Merck
Company
Foundation

Merck Childhood Asthma Network

Call for Proposals

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Introduction

Merck Childhood Asthma Network: Mission and Vision

To address the complex and persistent problem of asthma among children in the United States and enhance access to quality asthma management and care, The Merck Company Foundation has established the Merck Childhood Asthma Network, Inc. (MCAN). The creation of MCAN is consistent with Merck's commitment to putting patients first by improving access to medicines, vaccines, and quality health care.

The Merck Childhood Asthma Network will:

- Aim to function as a leading national expert and advocate on care for children in the United States who have asthma;
- Support four-year childhood asthma programs in selected communities around the country, which will be rigorously evaluated;
- Create evidence-based childhood asthma program models for potential national replication;
- Increase linkages among health care providers, schools, communities, patients, parents, and other caregivers;
- Improve health and related outcomes such as access to high-quality care and improve quality of life for children who have asthma; and
- Decrease the overall asthma-related burden of health care utilization and costs (e.g., emergency department visits, hospitalizations).

The Merck Company Foundation will support this initiative with a commitment of up to a total of $20 million during the next four years. MCAN will seek to contribute to the field of childhood asthma management through the development and support of comprehensive and coordinated implementation of effective interventions. MCAN is not intended to fund research other than that required for longitudinal evaluation of its funded programs. Grantees will be expected to specify, design, and evaluate site-specific program objectives. They also will be expected to participate in a cross-site evaluation designed to yield sufficient information to establish comprehensive, community-based program models to improve the quality of childhood asthma management and care across the nation.

The Merck Company Foundation

The Merck Childhood Asthma Network is a new initiative of The Merck Company Foundation, a U.S.-based, private charitable foundation. Established in 1957 by Merck & Co., Inc., a global research-driven pharmaceutical company, the Foundation is funded entirely by the Company and is Merck's chief source of funding support to qualified nonprofit, charitable organizations. The mission of the Foundation is to support organizations and innovative programs that:

- expand access to medicines, vaccines, and quality health care;
- build capacity in the biomedical and health sciences;
- promote environments that encourage innovation, economic growth, and development in a fair and ethical context; and
- support communities where Merck has a major presence.

Background: Asthma in Children

Asthma is a chronic condition for which no treatment has been shown to be absolutely curative, although remissions are common. It is a multifactorial disease influenced by allergenic, emotional, climatic, and environmental triggers, and respiratory infections. The overall goal of asthma management is to prevent or minimize triggers and, through various therapies, control asthma symptoms as much as possible while limiting adverse effects of treatment.[1] Ultimately, effective asthma care will improve the quality of life for children who have asthma, including areas such as physical functioning, emotional well-being, and participation in age-appropriate school, social, and play activities. Effective programs to reduce the burden of asthma among children therefore require a comprehensive approach that encompasses medical care as well as behavioral and lifestyle modification, educational services, housing, environmental reforms, and other community services.[2]

Asthma is a significant public health problem in the United States, particularly among children. It is the third-ranking cause of hospitalization among children younger than 15 years of age,[3] and, as of 2003, the disease costs the nation (in direct medical and indirect costs) approximately $14.3 billion annually.[4] Childhood asthma also contributes to missed workdays for caregivers and missed school days for children. Asthma is one of the most common health-related causes of school absenteeism, accounting for nearly 15 million lost days of school annually.[5]

From 1980 to 1996, asthma prevalence among children increased by an average of 4.3% per year, from 3.6% to 6.2%.[6] In recent years, asthma prevalence and attack rates have remained at a relatively steady rate.[6] Despite declines in asthma-related mortality and hospitalizations, low-income populations, minorities, and children living in inner cities continue to experience disproportionately higher morbidity and mortality from asthma than do other children.[6,7]

The number and breadth of effective asthma interventions have increased in recent years. Yet many of these successful interventions have not been widely replicated or integrated within a larger context of asthma care.

MCAN will promote programs that result in

- Community-based comprehensive models of asthma management
- Integrated linkages among stakeholders
- Implementation of evidence-based effective interventions
- Reduction of persistent disparities in mortality and morbidity among low-income, inner-city, and minority populations
- Sustainable models of care

Advancing Asthma Care for Children

MCAN seeks to provide the necessary impetus to address current challenges in childhood asthma management and care, specifically the efficient integration of programs and interventions to create asthma-friendly communities, and to reduce persistent disparities in childhood asthma morbidity and mortality. MCAN plans to develop innovative, comprehensive, evidence-based program models that employ a community-based approach to fostering productive linkages among stakeholders concerned with asthma care for children and that implement interventions with proven effectiveness in improving health and related outcomes.

Program Goals

Through the *Call for Proposals*, MCAN will select highly qualified organizations to design asthma programs that are compatible with five critical policy goals for improving childhood asthma outcomes, as set forth by a national expert panel supported by the Robert Wood Johnson Foundation through its Pediatric Asthma Initiative.[2] A sixth cross-cutting goal of MCAN is to foster innovation in generating an integrated approach to implementing effective asthma interventions. The five goals (and selected examples of how to achieve these goals through specific program components) include:

1. **Improve access to and quality of asthma health care services for children**
   Examples of program components: promote evidence-based clinical care, following the guidelines of the National Asthma Education and Prevention Program (NAEPP); include case management for children with severe asthma; improve education for physicians and other clinicians, including school nurses; promote regular use of primary health care providers; reduce barriers to follow-up care; strengthen decision support by integrating specialist and primary care; improve access to and integration of patient records.

2. **Improve knowledge about asthma among affected individuals and the general public**
   Examples of program components: improve self-management among children who have asthma; provide education and information on evidence-based asthma management guidelines for patients, parents and other caregivers, and day care providers; improve retention of participants in asthma education programs; increase public awareness to help create supportive environments for asthma management.

3. **Make communities and schools more asthma-friendly**
   Examples of program components: improve school-based curricula; increase knowledge and awareness of asthma among school teachers and daycare providers, classmates, and others in the school system; develop and implement policies to address medication access in schools; improve air quality in communities.

4. **Promote asthma-safe home environments**
   Examples of program components: eliminate or control allergens and irritants within homes that provoke asthma; coordinate public, parent and family, and child educational efforts; establish collaborations among parents and families, housing authorities, and other groups; modify, as necessary, environmental and housing policies.

5. **Reduce disparities in childhood asthma outcomes**
   Examples: ensure that all aspects of asthma management, education, outreach, and clinical care are appropriate for various socioeconomic, racial and ethnic, and cultural backgrounds and ensure equitable access across all pediatric populations in the community.

Special Considerations for MCAN Programs

1. The MCAN initiative targets the pediatric population, defined as children below the age of 18. Consistent with the program goal of reducing disparities in childhood asthma outcomes, low-income, inner-city, and minority groups are of special concern; however, the MCAN initiative supports improvement of childhood asthma outcomes across all races and ethnicities (representative of the population in the area/community of a particular program) and all types of communities and geographic areas, including rural areas.

2. MCAN will support programs that address the goals set out above, involve community stakeholders (or caregivers), and have broad coalition or consortium support. We expect applicants to address all five MCAN program goals. If an applicant decides not to support all five goals, the application should provide an explanation and justification for that decision.

3. Applicants are expected to demonstrate how they will create, support, and maintain critical linkages among different partners in such coalitions or consortia. Integrating these components requires new and innovative ways of developing and strengthening linkages among institutions and other stakeholders. A comprehensive approach involving multiple stakeholders will not succeed without substantial community involvement. Applicants should demonstrate strong existing capacity for collaboration in their clinics, schools, and housing agencies and with other stakeholders.

4. Applicants are expected to articulate specific and quantifiable objectives for their individual programs wherever possible, and present a plan for their measurement as part of the proposed activities. Such a plan must also include measures of process such as fidelity to and deviations from the planned intervention(s). In addition, MCAN, through an independent research group, will undertake an overall evaluation of its program and program sites. All grantees, as a condition of accepting the grant award, will be required to participate in cross-site evaluation activities, including data collection or reporting on uniformly defined process measures and health and related outcomes of:
   - individuals (e.g., asthma symptoms, quality of life, asthma awareness and self-management skills, school attendance);
   - populations (e.g., health care utilization and costs); and
   - communities (e.g., environmental, housing, health coverage, and school policy changes; improved institutional linkages among care providers, schools, and other community organizations).

5. Applicants are expected to demonstrate plans for sustainability (beyond the end of grant funding). Plans for sustainability should include examples of institutional change (such as changes in health care financing arrangements, permanent employment of outreach staff, environmental policy changes, and so on), wherever possible. Applicants should also provide details on existing sources of additional and continued funding and in-kind support and resources already available in the community and from partners.

6. MCAN strongly encourages applicants to use interventions with proven effectiveness (see section below on "Effective Interventions and Components of a Comprehensive Approach"). Applicants can adopt or adapt interventions that they believe best address the childhood asthma issues and opportunities in their particular communities.

7. Applicants are also encouraged to describe any special strategies to address health and health care disparities for children in the community.

Effective Interventions and Components of a Comprehensive Approach

Experts concur that effective interventions require a comprehensive approach that extends and strengthens clinical care with complementary behavioral and lifestyle modification, educational services, housing, environmental reforms, and other community services.[2] Currently, several interventions that address one or more risk factors for asthma have been proven to be effective in reducing the burden of the disease for individuals and communities, but these interventions have generally not been combined in a comprehensive manner.

MCAN expects applicants to propose a comprehensive program using effective interventions, like those from the menu below, which address specific components of the program goals. Programs should address issues at the level of the individual, health care provider, family, and community. MCAN funds are not intended to serve as a vehicle for developing wholly new interventions. Rather, they are to be used to develop a high-quality comprehensive asthma management program, based on the integration of replicable interventions with proven effectiveness. Thus, potential grantees are expected to adopt or adapt these interventions to create a model of care with strong community linkages.

Applicants with *existing interventions* that address one or more of the program goals may retain these interventions. However, applicants must also be able to demonstrate the impact of these interventions on health and related outcomes for individuals or communities and provide sufficient detail regarding how they will incorporate the intervention(s) into a comprehensive approach. Applicants wishing to use *an intervention not listed below* for one or another of the program goals (and related components) should explain their choice and document the intervention's effectiveness (e.g., published findings, preliminary data, results from pilot studies) in achieving program goals.

To aid applicants, staff at RTI International, on behalf of The Merck Company Foundation, carried out an extensive review of the published literature, websites, and other materials and conducted interviews with experts on a number of interventions and programs aimed at preventing asthma episodes or managing care for children (from toddlers to adolescents) with asthma. Their analyses identified several interventions related to childhood asthma that had reliable evidence of effectiveness in improving health and related outcomes in addition to improvements in asthma awareness. RTI concentrated on data and findings of formal evaluations published in the peer-reviewed literature. The analyses also provided information on the settings in which these interventions can be replicated or implemented; the organizational structure needed for effective implementation; potential for sustainability; costs; and whether toolkits, educational packets, or other materials are available for others to use. Several effective interventions have materials and protocols for replication (some are available free and others for a fee). Some require little or no modification; others may require some degree of modification that does not alter the fundamental integrity of the intervention program.

Twelve effective interventions emerging from these analyses that have materials available for replication are briefly described below; contact information is provided where available. The major components of these interventions are noted in the accompanying table, keyed to four of the five MCAN program goals described earlier. Although some of the interventions described below, such as the Inner-City Asthma Intervention and the National Cooperative Inner City Asthma Study, have been implemented in underserved populations, these interventions may require adaptation or special strategies to address specific issues of disparity in individual communities. Interventions are listed in alphabetical order.

Asthma Care Training (ACT) for Kids: Delivered in a clinic setting, this asthma education and self-management intervention is for children with severe asthma between the ages of 7 and 12 as well as their parents. ACT aims to increase knowledge, confidence, and skills to reduce the frequency of asthma attacks; it is intended to supplement existing medical care.[8,9] Available through the Asthma and Allergy Foundation of America (http://www.aafa.org).

Comprehensive School-based Asthma Program (OAS+): A more comprehensive Open Airways for Schools intervention (see below) that is targeted to children in grades 2 to 5, parents, classmates, and school personnel to encourage and enable disease management.[10] Available through Allies Against Asthma, University of Michigan, School of Public Health (http://www.AsthmaResourceBank.net).

Creating a Medical Home for Asthma: Provider education that encourages public health clinics to implement a team-based approach to pediatric asthma management and care.[11] This intervention teaches communication strategies and ways to deliver effective asthma treatment based on the NAEPP guidelines. Available through the New York City government website (http://www.nyc.gov/html/doh/html/cmha/index.html).

Inner-City Asthma Study (ICAS): An individualized environmental intervention that is focused on improving the home environment by educating families of children 5 to 11 years of age about ways to reduce or eliminate allergens and motivating them to pursue these steps (building on the NCICAS listed below). Interventions are tailored to eliminate tobacco smoke or other specific allergens.[12] More information is available from Dr. Herman Mitchell; hmitchell@RHOWORLD.com.

Interactive Multimedia Program for Asthma Control and Tracking (IMPACT): An interactive educational intervention (electronic) for children and parents to use in a clinic setting. Each lesson is about one minute in length and covers basic pathophysiology, environmental triggers, quick relief and control medications, and strategies to control and manage asthma.[13] More information is available from Dr. Santosh Krishna, School of Public Health, St. Louis University, 3545 Lafayette Avenue, Suite 300, St. Louis, MO 63104; phone (314) 977-8280; krishnas@slu.edu.

National Cooperative Inner-City Asthma Study (NCICAS): A comprehensive community-based initiative designed to reduce asthma symptoms and improve the quality of life for inner-city children ages 5 to 11. Its focus is on asthma education, self-management techniques, and improving physician interaction with patients. *The Guide for Helping Children with Asthma* is the primary intervention material.[14] More information available from Dr. Herman Mitchell; hmitchell@RHOWORLD.com.

Open Airways for Schools (OAS): A widely used intervention for implementation in the school setting. It consists of six sessions and teaches children 8 to 11 years of age about prevention of asthma episodes, symptom recognition, and appropriate self-management.[15,16,17] The tool kit, available through local American Lung Associations (1-800 LUNG USA), includes teaching materials, curriculum, instructor's guide, and handouts for children and parents.

Physician Asthma Care Education (PACE): An interactive seminar that focuses on treatment, communication, and education behavior of physicians and their impact on patients. It also provides information on reimbursement for patient education in the clinic setting.[18] Available through Allies Against Asthma, University of Michigan, School of Public Health (http://www.AsthmaResourceBank.net).

Wee Wheezers: An asthma education intervention, delivered in a clinic setting, for parents of children under the age of 7 who have asthma. This intervention includes education on asthma management and communication

skills. It also addresses the psychosocial well-being of the family unit.[19] Materials are available in a program kit from the Asthma and Allergy Foundation of America (http://www.aafa.org).

Wee Wheezers at Home: An educational intervention, delivered in the home setting, consisting of eight 90-minute sessions provided at weekly intervals. The course, conducted by registered nurses, is tailored to the developmental level of children younger than 7 in regard to self-management and covers basic concepts of asthma, cues, medication techniques, symptoms, and action plans.[20] Materials are available in a program kit from the Asthma and Allergy Foundation of America (http://www.aafa.org).

Yes We Can: A new model of evidence-based clinical care for use in poor urban communities that integrates patient education and community approaches. Using a team approach (doctor, nurse, care coordinator, and community health worker), families and children receive education regarding asthma medications and prevention. Home visits include guidance on how to address environmental triggers.[21] The tool kit is available for a fee from Community Health Works (http://www.communityhealthworks.org/yeswecan/).

You Can Control Asthma: A nurse-administered pediatric asthma intervention for hospitalized children ages 4 to 12. The low-literacy education component is for families and children and focuses on how to prevent and manage asthma episodes. A set of two booklets is currently available for professionals to use; an implementation guide and lesson plans are also expected to become available.[22,23] Materials are available for a fee from the Asthma and Allergy Foundation of America (http://www.aafa.org).

Table of Interventions by MCAN Program Goals and Components

Effective Interventions	Target Group	Program Goals and Components						
		Access to and quality of care		Improved education and awareness		Asthma-safe homes	Asthma-friendly schools and communities	
		Clinical model of care*	Case management	Self-management	Caregiver education**		Schools	Communities
ACT for Kids	Ages 7 to 12			●	●			
OAS+	Grades 2 to 5			●	●		●	
Creating a Medical Home for Asthma	Providers	●						
ICAS	Ages 5 to 11	●			●	●		
IMPACT	< 18 years			●	●			
NCICAS	Ages 5 to 11	●	●	●	●			
OAS	Ages 8 to 11			●	●			
PACE	Providers	●						
Wee Wheezers	<7 years				●			
Wee Wheezers at Home	<7 years			●	●			
Yes We Can	Children	●	●	●	●	●		●
You Can Control Asthma	Ages 4 to 12			●	●			

*Including physician or other clinical education

**Chiefly parent education

Eligible Organizations and Available Funding

Eligibility Criteria

Organizations that are **eligible** for support through the Merck Childhood Asthma Network, *subject to the exclusions noted below*, include:

- Nonprofit organizations in the United States designated as 501(c)(3) organizations by the U.S. Internal Revenue Service;
- Public or private institutions, such as universities, colleges, health care organizations (including, but not limited to, hospitals, health centers, and clinics);
- Community-based or nongovernmental organizations;
- Units of state and local governments.

Organizations that are **not eligible** for support through MCAN include the following:

- Individuals and organizations that are not designated as 501(c)(3) organizations;
- Political organizations, campaigns, and activities;
- Fraternal, labor, or veterans organizations and activities;
- Religious organizations or groups whose activities are primarily sectarian in purpose;
- Organizations that discriminate on the basis of race, color, sex, sexual orientation, marital status, religion, age, national origin, veteran's status, or disability.

Funding Available

Grants of up to $500,000 per year for up to four years can be provided. Annual budgets for proposed MCAN programs cannot exceed $500,000 in any one year; the longest period of a grant will be four years. MCAN funds cannot be used to displace any funding already used for pediatric asthma programs; the intent is to expand or supplement such programs or to create new ones. The indirect rate for general administrative costs cannot exceed 10 percent.

Allowable and Unallowable Use of Funds

MCAN grant funds may be used for the following purposes:

- Project staff salaries and fringe benefits;
- Consultants;
- Other essential direct costs, including data processing, travel, conference registration and travel related to childhood asthma issues, a limited amount of equipment, general office materials and supplies, educational materials, printing and copying, telephone and fax, postage and delivery, rent and utilities, and maintenance;
- Subcontractors (same allowable and unallowable costs as for the MCAN grant).

MCAN grant funds may not be used for the following purposes (with very limited exceptions):

- Direct patient care;
- Medical screening or testing (except as part of the evaluation plan);
- Purchase of medications, devices, or biologics;
- Fellowship/tuition support for training purposes intended for a specific individual or institution;
- Endowments, including academic chairs;
- Media (e.g., radio, TV, film, web cast) productions that are not integral parts of the childhood asthma program with clear objectives and measurable outcomes;
- Meetings/conferences or symposia that are not integral parts of the childhood asthma program with clear objectives and measurable outcomes;
- Fund-raising events, such as benefit dinners, galas, concerts, or sporting events, and annual appeals or membership drives;
- Capital or building campaigns, including new construction or renovation of facilities or homes;
- Basic or clinical research projects, including epidemiological studies, clinical trials, or other pharmaceutical studies;
- Unrestricted general support;
- Financial support for political candidates;
- Grants to one organization to be passed to another, except under specific or approved subcontracting arrangements;
- Programs that directly support marketing and/or sales objectives of Merck & Co., Inc.

How to Apply

The application process has two stages. The first involves submission of a Letter of Intent (LOI). Second, MCAN will invite submission of full proposals from applicants whose LOIs best reflect the intent of the MCAN effort and address the program goals. Submit LOIs and invited full proposals to:

Meera Viswanathan, Ph.D.
MCAN Planning Study Director
Telephone: 1-877-294-1301
Email: MCAN@rti.org

If using courier or express service:
RTI International
Cox Building
3040 Cornwallis Drive
Research Triangle Park, NC 27709-2194

If using U.S. Postal Service:
RTI International
PO Box 12194
Research Triangle Park, NC 27709-2194

Letter of Intent

Applicants may submit their LOIs electronically at http://mcan.rti.org. All submissions must be followed by one signed hard copy of the LOI and a cover page. Applicants who choose not to submit their LOI electronically should clearly indicate this on the cover page and send four (4) additional hard copies of the LOI. **LOIs must be received by 8:00 p.m. Eastern Daylight Time, Tuesday, May 24, 2005.** We will not accept faxed LOIs.

The **LOI cover page** should contain: title of the project; principal investigator (PI) information (name, title, affiliation, mailing/shipping address, telephone number, fax number, and email address); contact person information, if different from PI, and mode of submission (hard copy only **or** hard copy and electronic).

The **LOI** should have 1-inch margins, use a font no smaller than Arial 11 or Helvetica 11, not exceed five single-spaced pages, and not include any attachments or appendices. It should briefly describe and discuss:

1. Project goals and objectives (e.g., short- and long-term goals for the project and changes and outcomes to be achieved)
2. Problem to be addressed and its significance, including (but not limited to):
   a. Populations to be included (e.g., age, sex, ethnicity, socioeconomic status, and size)
   b. Geographic area to be covered (and relationship to populations to be included, specifying population base where possible)
   c. Clinical, socioeconomic, environmental, or other issues (e.g., for these populations and geographic areas: incidence and prevalence; severity of asthma in geographic area; health resources available; special environmental issues)
   d. Health and health care disparities
3. Project plan, such as:
   a. Specific tasks and activities
   b. Program components and features (with specific reference to the interventions and components outlined above)
   c. Collaborators, coalition or consortia relationships, public-private partnerships and formal linkages among them (e.g., memoranda of understanding or agreement, letters of participation or support from partner organizations or potential subcontractors)
   d. Evaluation approach, specifying objectives
4. Applicant experience:
   a. Past and current asthma projects or coalitions (e.g., type and level of involvement for asthma in general or for childhood asthma in particular)
   b. Relevant organizational experience
5. Key staff (PI, other core staff or applicant organization and collaborators; intended subcontractors)

We will notify eligible applicants to invite a full proposal on or before **Friday, June 17, 2005**. Five copies of the full proposals will be due by 8:00 p.m. Eastern Daylight Time, **Friday, August 12, 2005**. Proposals should be submitted in hard copy only.

Invited Full Proposal

The proposal should have the following parts:

Volume I: Cover Page, Table of Contents, Project Plan

Volume II: Appendices

Volume III: Detailed Budget and Justification

The **cover page** should contain the title of the project, PI information (name, title, affiliation, mailing/shipping address, telephone number, fax number, and email address), contact person information, if different from PI; person responsible for grant and budget negotiations or administration, if different from PI; period of performance; and amount requested (total and for each year of funding separately). The **table of contents** should be no longer than 1 page.

The **project plan** should not exceed 25 single-spaced pages, 1-inch margins, type font no smaller than Arial 11 or Helvetica 11, and printed on only one side of each page. Please provide a running header of the name of the project and consecutive page numbers. The plan should describe and discuss:

1. Project goals and objectives
   a. Issue(s) in pediatric asthma to be addressed
   b. Overarching purpose(s) of your project and the processes and health outcomes that will be different at the end of the project or grant period. Include information on both short- and long-term changes and improvements to be achieved
2. Problem to be addressed and its significance, including (but not limited to):
   a. Populations to be included (e.g., age range, ethnicity, socioeconomic status, and size)
   b. Geographic area to be covered, specifying population base where possible
   c. Clinical, socioeconomic, environmental, and other issues of particular concern for the target population(s)
   d. Health and health care disparities
3. Project plan, including (but not limited to):
   a. Description of community resources that can contribute to the program
   b. Specific tasks and activities
   c. Program components and their role in achieving site-specific and MCAN program goals
   d. Evaluation approach related to MCAN program and site goals, including specific objectives and measures of changes in processes and improvements in health outcomes
   e. Capacity for collecting and reporting on process and outcomes measures for internal assessment and external evaluation
   f. Collaborators and coalition or consortia relationships and formal linkages among them
   g. Time table for implementation and milestones
4. Applicant experience
   a. Past and currently funded childhood asthma projects: brief description of projects and accomplishments and, if appropriate, how ongoing projects will be integrated with the proposed MCAN project
   b. Past and current asthma coalitions and relationship to proposed MCAN project

c. Other relevant experience of the organization

5. Key staff

   Describe titles, affiliations, qualifications, and experience of the following categories of people; briefly describe responsibilities and note percentage time for each year on the project; describe lines of authority (organization chart)

   a. PI

   b. Co-investigators and component/task leaders

   c. Key collaborators

   d. Project administrator or manager

   e. Other core staff as appropriate

6. Sustainability

   Demonstration of past success with sustainable interventions; justification for additional funding for existing interventions that may be incorporated into the MCAN program rather than funded through institutionalization; explanation of what additional resources would be needed to continue the program over time (e.g., financial, staffing, partners) and how the applicant expects to secure these resources to support this project in the future.

Appendices can be included to cover the following, as needed, in a separate Volume II.

- Brief resumes of core project staff, limited to 4 pages each
- Additional materials on past or current projects and/or coalitions
- Additional materials on collaborators, including letters of commitment or memoranda of understanding
- Additional materials on subcontractors, including letters of commitment
- Additional materials, as needed, such as letters of support

The **budget**, submitted as a separate Volume III, should contain enough information to allow MCAN to understand the proposed cost of the program, including detailed line items and adequate explanations of assumptions for line item estimates in the budget justification. The budget should include:

- estimates for costs of labor (staff salaries and fringe benefits)
- materials and other direct costs
- travel
- subcontractors and consultants
- general administrative costs or indirect rate (limited to 10%) for each year of requested funding and for all years combined (indirect rate of 10% applies to subcontractor's costs as well)
- other sources of grant funding or financial contributions and any in-kind support for this project

Proposal Review and Evaluation Criteria

Proposals will be reviewed by an external Scientific Advisory Committee, as well as individuals representing RTI International, MCAN, and The Merck Company Foundation. We cannot provide technical critiques of proposals or return proposals. We reserve the right to contact applicants for further information or possible site visits. Program proposals will be assessed using the following six criteria (budgets will be reviewed separately):

- Creativity and demonstrated significance of project goals and objectives (e.g., population needs, program reach, anticipated change)
- Soundness, strength, and technical feasibility of the project plan; integration of critical program components and their relationship to site-specific and program goals; correlation between the financial proposal (budget) and project plan
- Breadth and depth of collaborative relationships and demonstrated ability to forge lasting linkages among collaborators
- Experience and qualifications of applicant, personnel, and organization
- Evaluation plan
- Sustainability plan

Proposals will be strengthened by inclusion of one or more of the following:

- Discussion of how the applicant's project will address key issues of childhood asthma among racial and ethnic minorities and/or among uninsured, homeless, migrant, or other disadvantaged or underserved populations
- Discussion of how the applicant's project will foster broader and/or sustained community collaborations beyond those existing or planned for the project
- In-kind contributions from applicant and collaborating institutions

Provisional Technical Evaluation Weights for Invited Full Proposals	
Creativity and significance of project goals	10
Feasibility of project plan and integration of program components	30
Collaborative relationships and linkages	10
Experience and qualifications of applicant, personnel, and organization	20
Evaluation plan	20
Sustainability	10
Total	100

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Other Useful Sources of Information:

Federal agency websites related to childhood asthma

Centers for Disease Control and Prevention: www.cdc.gov/asthma/children.htm

National Heart, Lung, and Blood Institute: www.nhlbi.nih.gov/about/naepp/index.htm

US Environmental Protection Agency: www.epa.gov/ebtpages/humahealthasthma.html

Other websites for organizations and asthma programs

Asthma and Allergy Foundation of America: www.aafa.org/display.cfm?id=4&sub=79&cont=351

American Lung Association: http://www.lungusa.org/site/pp.asp?c=dvLUK900E&b=22691