# NNLM Subaward Application Template – Outreach

## System Requirements

Before attempting to submit your application for funding in the NNLM online application system:

1. Confirm that your institution is a NNLM Member with a NNLM Member record.

   If your institution is not a NNLM Member, submit an application for Membership **at least 3 weeks prior to the funding deadline**. Membership is not automatic. A Member record is required to successfully submit an application.

   Not sure if your institution is a Member or has a Member record? Search the NNLM Membership Directory or contact your Regional Medical Library.

2. Confirm that you (the applicant) have an NNLM account.

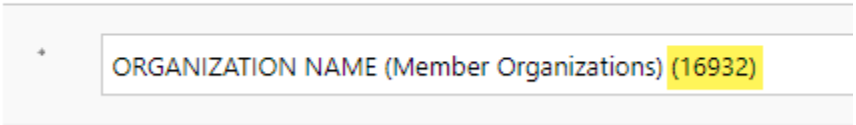
   You must be logged in to your NNLM account to successfully submit an application.

   If you are submitting an application on behalf of the Project Lead, the Project Lead must also have an NNLM account prior to submission.

3. Confirm that your NNLM account is connected to the NNLM Member record for your institution.

   To connect, fill in the "Organization" field on your NNLM account using the autocomplete function. When correctly filled, you will see the 5-digit NNLM ID in parenthesis beside the institution name. Watch a brief tutorial for assistance with completing this process.

   **Organization**

   If you are submitting an application on behalf of the Project Lead, the Project Lead must also be connected to the NNLM Member record for your institution prior to submission.

**Please note:** you cannot successfully submit an application without these components. If you have questions about these or any other system requirements, please contact your Regional Medical Library in advance of the application deadline.

## Application

All fields with an *asterisk must be completed to save or submit an application in the NNLM online application system.

### Overview

- **Funding Region*:** *automatically selected*
- **Project Category*:** *automatically selected*
- **Lead Organization*:**

  Select the institution that will lead and receive funding to conduct the proposed project.

  If the drop-down list appears blank, confirm that your NNLM account is connected to the NNLM Member record for your institution (*See System Requirements*).

- **Project Lead*:**

  If you are the Project Lead, select your own name from the drop-down list. If you are submitting this application on behalf of the Project Lead, select their name from the drop-down list.

  If the name of the Project Lead does not appear in the drop-down list, confirm that their NNLM account is connected to the NNLM Member record for the institution (*See System Requirements*).

- **Institution Tax ID*:**

  Enter the 9-digit tax identification number for your institution.

- **Institution DUNS Number:**
- **Have you/your institution previously received NNLM funding in the current grant cycle (2016-21)? ***

  - Yes
  - No
  - I don't know

- **Amount Requested*:** $

  This field will accept numbers only. Enter the amount to the nearest whole dollar.

## Details

- **Project Title*:**

Describe 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, HHS, OMB, Congress, and the White House.

- **Project Summary***

Provide a one-paragraph description that summarizes the proposed project. Funded projects are displayed on the NNLM website and are provided by NLM in response to requests from NIH, HHS, OMB, Congress, and the White House.

- **Partner Organizations**

Use the autocomplete function to find and select existing records for up to three (3) organizations that will partner with the Lead Organization to conduct/complete the project.

If a record does not exist for a partner organization, click "Partner Organization not Listed?" and use the additional fields under "Add Partner Organization" to provide the institution name and address.

- **Will Training be Provided as Part of this Award?***

  - No
  - Yes

- **Proposed Start and End Dates for the Project*:**

Contact your RML before applying if your project will extend more than one year.

- **Evidence of Need***

  Provide a statement of how the project proposed will support the mission of NNLM, explain the need for the project, and describe the audience or population that will be reached through this project.

  Please clearly document if this project will engage traditionally underrepresented populations and/or involve medically underserved areas.

  When possible, support the stated need using data such as known needs assessments or statistics.

- **Project Goals and Objectives***

  State the goal(s) and specific objectives(s) of the proposed project. Consider process objectives about what will be done (outputs) and outcomes-based objectives that specify what will happen or change as a result. Indicate the rationale for the plan.

- **Implementation***

  Describe what will be done to meet project objectives.

- **Schedule/Timeline***

  Include a timeline for implementing the plan to meet objectives.

- **Evaluation Plan***

  Describe how the project will be measured and the methods used to measure success. The evaluation should be tied to project goals and objectives. Describe the measure of success for each objective.

  NNLM Members are strongly encouraged to consult the RML or the NNLM Evaluation Office (NEO) publications and resources in developing an effective evaluation plan.

- **Publicity/Promotion***

  Briefly describe how you intend to promote your project to the target population.

- **Continuity/Sustainability Plan***

  Describe the activities that will sustain project services and/or communication to the targeted community beyond the cooperative agreement period.

- **Personnel Qualifications***

  If applicable, list the project personnel who will be involved in the project and include their role(s) and applicable experience. Submit resumes or CVs for personnel listed as attachments with your completed application.

## Budget

Budget fields will accept numbers only. Enter each amount to the nearest whole dollar.

- **Personnel:**

  Include hourly rate X estimated hours.

- **Consulting Services/Costs:**

  Estimated expenses from consultants, such as marketing firms or other agencies; refer to RFP/budget template for detailed requirements.

- **Equipment:**

  Quotes for items required such as computers and other equipment.

- **Supplies:**

  Quotes for printing, publication costs and other materials.

- **Communications:**

  If applicable; refer to RFP/budget template for detailed requirements.

- **Reproduction:**

  If applicable; refer to RFP/budget template for detailed requirements.

- **Travel:**
- **Other:**

  Instructor honorarium, translation of materials, licenses and other materials.

- **Indirect Costs (IDC) or F&A:**

  Refer to RFP/budget template for instructions on calculating IDC or F&A.

- **Other Funding, if applicable:**

## Beneficiaries & Goals

### Populations Served*

**Demographics**

- ☐ Adults
- ☐ Children
- ☐ Men
- ☐ Seniors
- ☐ Teens
- ☐ Women

**Geographic Type**

- ☐ International
- ☐ Medical Underserved Areas/Populations
- ☐ Rural
- ☐ Suburban
- ☐ Urban

**Issues and Interests**

- ☐ All of Us
- ☐ Behavioral/Social Determinants of Health
- ☐ HIV/AIDS
- ☐ LGBTQ
- ☐ Maternal Health
- ☐ NIH Helping to End Addiction Long-term (HEAL) Initiative
- ☐ Opioids
- ☐ Vaping

**Race and Ethnicity**

- ☐ African Americans or Black
- ☐ Alaska Natives
- ☐ American Indian
- ☐ Asian
- ☐ Latino or Hispanic
- ☐ Native Hawaiians
- ☐ Pacific Islanders

### Participants' Roles*

- ☐ Community based organization staff
- ☐ Data resource or tool developer
- ☐ Data scientist
- ☐ Educator, college & post-grad
- ☐ Educator, K-12
- ☐ Emergency preparedness and response
- ☐ General public
- ☐ Health care provider
- ☐ Historian
- ☐ Journalist
- ☐ Library or information professional
- ☐ Public health professional
- ☐ Publisher
- ☐ Researcher
- ☐ Student, college & post-grad
- ☐ Student, K-12

## Attachments

Gather all documents that will be attached to your application, including personnel CVs and resumes, letters of institutional commitment or support, and budget template (if applicable).

## Acknowledgements

You are required to acknowledge the following statements before submitting an application:

- You will share the information gained with colleagues in your institution/RML, as required by the Request for Proposal.*
- You will submit regular, interim & final reports, as requested by the funding agency & stipulated in the Request for Proposal.*
- Any web-based resources developed for this project will ensure accessibility to the greatest possible number of people.*