
# Community Awards Application Template

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# About this template

## Purpose

This template will become part of your application for a Community Award from the NNLM *All of Us* Community Engagement Center (CEC). Please refer to the [Community Award Application Guide (PDF, 6.74 MB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3420) for more information about the award and proposal writing resources.

## How to use this template

Fill out the following sections to provide information about your planned project. **Submit this document as an attachment when you submit your application through our** [**Online Submission Form**](https://uiowa.qualtrics.com/jfe/form/SV_6XL5netCSpljwPk)**.**

Sections labeled with “(Upload as Separate Attachment)” indicate that you must upload a separate document through the Form (CVs/resumes, proposed budget, etc.) in addition to this template.

To ensure readability and fairness, please adhere to these formatting guidelines to complete all sections of the template:

* **Text size**: 12-point
* **Text color**: Black
* **Recommended fonts**: Arial, Calibri, Helvetica, Tahoma, Times New Roman, Verdana

## Need assistance?

CEC staff are available for consultation and training on relevant NLM and *All of Us* resources and potential projects. Complete the [NNLM CEC Award Interest Form](https://uiowa.qualtrics.com/jfe/form/SV_a2Zl6ByRWufr2rs) or email us at lib-nnlmallofus@uiowa.edu, and someone will respond within three business days.

# Application Checklist

A complete application will include:

|  |  |
| --- | --- |
| **Required Documents** | **Link** |
| [ ]  Application Template | This document |
| [ ]  Letter(s) of Commitment from Your  Community | [Template (DOCX, 17.29 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3468) |
| [ ]  Primary Project Staff Resumes/CVs | Accepted formats: DOC, DOCX, TXT, PDF. |
| [ ]  Budget | [Template (XLSX, 20.16 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3407) |
| [ ]  Online Submission Form | [Qualtrics Form](https://uiowa.qualtrics.com/jfe/form/SV_6XL5netCSpljwPk) |

**All materials listed in this checklist must be fully complete and submitted to start the review.**

Refer to the Proposal Resources section of the [Application Guide (PDF, 6.74 MB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3420) for resources and ideas to help you design your project, write your proposal, and identify relevant community data.

Preview our [Evaluation Rubric (PDF, 64 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3409) to see how your project application will be evaluated.

# Section 1. Project Overview

The first activity in your project planning is to develop a project summary. Initially brief, it will be used as the basis to complete your application.

## Project Title:

## Project Lead Organization:

## Project Staff Lead Name:

## Project Summary

**250 Word Limit**. Provide a one-paragraph description that summarizes your proposed project. Describe the following: what is the project goal, who is the project’s intended audience, how and when will the project reach this audience, and the intended impact on the community (the why).

You will provide more information on your specific activities, objectives, timelines, and staff involved in the Work Plan and Project Staff sections of the template.

|  |
| --- |
| *Please provide your Project Summary in this space. You may use more space than the box provided.* |

# Section 2. Your Community of Focus

In this section, you will describe the community/ies of focus for your project and provide evidence describing what community needs the project will address. You may select more than one community. You will be asked to provide evidence that you have received commitment from the community in planning and implementing your project, as well as from appropriate leadership from your organization. Finally, you will be asked to indicate which NNLM and *All of Us* goal(s) your project addresses.

## 2.a Reaching Communities Underrepresented in Biomedical Research

Select the following Communities Underrepresented in Biomedical Research (UBR) that best describe your project's intended audience. [UBR Descriptions (PDF, 143.97KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3482)

[ ]  Race and Ethnicity

[ ]  Access to Care

[ ]  Age

[ ]  Annual Household Income

[ ]  Disability

[ ]  Educational Attainment

[ ]  Gender Identity

[ ]  Geography

[ ]  Sex Assigned at Birth

[ ]  Sexual Orientation

## 2.b Evidence of Need

**500 Word Limit.** Describe the needs of the UBR community/ies you are trying to reach (identified above) that will be addressed through this project. Use existing evidence such as needs assessments, statistics, anecdotes, and other data sources with a clear source. Describe how this project will engage with and involve intended community/ies throughout the project to meet your goal.

|  |
| --- |
| *Please provide your Evidence of Need statement in this space. You may use more space than the box provided.* |

## 2.c NNLM and *All of Us* Goals

Select the following NNLM and *All of Us* goals that best align with your project goal:

[ ]  Further individual and communities’ health and health literacy, digital literacy, and/or public understanding of clinical research.

[ ]  Build and strengthen partnerships with communities who are Underrepresented in Biomedical Research (UBR). [Descriptions (PDF, 144 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3482)

[ ]  Raise awareness of [*All of Us*](https://www.joinallofus.org/?utm_source=nlm&utm_medium=referral&utm_campaign=nlm-national-awareness&utm_content=general), the National Institutes of Health (NIH) precision medicine research program.

[ ]  Increase awareness and use of NNLM *All of Us* learning activities and National Library of Medicine (NLM) and other trustworthy health information resources to inform personal health and wellness decisions.

## 2.d Letters of Commitment from Your Community (Upload as Separate Attachment)

[Download the Letter of Commitment Template (DOCX, 17.29 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3468)

To ensure projects are supported and community-driven, you will include Letters of Commitment in your application through the [Online Submission Form](https://uiowa.qualtrics.com/jfe/form/SV_6XL5netCSpljwPk). NNLM requires the following Letters of Commitment as they apply:

1. **Required for all.** Commitment from project lead organization's leadership (director, etc.) that includes acknowledgment of funding requirements. This should be from someone authorized to sign a contract on behalf of the institution.
2. **Required for** **partnering organizations**. Commitment to support the project lead organization. This should include partner organizations representing any UBR communities you intend to serve.
3. **Required for DIA applicants**. Letter of commitment from the person in charge of supporting technology from the appropriate organization. This letter must also briefly describe how the signee will support the technology for the project’s duration and long-term. This can include staffing, IT infrastructure, sustainability planning, etc.

All Letters of Commitment must provide:

* Specific roles, responsibilities, resources, and contributions, or activities that will be undertaken by each partner(s) to the project.
* Each organization’s expertise, experience, and access to the intended population(s) should also be described.

Letter templates are provided to use or modify to meet your needs, or create your own. One Letter of Commitment can be signed by multiple signees if they are committing to the same activity, such as a community panel. Additional Letters of Commitment can be added at any time in the project, due within 14 days of new partner joining the project.

# Section 3. Work Plan

This section provides the Work Plan to assist in the design of the project – think of it as your project blueprint. Rather than a long narrative, the Work Plan provides specific actions and outcomes that align your project goal, community, staffing, and budget. The Work Plan also serves as a tool for the CEC award liaison and the awardee to effectively discuss the status of the project, both successes and areas of improvement. Work Plans can be flexible and will be updated to reflect changes in activities, methods, and timeline during the project. Each component may also impact evaluation, staffing, and budget. Your completed Work Plan should align with all other sections of this Application Template.

The Work Plan is a great tool to plan and discuss the project in detail with your community partners. In the Letters of Commitment section (**2.d**), your partners will state their specific project role(s). Use the Work Plan in these discussions with community partners, so all parties collaborate on the project design and agree on specific responsibilities.

## 3.a Project Work Plan Overview

### Instructions

|  |  |
| --- | --- |
| Outline your project using the following categories. Consider the broad Goal of the project and the Objectives to meet the Goal. Your Objectives should be created using the categories below and follow the SMART framework (Image 1). You may have as many Objectives and rows as needed.Image 1 (right). SMART Framework - In developing Work Plans, NNLM encourages the work plan be specific, measurable, attainable/achievable, relevant and time bound/time frame (S.M.A.R.T). | Graphic depiction of SMART (specific, measurable, attainable, Relevant, time bound) framework. Each letter is in a different color box with a description. |

### Work Plan Category Descriptions

|  |  |  |
| --- | --- | --- |
| **Component** | **Description** | **Example** |
| Goal | A broad statement about what you hope to accomplish with your project in the long-term | Increase digital literacy skills of older adults so they can access health information on the Internet |
| Objectives | Describes the strategies to accomplish the Goal. Please use the SMART framework for developing Objectives. | Objective 1 – Offer 3 trainings on digital literacy to older adults in 3 months to increase their confidence in their digital literacy skillsObjective 2 – Increase participation of older adults in digital literacy trainings by 10% from the last training  |
| Planned Evaluation Method | Briefly describe how you will measure the success of your project to meet this Objective. Your description should includetypes of data that would be collected and methods of data collection (instruments/ tools and frequency of data collection). | For [Objective 1 - Pre and post surveys of training attendees, measuring an increase in confidence in their digital literacy skills.](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3467)For Objective 2 – Track the number of attendees for each training, particularly the number of older adults |
| Milestones | A significant event, measure, or step completed to achieve the Objective. You may have more than one Milestone for each Objective. | (For Objective 1) Milestone 1. Trainings are scheduled and promoted |
| Activities | What needs to be done to achieve the Milestone. | (For O1, Milestone 1) Activity 1. Identify training topics |
| Methods | Describes how the Activities will be done. | (For O1, M1, Activity 1) Method 1. Work with partners to discuss digital literacy topics that are relevant to older adults in the community  |
| Responsible Project Staff | Describes the role of the awardee and partners who will be completing the Activities. Use the RISC method (see below) | R – Staff Lee and CarterI – Example Jones C – Partners Martin and Ruiz |
| Timeframe | Describes the timeframe when Activities will occur. | October 1 - 15: research and invite potential speakersOctober 15 - 31: confirm speaker list and schedule |
| Potential Outputs | Describes components of each Activity or Milestone that can be measured and/or analyzed, such as a new partnership, survey results, participants to an event, etc. | Number of training attendees, resources created |

#### RISC Method

RISC is a method used to assign and identify roles of staff and partners in the project:

* **Responsible (R)**: This staff/partner does the work to complete the task
* **Informed (I)**: This staff/partner is kept updated on progress, often at completion of the task/deliverable; one-way communication.
* **Support (S)** – This staff/partner will support the (R) team during implementation. Activities may include technical support with facilitating forums, helping to create handouts, etc.
* **Consulted (C)** – This staff/partner will be asked for their advice and opinions; this is two-way communication.

Use these roles in your Work Plan to identify project staff responsible for described activities and methods RISC is an effective tool in planning, discussing, and accountability in projects.

*Use the tables below to design your project work overview. You may add more/remove space as needed.*

## Project Goal:

Objective 1:

Planned Evaluation Method for Objective 1:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Milestones** | **Activities** | **Methods** | **Responsible Project Staff** | **Timeframe** | **Potential Outputs** |
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Objective 2:

Planned Evaluation Method for Objective 2:

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| --- | --- | --- | --- | --- | --- |
| **Milestones** | **Activities** | **Methods** | **Responsible Project Staff** | **Timeframe** | **Potential Outputs** |
|  |  |  |  |  |  |
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Objective 3:

Planned Evaluation Method for Objective 3:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Milestones** | **Activities** | **Methods** | **Responsible Project Staff** | **Timeframe** | **Potential Outputs** |
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## Add as many Objectives as you need to achieve your project.

## 3.b Integrating NLM, NNLM, and *All of Us* Resources

**250-word limit**. Please describe 1) the specific NLM/NNLM/*All of Us* resources you will use in your project and 2) how they will be shared with the community. Refer to the Proposal Resources section of the [Application Guide (PDF, 6.74 MB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3420) for ideas.

|  |
| --- |
| *Please provide your statement in this space. You may use more space than the box provided.* |

## 3.c Technology Plan (This section is required for DIA applicants.)

**500-word limit.** Describe the technology you will acquire and/or support with this award, as well as how you intend to use the purchased technology in your project. Provide a narrative to justify why your Budget lists the specific technology and brands. If you are applying for Health Programming and you do not plan to purchase technology (hardware or software), you may skip this portion of the application.

|  |
| --- |
| *Please provide your statement in this space. You may use more space than the box provided.* |

# Section 4. Staff Plan

This section addresses the staff and partners involved in the project. The Staff Plan will provide information on current and anticipated staffing and partners who will be responsible for implementing key tasks and monitoring the project’s ongoing progress. Clearly delineate a person for each role and, if someone needs to be recruited, provide an anticipated date of having that position filled. It is essential that staff from community partners are represented as part of the Staff Plan. Use the Staff Plan and Work Plan to communicate project goals and responsibilities with partners.

## 4.a Staff Overview

## Instructions

Please use the following categories to describe staff who will carry out project activities.

### Project Staff Category Descriptions

|  |  |  |
| --- | --- | --- |
| **Component** |  **Description** | **Example** |
| Position Title | Staff member’s official title or project-specific title (Project Coordinator, etc.) | Project Manager |
| Staff Name |  | Example Jones |
| Relevant Experience | Brief (<50 words) description of staff member’s experience relevant to their project role. | 10+ years of assessing patron needs, partnering with local organizations to host events, and facilitating programs. |
| Organization |  | Main Street Library |
| Project Role | Brief description of what the staff member will do for the project. This should be broad and does not have to repeat responsibilities outlined in the work plan. | Serves as lead to ensure project goal and objectives are met. Facilitate communications with community partners. |
| % of Time Dedicated to Project | Estimate how much the staff member will spend their FTE time on the project. | 20% |

*Use the table below to design your staff plan. You may add more/remove space as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Title** | **Staff Name** | **Relevant Experience** | **Organization** | **Roles and Responsibilities** | **% of Time Dedicated to Project** |
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## 4.b Primary Project Staff Resumes and CVs (Upload as Separate Attachment)

Submit CVs and/or resumes of Primary Project Staff (project lead, partner organization lead, significantly involved staff, etc.) with your application on the [Online Submission Form](https://uiowa.qualtrics.com/jfe/form/SV_6XL5netCSpljwPk). Please combine multiple CVs/resumes into one document. Accepted formats: DOC, DOCX, TXT, PDF. File size limit: 100MB.

If you have any difficulty uploading attachments, send files directly to

lib-nnlmallofus@uiowa.edu with the **Subject: Community Award Application**.

# Section 5. Budget

This section covers the creation of the budget and a narrative to provide rationale for budgeted items and/or services. Not all Budget Narrative items will pertain to your project activities. For example, travel may not be needed to meet your project goal.

## 5.a Proposed Budget Plan (Upload as Separate Attachment)

[Download the Proposed Budget Plan Template (XLSX, 20.16 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3407)

Outline your project’s budget using the provided [template](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3407). Upload this plan with your application on the [Online Submission Form](https://uiowa.qualtrics.com/jfe/form/SV_6XL5netCSpljwPk). Accepted formats: XLS, XLSX, CSV, TXT, DOC, DOCX, PDF. File size limit: 100MB.

### Instructions

Awards are cost-reimbursable and are issued to the institution, not the individual. Budget fields will accept numbers only. Enter each amount to the nearest whole dollar. If a budget line is not applicable to your project, you may leave it blank. The budget estimate should be categorized by the following, as they apply:

* **Personnel**: Include (hourly rate X estimated hours) or (% time X annual salary) in the budget justification attachments. **Note:** pre-existing *All of Us* partners cannot receive additional funding through this award for work already funded through the *All of Us* Research Program.
* **Equipment (Over >$5,000)**: Quotes for items required such as desktop computers and other equipment. Include quotes received or other pricing information in the budget attachment or as another attachment. For smaller equipment such as laptops, tablets, printers, etc. use the section Other Direct Costs.
* **Travel**: Estimates for travel. Include description and any quotes in the budget justification.
* **Other Direct Costs**: Examples include
	+ **Materials & Supplies**: Examples include, laptops, WiFi hotspots, software, projectors, printers, books for book kits, etc. Include description and any quotes in the attached budget justification.
	+ **Communications**: Media, publicity, or other communication costs. Include description and any quotes in the attached budget justification.
	+ **Reproduction**: Printing materials or other reproduction costs.
* **Consultant Costs**: Estimated expenses from consultants, such as marketing firms or other agencies; submit the following information in your budget justification: name of consultant, description of work, hourly rate, total amount/not to exceed amount, and period of performance.
* **Contractual Costs**: Estimated expenses for any outside services, such as graphic design, web development, interpretation services etc. Submit the following information in your budget justification: name of service provider, description of work, hourly rate, total amount/not to exceed amount, and period of performance.
* **Other:** Include description and any quotes in the attached budget justification.
* **Indirect Costs (IDC) or Facilities and Administrative (F&A) Costs**: Apply at your institution’s non-research rate (or, if your institution has no negotiated rate, a 10% Modified Total Direct Cost (MTDC) can be applied if you wish to claim it). Indirect Costs need to be factored into your overall budget. The total budget cannot exceed the limit defined by the award you are applying for, including Indirect Costs.
* **Other Funding if Applicable**: Other funds that will be used to support the project should be specified. This includes matching funds, other grants, etc.

**Funding Restrictions**: Food, promotional items, and furniture are not allowable expenses. Promotional items include but are not limited to: Clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags that are sometimes provided to visitors, employees, grantees, or conference attendees. For more information on allowable costs, refer to the [NIH Grants Policy](https://grants.nih.gov/grants/policy/nihgps/HTML5/section_7/7.9_allowability_of_costs_activities.htm), the [NNLM Proposal Writing Toolkit: Budgeting page](https://nnlm.gov/guides/nnlm-proposal-writing-toolkit), and the [NNLM Funding FAQs.](https://nnlm.gov/funding/faq)

## 5.b Proposed Budget Justification

Provide a narrative justification for budget items listed in your proposed budget plan.

### Example budget narrative - $20,672

**PERSONNEL = $4,063**

**Example Jones**

5% time is requested for Example Jones to manage and oversee this project. Example will coordinate project work, manage budgets, oversee staffing, and communicate with RML staff.

Fringe rates for all staff are 25% based on organization’s policy.

**TRAVEL = $1,230**

Example will travel to the Medical Library Assn. conference to present work done as part of the project. A breakdown of costs is as follows:

**Airfare:** Cedar Rapids to Washington DC: $450

**Hotel:** 2 nights x 250/nigh: $500

**Per Diem:** 2 days of per diem ($76/day): $152

**Registration:** $128

**MATERIALS AND SUPPLIES = $2,500**

**Materials ($1,000)** will include the development and printing of brochures, rack cards, posters, and other materials for distribution at meetings, through mailings, and at exhibit booths.

**Tablet ($1,500)** A tablet will be purchased to set up a health kiosk within the library. This kiosk is purchased as an educational rate and will be used only for the purposes outlined in the proposal.

**CONSULTING COSTS = $10,000**

**Shirley Consultant, MS ($10,000)**

Dr. Consultant will provide technical set up support for kiosk management. Dr. Consultant has unique qualifications to provide these services, having setup kiosks in other locations. Dr. Consultant will provide 200 hours of services at a rate of $100/hour.

**OTHER = $1,000**

**Speaker Fees ($1,000)** Five speakers will be identified to conduct webinars on priority health topics. Each speaker will be paid a $250 speaker fee.

**Negotiated Indirect Cost Rate: 10%**

We do not have a negotiated indirect rate and will therefore apply a 10% Modified Total Direct Cost (MTDC).

|  |
| --- |
| *Please provide your budget justification narrative below the line. You may use more than the space provided.* |

# Submit Your Application

Online Submission Link: <https://uiowa.qualtrics.com/jfe/form/SV_6XL5netCSpljwPk>

When you are done with your Application Template, you are ready to fill out the Online Submission Form. Use this section to prepare your form responses in advance and copy them over to avoid losing your work.

This section of the Application Template is optional, but you **must** provide the requested information through the Online Submission Form to complete your application. All questions are required unless otherwise noted.

If you have any issues with navigating the application and/or attachments, please reach out to us using the [Award Interest Form](https://uiowa.qualtrics.com/jfe/form/SV_a2Zl6ByRWufr2rs) or email us at lib-nnlmallofus@uiowa.edu.

## Online Submission Form Preview

|  |  |
| --- | --- |
| **Question/Directions** | **Your Response** |
| **Q1. Award Pathway:** Select which award pathway best suits your project application. | [ ]  Health Programming [ ]  Digital Information Access |
| **Q2. Project Staff Lead Name:**  |  |
| **Q3. Lead Organization**: List the [NNLM Member Organization](https://nnlm.gov/membership/directory) that will lead and receive funding to conduct the proposed project.  |  |
| **Q4. Lead Organization NNLM ID:** Check our [Member Directory](https://nnlm.gov/membership/directory). Not a member yet? [Sign up for free!](https://nnlm.gov/membership/join) |  |
| **Q5. Lead Organization Address:** Street address, city, state/territory, and ZIP code. |  |
| **Q6. Primary Email Address:** All application-related communications will be sent to this address. |  |
| **Q7.** **Institution DUNS Number**: Enter your organization’s [DUNS number](https://www.dnb.com/duns-number.html). If you do not have a DUNS number, [apply for one](https://fedgov.dnb.com/webform/) as soon as possible.  |  |
| **Q8. Institution Tax ID**: Enter the 9-digit tax identification number for your institution. You may need to refer to your organization's accounting department for this information. |  |
| **Q9. New NNLM Member:**Did you join NNLM to apply for this award? | [ ]  Yes[ ]  No |
| **Q10. Previous NNLM Funding:** Have you or your institution previously received NNLM funding? | [ ] Yes[ ]  No[ ]  I don’t know |
| **Q11. Partner Organization(s):** If your organization is partnering with any other organizations, please list them here. You will provide additional information about them later in the application. |  |
| **Q12. Project Title (50-word limit):** Title the project with an external audience in mind. Funded projects are displayed on the [NNLM website](https://nnlm.gov/funding/funded) and are provided by NLM in response to data calls from NIH, U.S. Department of Health and Human Services, U.S. Office of Management and Budget, Congress, and the White House. |  |
| **Q13. Estimated Project Start Date** (mm/dd/yyyy) |  |
| **Q14. Estimated Project End Date** (mm/dd/yyyy) Can be no later than April 1, 2022. |  |
| **Q15. Project Summary (250-word limit)** | Copy your text from Application Template [Section 1.](#_Section_1._Project)  |
| **Q16. Reaching Communities Underrepresented in Biomedical Research** | Copy your selections from Application Template [Section 2.a](#_2.a_Reaching_Communities) |
| **Q17. NNLM and *All of Us* Goals** | Copy your selections from Application Template [Section 2.c](#_2.c_NNLM_and) |
| **Q18. Upload Application Template**Application Template (This document) | Refer to the Application Instructions in the [Application Guide (PDF, 6.74 MB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3420) for further details. Accepted formats: DOC, DOCX, TXT, PDF. File size limit: 100MB. |
| **Q19. Letters of Commitment.**[Letter Template (DOCX, 17.29 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3468) | Refer to [Section 2.d Letters of Commitment](#_2.d_Letters_of)**,** for more information on how to prepare your Letters. Accepted formats: DOC, DOCX, TXT, PDF. File size limit: 100MB. |
| **Q20. Upload Primary Project Staff CVs/Resumes.**  | Upload CVs or resumes of Primary Project Staff (project lead, partner organization lead, significantly involved staff, etc.). Please combine multiple CVs/resumes into one document. Accepted formats: DOC, DOCX, TXT, PDF. File size limit: 100MB. |
| **Q21. Proposed Budget Amount Total:** Enter the amount listed from the **Total Costs** fieldof your Proposed Budget Template. The amount specified should not exceed the limit established by the CEC for the selected award pathway. Enter the amount to the nearest whole dollar. |  |
| **Q22. Upload Proposed Budget Plan.** [Budget Template (XLSX, 20.16 KB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3407) | Refer to [Section 5.a Proposed Budget Plan](#_5.a_Proposed_Budget)for further instructions. Accepted formats: DOC, DOCX, XLS, XLSX, CSV, TXT, PDF. File size limit: 100MB. |
| **QA. Additional Files.** If you were unable to merge and upload any previous attachments, you may upload up to three (3) additional files here. |  |
| **Q23. Acknowledgements.** Please acknowledge the following statements before submitting your application. If awarded, your project team will agree to:* Work with the CEC and the NNLM to create, modify, and implement project activities and evaluation, and submit regular reports to demonstrate progress to meet project and award goals.
* Comply with NIH COVID-19 safety guidelines for hybrid and in-person project components.
* Adhere to other CEC, NNLM, and NIH Funding Requirements as outlined in the [Application Guide (PDF, 6.74 MB)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3420).

[ ]  I have read and agree to the statements above about expectations for receiving a CEC Community Award. |

**Congrats, you completed your Community Award Application!**

# After You Submit Your Application: Next Steps

*Complete this section after your application is submitted.*

If your project is awarded, this section describes additional information you will provide to initiate your contract to receive funding to purchase items in your budget. **As contract initiation can take up to 4 weeks to process, we recommend submitting these forms as soon as you submit your completed application, or no more than 1 week after the CEC sends your Notice of Award (Week of October 25th).** Completing these forms early will speed up the funding process, if awarded.

More detailed instructions will be provided upon application completion. Please submit all completed funding initiation forms to lib-nnlmallofus@uiowa.edu with the **Subject: Community Award Contract Forms**.

[ ]  Form I – [Template (PDF, 2.74 MB)](https://dsp.research.uiowa.edu/file/5251/download?token=jPDTxwwM)

* Part I: Skip
* Part II: Required
* Part III: Complete if you answered NO to Part II. A

[ ]  Form B – [Template (PDF, 598 KB)](https://coi.research.uiowa.edu/sites/coi.research.uiowa.edu/files/formb102418.pdf)

* Please indicate which type of policy your institution has and return to lib-nnlmallofus@uiowa.edu

[ ]  University of Iowa Vendor Application

* Link:<https://www.esupplier.uiowa.edu/psp/ps/SUPPLIER/ERP/c/SUP_OB_MENU.AUC_BIDDER_REGISTRATION.GBL?Action=U>
* If your institution is not already in the University of Iowa Vendor system, we will request you complete the application at the link.

[ ]  SAM.gov Registration

* Link: [SAM.gov](https://sam.gov/content/home)
* Each institution awarded will need to be registered in the SAM.gov system. You can check your current status, renew your institution’s status (should be done annually) or register your institution.