National Library of Medicine — NIH — Network of the National Library of Medicine — **All of Us RESEARCH PROGRAM**

All of Us Mini Programming Award Application Form

How to use this form

This form will become part of your application for a Mini Programming Award from the NNLM *All of Us* Training & Education Center (TEC).

Fill out the following sections to provide information about your planned project. You can refer to our Evaluation Rubric (DOC, 23 KB) as you complete the application.

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

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

Submitting your application

Submit this form and the additional documents noted below as a PDF attachment to aoutec@pitt.edu with the **Subject: All of Us Mini Programming Award Application**.

Need assistance?

TEC staff are available for consultation and training on relevant NLM and *All of Us* resources and potential projects. Email us at aoutec@pitt.edu and someone will respond within three business days.

Application Checklist

All materials in this checklist must be complete and submitted by the application deadline for full consideration.

Required Documents	Link
☐ Application Form	This document (PDF)
☐ Letter(s) of Commitment	LOC Template (DOC, 24.1 KB)
☐ Project Staff Resumes/CVs	Attach to email as DOC or PDF
☐ Budget	Budget Template (XLSX, 104 KB)
☐ Work Plan	Work Plan Template (DOC, 21 KB)
☐ W9	Download a W9 (PDF, 129 KB)

Section 1. Project Overview

Organizational Information

Project Title:

Title the project with an external audience in mind. Funded projects are displayed on the NNLM website 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.

Estimated Project Start and End Dates:

(mm/dd/yyyy) End date can be no later than April 30, 2022.

Lead Organization:

List the NNLM Member Organization that will lead and receive funding to conduct the proposed project.

Lead Organization NNLM ID:

Check our Member Directory. Not a member? Join!

Lead Organization Address:

Street address, city, state/territory, and ZIP code.

Institution DUNS Number:

Enter your organization's DUNS number. If you do not have a DUNS number, apply for one as soon as possible.

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.

Project Lead Name and Email:

Financial/Administrative Contact Name and Email:

If your organization's financial/administrative contact is different than the project lead (if your organization has an accountant, for example), please name that person here.

Partner Organization(s):

If your organization is partnering with any other organizations, please list them here.

Did you join NNLM to apply for this award?

☐ Yes   ☐ No

Have you or your institution received NNLM funding since May 1, 2021?

☐ Yes   ☐ No   ☐ I Don't Know

Project Summary

150 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.

Section 2. Community of Focus

Describe the community of focus for your project and describe what community needs the project will address. You may select more than one community.

Reaching Communities Underrepresented in Biomedical Research

[UBR Descriptions (PDF, 144KB)](#)

Select the following Communities Underrepresented in Biomedical Research (UBR) that best describe your project's intended audience:

Age Group
☐ Children (0-12 yrs.)
☐ Teens (13-18 yrs.)
☐ Adults (19-64 yrs.)
☐ Seniors (65+ yrs.)

Geographic Type
☐ International
☐ Rural
☐ Medically Underserved Areas/Populations
☐ Suburban
☐ Urban

Issues & Interests
☐ Behavioral/Social Determinants of Health
☐ HIV/AIDS
☐ Maternal Health
☐ Opioids
☐ Socioeconomically Disadvantaged Populations
☐ NIH Helping to End Addiction Long-term (HEAL) Initiative
☐ Opioids
☐ Vaping

Sexual & Gender Minorities
☐LGBTQIA+
☐Women

Race & Ethnicity
☐ Alaska Natives
☐ American Indians
☐ Asians/Asian Americans
☐ Blacks/African Americans
☐ Hispanics/Latin Americans
☐ Native Hawaiians
☐ Other Pacific Islanders

Other UBR Community

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Evidence of Need

Describe the needs of the intended UBR community 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 the intended community.

What needs are addressed by this project? (75 word limit)

What data supports these needs? (75 word limit)

How does your project address these needs? (75 word limit)

How will your community be involved? (75 word limit)

NNLM and *All of Us* Goals

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

☐ Raise awareness of *All of Us*, the National Institutes of Health (NIH) precision medicine research program.

☐ Build and strengthen partnerships with communities who are Underrepresented in Biomedical Research (UBR). Descriptions (PDF, 144 KB)

☐ Further individual and communities' health and health literacy, digital literacy, and/or public understanding of clinical research.

☐ Further individual and communities' understanding of and participation in citizen science activities.

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

Section 3. Work Plan

Send as Separate Attachment

You will create a 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. Work Plans can be flexible and updated to reflect changes during the project. Your completed Work Plan should align with all other sections of this Application Form.

You can use the Work Plan to discuss the project with community partners, so all parties can collaborate on the project design and agree on specific responsibilities.

Use the Work Plan Template (DOC, 21 KB) for your proposed Work Plan, and send it as a separate document. Feel free to refer to this Example Work Plan (DOC, 21 KB) as you design your plan.

Project Work Plan Overview

Outline your project using the following categories. Consider the broad goal of the project and the objectives to meet the goal. Your objectives should follow the SMART framework (Image 1). You may have as many objectives and rows as needed.

S Specific	**M** Measurable	**A** Attainable	**R** Relevant	**T** Time Bound
Is your objective clear and concise?	How do you know you've met your objective?	Is your objective possible to be achieved?	Do they align with your overall work plan?	Does your objective have a deadline?

Image 1. 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).

Work Plan Category Descriptions

Component	Description
Goal	A broad statement about what you hope to accomplish with your project in the long-term
Objectives	Describes the strategies to accomplish the goal. Please use the SMART framework for developing objectives.
Planned Evaluation Method	Briefly describe how you will measure the success of your project to meet this objective. Your description should include types of data that would be collected and methods of data collection.
Milestones	A significant event, measure, or step completed to achieve the objective. You may have more than one milestone for each objective.
Activities	What needs to be done to achieve the milestone.
Methods	Describes how the activities will be done.
Responsible Project Staff	Describes the role of the awardee and partners who will be completing the activities.
Timeframe	Describes the timeframe when activities will occur.
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.

Integrating NLM, NNLM, and *All of Us* Resources

In addition to adding slides about *All of Us* to any presentations associated with this project, you are required to integrate any additional resources and tools into your programming that fit your community's needs.

Select the following ***All of Us* resources and tools** that best serve your community:
- ☐ NNLM *All of Us* Learning Activities
  - ☐ Health Activities
  - ☐ Learn Internet Skills

Select the following **NLM/NNLM resources and tools** that best serve your community:
- ☐ SciStarter + NLM – citizen science tutorials, projects, and resources
- ☐ MedlinePlus – NLM consumer health database (available in Spanish)

Select the following **ways to share these resources** with your community:
- ☐ Displays and handouts
- ☐ Social media campaigns
- ☐ Incorporate resources into existing programming
- ☐ Host, promote, or participate in *All of Us* Citizen Science Month activities
- ☐ Add MedlinePlus to your website as a public resource
- ☐ Bookmark MedlinePlus and/or *All of Us* resources on computers or tablets
- ☐ Collaborate with a local *All of Us* partner for a program
- ☐ Other:

Section 5. Budget

Proposed Budget Plan

Send as Separate Attachment

Use the [Budget Template (XLSX, 104 KB)](#) for your final proposed budget.

Instructions

Awards are cost-reimbursable and are issued to the institution, not the individual. 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**: Any organizational staff who will work on this project. Include (hourly rate X estimated hours) or (% time X annual salary) in the budget justification, along with description of work. **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.
- **Materials & Supplies**: Laptops, tablets, WiFi hotspots, software, projectors, printers, books, etc. Include description and any quotes in the attached budget justification.
- **Travel**: Estimates for travel, if applicable. Include description and any quotes in the 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 Services**: Estimated expenses from consultants, if applicable. May include 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
  - 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, the NNLM Proposal Writing Toolkit: Budgeting page, and the NNLM Funding FAQs.

Proposed Budget Justification

Provide a narrative justification for budget items listed in your proposed budget plan. Please refer to this Example Budget Narrative (DOC, 15.2 KB) to inform your own.

Submit Your Application

Acknowledgements

Please acknowledge the following statements before submitting your application. If awarded, your project team will agree to:

- Work with TEC and NNLM to create, modify, and implement project activities
- Implement any NNLM evaluation metrics required
- Submit regular reports to demonstrate progress to meet award goals
- Comply with NIH COVID-19 safety guidelines for hybrid and in-person activities

☐ I have read and agree to the statements above about expectations for receiving an *All of Us* Mini Programming Award.

Submit

When you are done with your Application Form, you are ready to send it to aoutec@pitt.edu as a PDF attachment. Please send all additional required documents (see **Application Checklist**) as PDF attachments as well. If you have any issues with navigating the application and/or attachments, please reach out to the TEC via email: aoutec@pitt.edu.