# Proposal Template

NNLM All of Us Program Center – Partnership Project Awards

## How To Complete

**All prompts are required unless an exception is explicitly noted.**

* You are strongly encouraged to refer to the [Proposal Guide (PDF)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=4183) for in-depth instructions on how to prepare your proposal. There are also examples you can reference.
* Adhere to all word limits. Your text may use more space than originally provided. Full sentences are not required, but descriptions should be clear.
* Preview our [Screener Checklist (PDF)](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=5043) to ensure your proposal is complete prior to submission.

## How To Submit

* Attach this document to your proposal when you submit it through the [Online Submission Form](https://uiowa.qualtrics.com/jfe/form/SV_6YEZWIrwsozLNwa).
* You **must** include other required attachments in your proposal submission for full consideration.
* Accepted file types: DOC, DOCX, TXT, or PDF
* Individual file size limit: 100MB

## Need Assistance?

Email your NAPC Liaison or our office at [LIB-NAPCengage@uiowa.edu](mailto:lib-nnlmallofus@uiowa.edu), and we will respond within three business days.

This award is funded by the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Cooperative Agreement Number U24LM014070 with the University of Iowa, Hardin Library for the Health Sciences and University of Pittsburgh, Health Sciences Library System.

## Section 1. About Your Organization

### 1.1 Organization Name

|  |
| --- |
| Click or tap here to enter text. |

### 1.2 Organization Address

Include Street, City, State/Territory, ZIP Code

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| 1.3 NNLM Membership ID | Click or tap here to enter text. |
| Check our [Member Directory](https://nnlm.gov/membership/directory). Not a member yet? [Sign up for free!](https://nnlm.gov/membership/join) |  |
| 1.4 Institution Tax ID (EIN) | Click or tap here to enter text. |
| Enter the 9-digit tax identification number for your institution. |  |
| 1.5 SAM.gov Unique Entity ID (UEI) | Click or tap here to enter text. |
| Registration through [SAM.gov](https://sam.gov/content/home) is required for all organization’s receiving federal funds. Visit their website to [register](https://sam.gov/content/entity-registration) or to [find your UEI](https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0016414). |  |

### 1.6 *All of Us* Funding

**Is your organization currently receiving or has received funds from the NIH All of Us Research Program?**

|  |  |
| --- | --- |
| Yes  If selected, answer this question. | No  If selected, skip this question. |

**If you selected Yes**, describe in 1-2 sentences what activities All of Us has funded at your organization.

|  |
| --- |
| Click or tap here to enter text. |

At this time, the NAPC will not fund activities at your organization already funded directly through the NIH *All of Us* Research Program. If you would like to apply for funding for separate *All of Us* -related activities, NIH requires clear documentation describing how these activities are separate.

If you are not sure if this applies to your organization, contact your NAPC liaison or our office at [lib-NAPCengage@uiowa.edu](mailto:%20lib-NAPCengage@uiowa.edu).

## Section 2. Project Overview

### 2.1 Project Title

Word Limit: 50

|  |
| --- |
| Click or tap here to enter text. |

### 2.2 Project Staff Lead Name

This is the person who will oversee coordination and implementation of the project.

|  |
| --- |
| Click or tap here to enter text. |

### 2.3 Partner Organization(s)

Please list any community organization(s) you will work with to complete project activities, including your local All of Us partner.

|  |
| --- |
| Click or tap here to enter text. |

### 2.4 Project Dates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date Can be no earlier than July 1, 2024. | Click or tap to enter a date. |  | End Date Can be no later than April 30, 2025. | Click or tap to enter a date. |

### 2.5 Project Summary

Provide a description that summarizes your proposed project by answering the following questions. Fill in the suggested text and refer to the Proposal Guide or [Programming Ideas slide deck](https://iowa-my.sharepoint.com/:p:/g/personal/shahan_uiowa_edu/ER5oq6mvqypGv9SKfN49TS0B8UsQCtc-jz_kULuDRidUhA?e=6YfpS6) for additional language.

#### Whatis the project goal?

#### Word limit: 100

|  |
| --- |
| Suggested text for one goal: [Library] will partner with the NNLM *All of Us* Program Center and [local *All of Us* partner] to [activity] in order to engage with community members in enrollment and retention for the *All of Us* Research Program.  [Add additional goals as needed] |

#### What are your major project activities?

#### Word limit: 100

|  |
| --- |
| Suggested text: [Library] plans to [description and frequency of activities]. The project will partner with [*All of Us* partner] to promote *All of Us* enrollment, retention, and engagement by [insert description of plans].  [Add additional activity descriptions as needed] |

#### Whois the project’s intended audience? How will you reach them?

#### Word limit: 100

|  |
| --- |
| Click or tap here to enter text. |

## Section 3. 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 serve more than one community in your project.

### 3.1 Reaching Communities Underrepresented in Biomedical Research

This award prioritizes activities focused on engaging with communities who are underrepresented in biomedical research - [*UBR Definitions (PDF, 29.3 KB)*](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3482). Which primary UBR population in your community do you plan to serve with this project?

Racial and Ethnic Identity

Access to Care

Age

Annual Household Income

Disability

Educational Attainment

Sexual and Gender Minorities (SGM)/ Gender Identity

Geography

Biological Sex at Birth

Sexual Orientation

#### Demographic Details

Please include any another community you intend to serve that is not represented in the list above. You may also provide more details about who within the categories above you intend to serve.

|  |
| --- |
| Click or tap here to enter text. |

### 3.2 Evidence of Need Statement

Answer the following prompts to describe how your proposed project will meet the need(s) of communities you selected in the previous question.

#### What are the needs of the community to be addressed in this project? How will the project activities address these needs? How were these needs determined (e.g., through needs assessments, anecdotes, or other data sources)?

#### Word Limit: 250

|  |
| --- |
| Click or tap here to enter text. |

#### Describe the partnership between your library and the *All of Us* enrollment partner(s). What is the role of the All of Us partner in your project?

#### Word Limit: 250

|  |
| --- |
| Click or tap here to enter text. |

## 

## Section 4. Work Plan

### 4.1 Goal and Objectives

#### Project Goals

#### Provide 1-3 broad statements about what you hope to accomplish with your project. Add any goals/objectives unique to your project as needed.

|  |
| --- |
| The library will partner with the NNLM *All of Us* Program Center and their local *All of Us* enrollment partner to design and implement effective strategies to engage with community members in enrollment and retention in the *All of Us* Research Program.  [Add additional goals] |

Provide 1-3 Objectives that will address your Project Goal(s). Use the tables provided to describe your timeframe, activities, and project staff roles for each Objective. You do not have to fill every row. Refer to the Proposal Guide for more tips on preparing your Work Plan.

#### Objective 1

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Timeframe – When will it be done?** | **Activities – What will be done and how?** | **Project Staff Roles – Who will do it?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#### Objective 2

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Timeframe – When will it be done?** | **Activities – What will be done and how?** | **Project Staff Roles – Who will do it?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#### Objective 3

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Timeframe – When will it be done?** | **Activities – What will be done and how?** | **Project Staff Roles – Who will do it?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### 

### 4.2 Staff Plan

Using the table below, provide a clear and detailed staff plan to successfully coordinate, implement, and evaluate your project. You do not have to use all the space provided. You must also attach resumes and CVs of all primary project staff when you submit your proposal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Title** | **Staff Name** | **Organization** | **Roles and Responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### 4.3 Evaluation Plan

Answer the following questions to describe your evaluation methods for your project.

#### Based on your Work Plan Goals and Objectives, how will you evaluate the success of your project?

#### Word limit: 250

|  |
| --- |
| Click or tap here to enter text. |

#### If you have other evaluation instrument(s) you plan to use, briefly describe the type of the instruments (surveys, focus groups, etc) and what they intend to measure. If you don’t plan to use other instruments, enter “N/A”.

#### Word Limit: 250

|  |
| --- |
| Click or tap here to enter text. |

#### Would you like any support in developing an evaluation instrument?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, our project would like NAPC staff to support the development of evaluation instrument(s) for our project. |  | No, we do not need additional evaluation support at this time. |

#### Who will be responsible for carrying out required evaluation activities, such as distributing All of Us Participant Surveys?

#### Word Limit: 100

|  |
| --- |
| Click or tap here to enter text. |

### 4.4 Technology Needs

**Will you purchase technology for your project activities?** Technology includes any hardware, software, internet, and other digital tools.

|  |  |
| --- | --- |
| Yes  If selected, answer this question. | No  If selected, skip this question. |

**If you selected yes**, describe the following about your technology needs for your project:

* **What** technology will be purchased (technology type, brand, etc.)?
* **Why** do you need this specific technology? (ex. Why a MacBook and not a PC laptop?)
* **Who** will support the purchase, installation, and use of this technology?

Word Limit: 250

|  |
| --- |
| Click or tap here to enter text. |

## Section 5. Budget Justification

Provide a narrative justification for budget items listed in your Proposed Budget. Refer to instructions in the [Proposal Guide](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=4183) on how to prepare and format your budget justification. Your proposal must include a separate [Budget Template](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3407) in the attachments.

The Total Costs (sum of your direct and indirect costs) **may not** exceed the maximum award amount.

|  |
| --- |
| Click or tap here to enter text. |

### Indirect Cost Rate (F&A Rate)

Indirect costs can be included in your budget, which is calculated using a federally negotiated Facilities & Administrative (F&A) rate. The sum of your direct and indirect costs **may not** exceed the maximum award amount.

Please select which F&A rate you will use for your project budget:

|  |  |
| --- | --- |
|  | This project will use the standard 10% F&A Rate from NIH to calculate indirect costs. |
|  | This project will use my institution’s federally approved, non-research F&A rate. I will submit documentation of this agreement with my proposal. |
|  | This project will not request any indirect costs. |

This is the end of the Proposal Template. Congratulations!