiatives: 1) Healthy Housing and Neighborhoods, 2) Healthy Food Systems that benefit low-income communities, 3) Equitable Transportation and Land Use.

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## Other Grants

**DOJ Legal Assistance for Victims**  
**(Deadline: February 16, 2017)**

The Legal Assistance for Victims (LAV) Grant Program is intended to increase the availability of civil and criminal legal assistance needed to effectively aid adult and youth victims of sexual assault, domestic violence, dating violence, and stalking who are seeking relief in legal matters relating to or arising out of that abuse or violence, at minimum or no cost to the victims.

**DOJ Grants to Enhance Culturally Specific Services for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program**  
**(Deadline: February 16, 2017)**

Grants to Enhance Culturally Specific Services for Victims of Sexual Assault, Domestic Violence, Dating Violence and Stalking Program supports community-based organizations in providing culturally relevant services to victims of sexual assault, domestic violence, dating violence, and stalking.

**DOJ Improving Criminal Justice Responses to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant**  
**(Deadline: February 16, 2017)**

This program furthers the Department of Justice's mission by encouraging partnerships between state, local, and tribal governments, courts, victim service providers, coalitions and rape crisis centers, to ensure that sexual assault, domestic violence, dating violence, and stalking are treated as serious violations of criminal law requiring the coordinated involvement of the entire criminal justice system and community-based victim service organizations.

**NSF Smart and Connected Communities**  
**(Deadline: February 16, 2017)**

The goal of this Smart & Connected Communities solicitation is to support strongly

are expected to pursue research and research capacity-building activities that integrate multiple disciplinary perspectives and undertake meaningful community engagement, and to include appropriate and robust evaluation plans for assessing activities and outcomes. \$18.5 million is available to fund 29 projects.

**OVC Comprehensive Services for Victims of All Forms of Human Trafficking  
(Deadline: February 21, 2017)**

This solicitation will provide funding to victim service organizations with a demonstrated history of providing services for victims of human trafficking. Funding under this program will support comprehensive services for all victims of human trafficking -- sex trafficking and labor trafficking, foreign national/U.S. citizen/legal permanent resident (LPR), adult/minor, male/ female, and LGBTQ victims of trafficking, among others. Funding will also support efforts to increase the capacity of communities to respond to human trafficking victims through the development of interagency partnerships, professional training, and public awareness activities. \$10 million is available to fund approximately 11 awards.

**DOJ Enhanced Collaborative Model to Combat Human Trafficking Competitive Solicitation  
(Deadline: February 27, 2017)**

The Enhanced Collaborative Model to Combat Human Trafficking Program is designed to support the development and enhancement of multidisciplinary human trafficking task forces that implement collaborative approaches to combat all forms of human trafficking, including sex and labor trafficking of both foreign nationals and U.S. citizens (of all genders and ages), within the United States. The task force will implement victim-centered, collaborative and sustainable approaches to: identify victims of all types of human trafficking; investigate and prosecute sex trafficking and labor trafficking cases at the local, state, tribal, and federal levels; and, address the individualized needs of victims through the provision of a comprehensive array of quality services. Through this solicitation, OVC and BJA will make awards to support law enforcement and victim service provider efforts within human trafficking task forces. Within each geographic region covered by a task force, two separate awards will be made (one to a lead law enforcement agency and one to a lead victim service provider); however, the total amount of funding that will be awarded for each task force will not exceed \$1.5 million.

**NSF Computer Science for All  
(Deadline: February 28, 2017)**

This program aims to provide all U.S. students the opportunity to participate in computer science (CS) and computational thinking (CT) education in their schools at the K-12 levels. With this solicitation, the National Science Foundation focuses on researcher-practitioner partnerships (RPPs) that foster the research and development needed to bring CS/CT to all schools. Specifically, this solicitation aims to provide high school teachers with the preparation, professional development (PD) and ongoing support that they need to teach rigorous computer science courses, and K-8 teachers with the instructional materials and preparation they need to integrate CS/CT into their teaching.

**Department of Education Office of Innovation and Improvement (OII): Teacher and School Leader (TSL) Program  
(Deadline: March 4, 2017)**

The purpose of TSL is to assist States, local educational agencies (LEAs), and nonprofit organizations to develop, implement, improve, or expand comprehensive performance-based compensation systems or human capital management systems for teachers, principals, and other school leaders (especially for teachers, principals, and other school leaders in high-need schools) who raise student academic achievement and close the achievement gap between high- and low-performing students. In addition, a portion of TSL funds are dedicated to study the effectiveness, fairness, quality, consistency, and reliability of performance-based compensation systems or human capital management systems for teachers, principals, and other school leaders.

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takes to produce sustained community-level reductions in violence. Proposed studies should examine multiple factors, including but not limited to explicit violence prevention initiatives, that may play a role in preventing or reducing violence in a community for an extended period of time. Besides violence prevention initiatives, research should examine factors such as community infrastructure and resources (e.g., access to health care, amount of public housing), local laws and policies (e.g., juvenile curfew laws, police patrol strategies), community norms (e.g., perspectives on carrying a firearm, trust in law enforcement), shared community experiences/beliefs (e.g., exposure to trauma, subject to implicit bias), and collaboration among organizations/agencies working in the community.

**NSF Scholarships in Science, Technology, Engineering, and Mathematics Program (Deadline: March 29, 2017)**

The National Science Foundation (NSF) Scholarships in Science, Technology, Engineering, and Mathematics (S-STEM) program addresses the need for a high quality STEM workforce in STEM disciplines supported by the program and for the increased success of low-income academically talented students with demonstrated financial need who are pursuing associate, baccalaureate, or graduate degrees in science, technology, engineering, and mathematics (STEM). Recognizing that financial aid alone cannot increase retention and graduation in STEM, the program provides awards to Institutions of Higher Education (IHEs) to fund scholarships and to advance the adaptation, implementation, and study of effective evidence-based curricular and co-curricular activities that support recruitment, retention, transfer (if appropriate), student success, academic/career pathways, and graduation in STEM. The S-STEM program encourages collaborations among different types of partners: Partnerships among different types of institutions; collaborations of STEM faculty and institutional, educational, and social science researchers; and partnerships among institutions of higher education and local business and industry, if appropriate.

**For more information on these or other funding opportunities, please contact Innovative Funding Partners at: [info@innovativefundingpartners.com](mailto:info@innovativefundingpartners.com) or contact one of our Senior Partners pictured above.**



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