

2006 CATCH Implementation Funds Application: Applicant Information

ONLY applications submitted online will be considered for 2006 CATCH funding.

I am applying for:

- General CATCH Implementation Grant
 Early Childhood Obesity CATCH Implementation Grant

Before beginning this application, visit: www.aap.org/catch/implementationgrants.htm for more information about this grant cycle provided in the *Call for Proposals* guidelines and for contact information of the Chapter CATCH Facilitator in your state who can provide you with technical assistance.

Provide your National AAP membership ID# _____ (if any)

AAP Chapter member _ Yes _ No

__ Check here if you are a member of the Uniformed Services.

Pediatrician Applicant

NAME		CREDENTIALS (DO, MD, etc)
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL

What is the full name of the institution or facility in which the proposed project will be located?

Secondary Contact Person (optional)

NAME		CREDENTIALS (DO, MD, etc)
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL

CATCH project title (MUST be 6 words or less) _____

Is this an existing program? _ Yes _ No

Proposal abstract/summary (100 words or less)

What makes you a community pediatrician? (Describe in 2 sentences)

Narrative biographical Sketch of the Pediatrician Applicant (500 words or less, résumés and CVs will not be accepted)

Please provide the following information about the primary contact applicant:

Have you been awarded a CATCH grant as a primary applicant in the past?

(Note: former grantees may apply.)

- Yes, I have received a resident grant
- Yes, I have received a planning grant
- Yes, I have received an implementation grant
- No

Did you receive technical assistance with the preparation of your grant application from any of the following sources? Check all that apply.)

- AAP CATCH staff
- Chapter CATCH Facilitator
- District CATCH Facilitator
- Resident CATCH Liaison
- Former CATCH Grantee
- Other Pediatrician/Physician
- Other (specify _____)
- No, I did not receive any assistance.

What type of technical assistance with the preparation of your grant application did you receive?

Check all that apply.

- Grant writing/proposal preparation
- Information/Materials
- Networking/Referrals
- Online application logistics
- Sample grant documents
- Information from AAP grants database or assistance with how to search the database
- Other (specify _____)
- I did not receive any assistance.

Please indicate the primary employment setting of the pediatrician applicant, that is, the setting where he or she spends the most time. Please check only ONE response.

- Solo or two-physician practice
- Pediatric group practice, 3-10 pediatricians
- Pediatric group practice, >10 pediatricians
- Multispecialty group practice
- Health Maintenance Organization (staff model)
- Medical school or parent university
- Non-profit community health center
- Non-government hospital or clinic
- City/county/state government hospital or clinic
- US government hospital or clinic
- Other (please specify _____)

What is the present employment status of the pediatrician applicant? Check ONE response.

- Full
- Part-time
- Retired
- Semi-retired
- Temporarily not in practice
- Not active for other reasons (please specify _____)

Approximately what percentage of the pediatrician applicant's time is spent in the following areas?

(Note: This question is for program evaluation purposes only. Your response will not affect funding decisions.)

General Pediatrics.....	_____%
Other specialty/subspecialty area (specify _____)	_____%
	100%

2006 CATCH Implementation Funds Application: Project Focus

The AAP has recently developed a **Grant/Project Search** database (<http://www.aap.org/commpeps/grantsdatabase>). The database archives current and previous grant projects funded through Academy programs, such as the CATCH Program. Grant applicants and grantees can search the database for examples of previously funded projects. We are asking for your help in coding your project's topic(s) for this database with the questions below. Note that only funded projects will be entered into the database.

Please select ONE topic from the table below as the project's primary topic area.

Primary topic: _____

Then select up to NINE additional topics to serve as key words for your project.

TOPICS	
<input type="checkbox"/> Access/Barriers to Health Care	<input type="checkbox"/> Literacy
<input type="checkbox"/> ADHD	<input type="checkbox"/> Medical Home
<input type="checkbox"/> Adolescent Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Mobile Care
<input type="checkbox"/> Asthma	<input type="checkbox"/> Native American Child Health
<input type="checkbox"/> Autism spectrum disorders	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Overweight & Obesity
<input type="checkbox"/> Border Health	<input type="checkbox"/> Oral/Dental Health
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Palliative Care/Hospice
<input type="checkbox"/> Care Coordination/Case Management	<input type="checkbox"/> Parenting/Parent Education
<input type="checkbox"/> Child Abuse & Neglect	<input type="checkbox"/> Physical Activity
<input type="checkbox"/> Child Care	<input type="checkbox"/> Pregnancy Outcomes
<input type="checkbox"/> Child Development/ Developmental Delay	<input type="checkbox"/> Primary Care
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Resident/Medical Student Training
<input type="checkbox"/> Children w/special health care needs /Disabilities	<input type="checkbox"/> Responsible Sexual Behavior
<input type="checkbox"/> Culturally Effective Care	<input type="checkbox"/> Rural Health
<input type="checkbox"/> Diabetes	<input type="checkbox"/> SCHIP/Medicaid Enrollment
<input type="checkbox"/> Environmental Quality	<input type="checkbox"/> SCHIP Outreach
<input type="checkbox"/> ER/Urgent Care	<input type="checkbox"/> SCHIP Retention
<input type="checkbox"/> Family Centered Care	<input type="checkbox"/> School Health
<input type="checkbox"/> Family Violence	<input type="checkbox"/> School Readiness/Head Start
<input type="checkbox"/> Foster Care	<input type="checkbox"/> School Violence
<input type="checkbox"/> General Pediatrics	<input type="checkbox"/> Screening/Detection/Surveillance
<input type="checkbox"/> Health Education & Prevention	<input type="checkbox"/>
<input type="checkbox"/> Health Disparities	<input type="checkbox"/> Sex Education
<input type="checkbox"/> Hearing	<input type="checkbox"/> SIDS
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> STDs
<input type="checkbox"/> Homeless Care	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Home Visitation	<input type="checkbox"/> Teenage Pregnancy & Parenting
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Transitions
<input type="checkbox"/> Injury & Violence	<input type="checkbox"/> Urban Health
<input type="checkbox"/> Immigrant/Migrant/Refugee/Undocumented Health	<input type="checkbox"/> Vision Health
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Well-Child/Well-Baby Care

Please identify the activities that will be a part of your project. Check up to ten boxes.

<input type="checkbox"/> Coalition development
<input type="checkbox"/> Community assessment/Needs assessment
<input type="checkbox"/> Community awareness promotion
<input type="checkbox"/> Community meeting support
<input type="checkbox"/> Curriculum development
<input type="checkbox"/> Focus groups
<input type="checkbox"/> Grant writing/Proposal development
<input type="checkbox"/> Interviews
<input type="checkbox"/> Mentorship
<input type="checkbox"/> Outreach
<input type="checkbox"/> Program development/ Program planning
<input type="checkbox"/> Program evaluation
<input type="checkbox"/> Program implementation

<input type="checkbox"/> Resident/Medical student community experiences
<input type="checkbox"/> Resource/tool development
<input type="checkbox"/> Survey development
<input type="checkbox"/> Task Force development

2006 CATCH Implementation Funds Application: Community Information

Please describe your target population (include children's health statistics and number of children potentially affected by the project).

Do children with any of these types of health care coverage comprise 50% or more of the project's target population? Check all that apply.

- .Indian Health Service
- .Medicaid/SCHIP recipients
- .Private Insurance
- .Uninsured children
- .Other (specify _____)

What is the race/ethnicity of the project's primary target population? Check all that apply.

- Asian/Pacific Islander
- Black
- Hispanic
- Native American
- White, non-Hispanic
- Other (specify _____)

What is the developmental stage of the project's primary target population AND the projected number of children who will be served by the project? Check all that apply and enter numbers served.

- Infant and toddler (birth-2 years) **Enter #:** _____
- Preschool age (3-5 years) **Enter #:** _____
- School age (6-10 years) **Enter #:** _____
- Adolescent (11-21 years) **Enter #:** _____
- Other (specify _____) **Enter #:** _____

Does the project target any of these special populations? Check up to ten boxes.

<input type="checkbox"/> Children living in poverty	<input type="checkbox"/> Homeless families
<input type="checkbox"/> Children with special needs	<input type="checkbox"/> Immigrant/Migrant/Refugee/Undocumented families
<input type="checkbox"/> Families in crisis	<input type="checkbox"/> Minority populations
<input type="checkbox"/> Families in transition	<input type="checkbox"/> Native Americans
<input type="checkbox"/> Foster children	<input type="checkbox"/> Pregnant women/New mothers
<input type="checkbox"/> Gay, Lesbian, Bisexual, or Transgender Youth	<input type="checkbox"/> Underserved children & families
<input type="checkbox"/> Families in crisis	<input type="checkbox"/> Uninsured/Underinsured children & families
<input type="checkbox"/> Families in transition	<input type="checkbox"/> Youth with special needs

Please describe the community (eg, agricultural, industrial, number of pediatricians and other health care professionals in the area, employment data, socioeconomic data)

Please characterize the target community for the project. *Check all that apply.*

Note: This question is for program evaluation purposes only. Your response will not affect funding decisions.)

- Urban, inner-city
- Urban, not inner-city
- Suburban
- Rural
- Other (specify _____)

Is the primary setting of your project academic or non-academic?

- Academic
- Non-academic

Please identify the primary setting of your project.

- Clinic - FQHC
- Clinic - not FQHC
- Community-based organization
- Hospital
- Multispecialty clinic
- Preschool/day care center/Head Start
- Private practice
- Public Health Department
- School (elementary or secondary)
- Other (specify _____)

Please describe the barriers in your community that impact access to medical homes and other needed health care services for your target population (eg, geographic, cultural, physical, socioeconomic, communicative)

How will the proposed project address these access barriers?

Why should the CATCH Program fund your project (ie, summarize and justify the need for funding)?

2006 CATCH Implementation Funds Application: Collaboration Information

Identify present and future community collaborative partners as they relate to this project (eg, grassroots associations, parents, faith-based groups, local businesses, local public health service agencies, nongovernmental health agencies, hospitals)

Who are your current community partners?

With what additional individuals, groups or organizations do you plan to partner during this project?

What are the pediatrician applicant's responsibilities in carrying out the project?

Describe project-related activities completed to date (eg, had prior involvement with local community, conducted informal health assessment, attended community meetings focused on child health issues, read literature suggesting a need in the community, informally documented child health trend in own practice).

2006 CATCH Implementation Funds Application: Project Goals

The goals of this implementation project are to:

(Note: list goals for the implementation project period only. You will be asked an additional question later about the long-term goals of the project beyond the initial implementation period).

1. _____
2. _____
3. _____

Describe the major project activities, with timeline incorporated.

Project Activity	From: Month	To: Month

Identify the long-range goals for this project beyond the grant period.

How do you plan to sustain and implement the project beyond the grant period?

How will you assess the achievement of your project goals listed at the beginning of this section (outcomes must be measurable)? (Check all that apply.)

- Number of children served - required of all CATCH implementation projects**
- Coalition formed
- Community Forum held
- Completion of community assessment
- Number children/families enrolled
- Number grants written
- Number grants submitted
- Funding obtained
- Number of meetings of planning committee/task force
- Number provider contacts
- Number of referrals made or completed
- Number of surveys/focus groups/interviews
- Partnerships developed
- Other (specify _____)

2006 CATCH Implementation Funds Application: Project Budget

Budget detail and justification of line items (See *Call for Proposals* for a list of typical activities.)

To avoid the possibility of personal tax liability, it will be necessary for you to appoint a tax-exempt fiscal agent once you receive your award notification. Per federal tax law, individuals are responsible for the taxes on unexpended funds at year-end. Individuals are also responsible for the taxes on expended funds for which an expense report has not been submitted at year-end.

Activity	Description and Formula	\$ Amount
Total amount requested:		

Identify sources of past, current, and possible future funding.

Past

Current

Possible future

OPTIONAL ATTACHMENTS TO APPLICATION:

The online application allows a maximum of 4 single-sided pages of attachments. Attachments may not be used to respond to questions contained within the application.

2006 CATCH Implementation Funds Application: Pediatrician Applicant Survey

The pediatrician applicant must respond to the questions below in order to submit the completed application. These questions are not scored or considered in CATCH funding decisions, but are important for our CATCH evaluation.

1. How did you learn about CATCH grants? Check all that apply.

- AAP News
- AAP Website
- AAP Mailing
- AAP Chapter Meeting
- CQ Newsletter

- Email list serve (specify _____)
- Colleague
- Other (specify _____)

2. Please indicate your current involvement with AAP. Check all that apply.

State AAP Chapter

- Attend meeting
- Serve on committee
- Other (specify _____)
- None

National AAP

- Attend meeting
- Serve on committee
- Other (specify _____)
- None

3. Have you participated in any of the following AAP child health initiatives? Check all that apply.

- Bright Futures
- CATCH
- Community Pediatrics Training Initiative (CPTI/Dyson Initiative)
- Healthy Child Care America
- Healthy Tomorrows
- Medical Home Initiative
- Mentorship and Technical Assistance Program (MTAP)
- None of the above

4. Please identify other community child health activities in which you have been involved in the past 12 months: Check all that apply.

- Health and Fitness Related
includes camp, health fair, public health clinic, recreational sports team physician
Please specify activity: _____

- School/Education Related
includes child care center, school consultant, school health clinic provider, special education program consultant, school board member, school sports team physician
Please specify activity: _____

- Other Government/Public Health Program Related
includes child protection services/agencies, children with special health care needs/Title V, Courts, Child-specific advisory committees (eg, IDEA (Individuals with Disabilities Education Improvement Act), newborn screening, Head Start, MCH, Immunization)
Please specify activity: _____

- Non Profit Organization Related
includes child advocacy (eg, Voices for Children, Children's Defense Fund), shelters for homeless, mobile health services, volunteer organizations (eg, AAP chapter or national activities, March of Dimes, Rotary, Kiwanis)
Please specify activity: _____

- Other Please specify: _____
- None of the above

5. What benefits do you receive as a result of your participation in community child health activities? Check all that apply.

- Money/compensation
- Professional recognition
- Opportunity to spend time with like-minded peers
- Gain valuable skills and/or knowledge
- Meet professional requirement/obligations
- Personal satisfaction
- Visibility and/or credibility in the community
- Opportunity to improve child health in your community
- No benefits
- Other (please specify _____)
- None of the above

6. Do you have contact with a person who provides guidance or advice to you about involvement in community child health activities?

- Yes
- No

6a. Please indicate from whom you receive guidance or advice.

Check all that apply

- Pediatrician practicing in the community
- Pediatrician in an academic setting
- Non-clinician from a community-based organization
- Family member
- Community member
- Other (specify _____)
- None of the above

7. Do you provide guidance or advice to colleagues or trainees about community child health activities?

- Yes
- No

8. About how many days have you participated in community-based child health activities during the past 12 months?

- No days
- 1-10 days
- 11-20 days
- 21-30 days
- More than 30 days

9. Would you say your current level of involvement in community-based child health activities is:

- Too little
- About right
- Too much

10. In the next 5 years, do you expect your level of involvement in community-based child health activities will:

- Increase

- Stay the same
- Decrease

11. Which, if any, of the following strategies do you use to influence child health in your home or practice community? (Check all that apply)

- Volunteer at a community clinic
- Serve on a community organization board
- Participate on a child health committee or project
- Work as a coalition member
- Educate legislators (e.g. send letters, email, provide testimony)
- Communicate with the media (e.g. letter to editor, op ed, provide interviews)
- Address parent, teacher, or other community groups
- Mentor other professionals
- Work with local AAP Chapter or other professional organizations
- Vote in local or state elections
- Other (specify _____)
- None of the above

2006 CATCH Implementation Funds Application: Deadline for Submission

Submit the application by 12:00 Midnight Central Standard Time, **January 31, 2006. ONLY applications submitted online will be considered for 2006 CATCH funding.** Transmission to CATCH Facilitator and AAP Chapter President for submission approval and final transmission to the CATCH Program will be made automatically. Applicants will receive written notification of the results of the review process in June, 2005.

For more information, please contact
CATCH Program
Division of Community-based Initiatives
American Academy of Pediatrics
800/433-9016, ext 4916
E-mail: astolic@aap.org

American Academy of Pediatrics

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