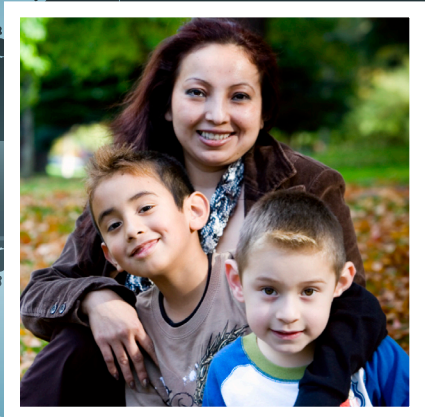


Washington State Health Care Authority  
Funding Opportunity  
**2008 GRANT SOLICITATION FOR  
CONSUMER-CONTROLLED HEALTH RECORD BANK PILOTS**



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**2008 GRANT SOLICITATION FOR  
CONSUMER-CONTROLLED HEALTH RECORD BANK PILOTS**

## I. Overview

The Washington State Health Care Authority (HCA) is soliciting grant Applications from eligible entities to implement a consumer-controlled health record bank pilot project.

The goal is “proof of concept” of a consumer-controlled health record bank model. The envisioned pilot projects will create a mechanism for consumers in Washington State to enroll in a health record bank (HRB) and have their HRB accounts directly populated with copies of portions of their health and medical records from various health care sources.

## II. Timeline

Activity	Date
1. Project Grant Solicitation Issued	May 14, 2008
2. Letter of Intent Due	May 21, 2008, 4:00 p.m. PDT
3. Grant Solicitation Conference	May 22, 2008, 9:30 a.m. to 12:30 p.m. PDT, location TBA
4. Question and Answer Period	May 23 – June 6, 2008
5. Grant Solicitation Responses Due	June 30, 2008, 4:00 p.m. PDT
6. On-site Evaluations or Oral Presentations (if required)	July 18, 2008
7. Grant Awards Announced	On or about July 23, 2008
8. Earliest Possible Project Start	On or about August 14, 2008
9. Pilot System Operational and in Production	February 2, 2009
10. Final Project Report Due	June 1, 2009

## III. Eligible Recipients

Any not-for-profit organization (NFP) based in Washington State (not required to be a 501c(3) charitable organization). A NFP may partner with for-profit or other NFP entity(ies) to complete the scope of the work.

## IV. Number and Size of Awards

Approximately \$2 million is available for these grant awards. It is anticipated that between two and four awards will be made with an individual maximum award of \$600,000.

## V. Letter of Intent

A letter of intent (LOI) is highly encouraged but it is not required or binding, and does not enter into the review of a subsequent application. The information that it contains allows HCA staff to estimate the potential workload and plan the review.

1. Applicants are highly encouraged to submit a letter of intent (via e-mail) no later than 4:00 p.m. PDT on May 21, 2008. The letter of intent should be sent to Annette Burgin at [annette.burgin@hca.wa.gov](mailto:annette.burgin@hca.wa.gov). The LOI should include the following information:
  - a. Descriptive title and one paragraph (250 words maximum) summary of proposed project.
  - b. Name, address, and telephone number of the person who will assume responsibility for the project and be the single point of contact for HCA, designated as Project Director.
  - c. Names of other key personnel.
  - d. Participating institutions or entities.
  - e. Acknowledgement of attendance at the Grant Solicitation Conference May 22, 2008.

## VI. Grant Solicitation Conference and Question and Answer Period

HCA will hold a health record bank Grant Solicitation Conference on May 22, 2008, 9:30 a.m. to 12:30 p.m. PDT, at a location to be announced. Prospective Applicants are highly encouraged to attend in person or participate by telephone, as they will be held responsible for compliance with all information provided. Administrative instructions, questions and technical questions as well as the format, process and instructions for the question and answer (Q & A) period that will occur May 23 – June 6, 2008, will be provided at the Grant Solicitation Conference. Limited instructions as well as all Q & A will be posted to our website.

## VII. General Guidelines

1. Eligible organizations may not directly submit more than one Application. Collaborating organizations may participate as subcontractors in multiple submissions.
2. Costs of Application preparation must be borne by the Applicant.
3. HCA is not obligated to make any awards as a result of the Application review process.
4. Decision to fund an Application will be based on whether Applicant meets eligibility criteria, results of the review process, and on available funds. By submitting an application, Applicant recognizes that a decision not to award or to award funds at a particular funding level to Applicant is discretionary and is not subject to appeal.
5. Applicants must meet the eligibility criteria outlined in section III.
6. The review, evaluation, and selection procedures will be performed under the direction of HCA as described in this solicitation. Applications will be evaluated and scored across multiple criteria dimensions and on the ability of the Applicant to adequately address how the requirements of this Grant Solicitation will be met.

7. Final selection will be made by designated HCA evaluators and HCA staff.
8. HCA will conduct a de-brief session with unsuccessful grant applicants at a time to be announced, if requested.
9. Successful applicants will be presented with an Award Agreement which is a prerequisite for distribution of funds by HCA. No funds will be disbursed to parties unable or unwilling to sign the Award Agreement. The Award Agreement will outline:
  - a. Agreement to complete the scope of work under the project as described in the Application (including timeline adherence, planned outcome of the project implementation, and support of grant goals).
  - b. Agreement to comply with monitoring processes designed to insure proper use of funds.

## VIII. Background

As ultimately envisioned, a health record bank may be defined as an independent organization that provides a secure electronic repository for storing and maintaining an individual's lifetime health and medical records. The HRB would store copies of records from multiple sources and ensure that the individual always has complete control over who accesses that copy of their information.

The key challenges in implementing fully realized HRBs are: (1) availability of data, (2) ensuring usage by consumers and providers, (3) ensuring trust, (4) developing a financially sustainable model, and (5) promoting acceptance among established health care stakeholders of the concept of consumer control of health and medical records. This solicitation focuses on improving the availability of data and encouraging HRB use by consumers and providers.

***The deliverable for this project is a functional pilot HRB with a mechanism to deliver industry health information about individual consumers directly to the HRB.*** With the envisioned pilot HRB, consumers will have access to their health information in a form they can validate and present to their providers. This form will initially be in a well organized printable format. The records will be managed by consumers and organized into a format that, when brought by consumers to their providers, will directly support the flow of information from patient to provider to support clinical decision making.

## IX. Project Goals

1. The overall goal for these "proof of concept" pilot projects is to create a mechanism for consumers in Washington State to sign up for HRB accounts that can be directly populated with copies of portions of their health and medical records from various health care sources.
2. Consumers must be able to access, utilize, and annotate this information, as well as add new information of their choosing.
3. Consumers then must be able to control when, how, and with whom they will share all or part of the contents of their HRB accounts.

## X. Definitions

1. **Acceptable HRB Substitute** – an option (acceptable to HCA) that a pilot HRB may offer its enrollees to retain their own health information in electronic form and (if possible) continue some or all of the HRB services in the event that a pilot HRB is unable to sustain operations beyond the pilot end date.
2. **Applicant** – an organization or consortia of organizations submitting an Application.
3. **Application** – refers to a submission of a request for funding, including attachments, in response to the "2008 Grant Solicitation for Consumer-Controlled Health Record Bank Pilots."

4. **Award Agreement** – a signed and binding agreement with stipulations and conditions between HCA and grant awardees as a condition of receiving a grant award.
5. **Enrolled Target Population** – the actual enrolled population in a pilot (should be at least equal to the “Reasonable and Meaningful Percentage” multiplied by the “Target Consumer Population”).
6. **Grant Solicitation** – refers to the “2008 Grant Solicitation for Consumer-Controlled Health Record Bank Pilots”.
7. **HCA** – the Washington State Health Care Authority.
8. **HCA External Evaluators** – evaluators outside HCA appointed by HCA to review, evaluate, and score grant applications to provide input to a HCA secondary review panel in making grant awards.
9. **HIIAB** – the Washington State Health Information Infrastructure Advisory Board convened by HCA as mandated by SSB 5064 and E2SSB 5930, Section 10.
10. **Industry Standards** – in the context of the Grant Solicitation, current national and/or international health information infrastructure and health information exchange protocols, standards and conventions utilized for data representation and/or transmission, security, privacy, confidentiality, encryption, data import and export, authentication, authorization, audit, etc. These include, but are not limited to HL7, ASTM, SNOMED, LOINC, IEEE, and X12.
11. **Migration Plan** – a workable set of proposed contingency activities that can be smoothly implemented by a pilot project to provide persons enrolled in the pilot HRB with acceptable options in the event that the pilot is unable to sustain enrollment past the determined pilot end date. This includes notification to enrollees at the time of enrollment of such possibility. As examples, the migration plan could be providing enrollees with a CD at no cost containing all their health care information collected in the pilot HRB and/or transferring enrollees with their permission to another HRB.
12. **Not-for-Profit Organization (NFP)** – an organization which exists for educational, community service, or charitable reasons, and from which its shareholders or trustees do not and will not benefit financially. (Does not need to be a 501c(3) organization. This Grant Solicitation is not intended for “for profit” entities.)
13. **Reasonable and Meaningful Percentage** – a percentage of the Target Consumer Population that represents a substantial enough fraction to be able to offer broad lessons for HRB development and implementation. This number may be ultimately determined through negotiations between an Applicant and HCA.
14. **Statement of Assurances** – signed certifications made by an applicant organization attesting compliance and acceptance of the stipulations required by HCA as conditions precedent to review of the grant application and subsequent potential award.
15. **Target Consumer Population** – the percentage or fraction of a consumer population, a sub-population or segmented population groups specifically targeted by a project for possible enrollment in the pilot.

## XI. Project Requirements

The project requirements below will be assessed against evaluation dimensions that are contained in Section XIII.

1. The information from external sources must include prescription medications and, if available, medication allergies. To the extent that budget and time constraints allow, Applicants are encouraged, but not required, to also include laboratory results, immunizations, and advance directives. Of lower priority at this stage of development are such items as problem lists, history (medical, family, and social), hospital discharge summaries, imaging reports, review of systems, and input from home monitoring devices.

2. Applicant must describe how the pilot HRB will support consumer view and print functions. Additional consideration will be given to Applicants that can also provide the capability for interfacing with personal health records and other related applications.
3. Applicant must include plans for encouraging active use by consumers in partnership with their providers. During this phase of the project, interaction with providers will be through information brought to office encounters by consumers. For example, consumers would be encouraged through a user interface application to validate their medication lists in advance of a visit, help remind providers when they are due for immunizations, and/or maintain an easy to find agreed-upon location to store Advance Directives.
4. The Applicant must describe how the format of printed information will be organized to support practical clinical office workflows in the course of an office encounter when consumers bring this information to their providers.
5. Since it is not known if focusing on a Target Consumer Population will result in their actual enrollment, project proposals should aim to reach a broad population segment in order to assess what population groups actually enroll and why. The Applicant must plan to enroll a Reasonable and Meaningful Percentage of the target consumer population in the pilot HRB. This Enrolled Target Population will be a significant factor in determining an award, with extra consideration to Applicants that propose well-defined and creative strategies that can result in a substantial Enrolled Target Population. The objective of this solicitation is to learn if and how consumers will use their health care information in interactions with their providers. The focus is not merely on the quantity of enrollees, but on consumers seeing value in and using their health information (i.e., engagement and activation). HCA and HIIAB will provide assistance with surveys, marketing and messaging materials, and other direct support activities to aid pilot communities in reaching a target population.
6. Applicant must already have available (either in-house, through partners, or existing vendor applications to be purchased or licensed) all or nearly all of the needed technology. Funding may be used to adapt, integrate and customize existing technology to meet project requirements.
7. The pilot HRB must offer the following capabilities related to security:
  - a. Physical security of data must meet industry standards.
  - b. Service availability must be 24/7 with at least 99.9% uptime.
  - c. Data transmission to and from HRB must be encrypted to industry standards.
  - d. All data imported to or exported from external sources or read from the HRB is matched to the appropriate individual consumer (with mechanisms for rapidly correcting any errors that may occur).
  - e. Authentication:
    - i. Registration data collected for all individuals/entities accessing HRB.
    - ii. Identity verified.
    - iii. Information sharing agreement executed.
    - iv. Digital credential provisioned (single factor is acceptable).
  - f. Authorization: Consumer owner of the HRB account will have the capability to administer (i.e., set, view, maintain, and/or modify) access control for all data managed by the HRB at the following levels:
    - i. Permit data to be input, imported, created, or otherwise deposited.
    - ii. Permit data to be viewed, printed, or otherwise exported.
    - iii. Grant/restrict access to specific individuals or entities (by name or role).

- iv. Grant/restrict access control as to specific data items for specific individuals or entities as close to data item level as possible.
  - v. Change any of the above access permissions at any time.
- g. Audit: Consumer owner of the HRB account will have reasonable access to audit reports containing the following:
- i. Unique identity of parties accessing data:
    - (a.) Affiliation and role of parties (where available).
    - (b.) Data elements accessed.
    - (c.) Manner of access (view, print, export, etc.) date/time of access.
8. The Applicant must use appropriate industry standards for transmission of all data. Such standards may be prescribed or designated by HCA in collaboration with grant awardees and HIIAB.
9. The proposed project must include both consumer and provider advisors.
10. The Applicant must participate with HCA and HIIAB in developing and submitting an evaluation plan that assesses progress and lessons learned from the aggregate pilots with respect to the key questions below. While successful Applicants will work with HCA and HIIAB in addressing these questions, Applicants must provide an initial response to the questions below:
- a. What needs to be done to get consumers and providers to use a HRB?
  - b. How much/what data is needed to provide value to the consumer/user of a HRB?
  - c. What are the next steps indicated for moving towards provider participation?
  - d. How can timely data be obtained?
  - e. What needs to be done to earn the trust of the public?
  - f. What needs to be done to earn provider trust and minimize provider barriers?
  - g. Other questions the Applicant recommends be considered for the evaluation plan.
11. The Applicant will include a migration plan for patients to another HRB, an Acceptable HRB Substitute, or describe how consumers will access their health information after the project is terminated. Applicant will also include a plan for the disposition of HRB information after termination of the project.
12. The Applicant will collaborate with HCA and HIIAB in identifying paths for financial sustainability, organization, and governance. Applicants are not required to demonstrate revenue generation, financial sustainability, or to have developed organization and governance structures. However, Applicants must be willing to work with HCA and HIIAB in exploring and developing potential models from the collective pilot experience and learning.
13. The evaluation plan will also require grant awardees to plan for and include collection of appropriate baseline data to allow assessment of the impact of the project in the evaluation plan. Comparison to control populations is not required.

## **XII. Review Process**

1. Upon receipt, Applications will be reviewed by HCA staff for completeness and responsiveness. An Application that does not meet the basic requirements or that is determined to be incomplete or unresponsive will receive no further consideration.
2. Applications deemed to be complete and responsive will move forward for a two step evaluation.

3. Initial Merit Review: The initial merit review will be accomplished by an independent external panel of experts who provide written assurance that they are free of real or perceived conflicts of interest. They will perform an initial merit review and evaluation of the Applications using criteria described in section XIII. Applications determined by reviewers to be competitive will be discussed in detail, carefully evaluated, and assigned a priority score. Applications determined to be non-competitive will receive no further consideration.
4. Secondary Review: The purpose of the secondary review is to factor in the preliminary recommendations (merit evaluations and rankings) from the initial merit review, with program, policy, and budgetary considerations. The secondary review will then determine whether an award can be made, if special conditions are required, and what level of grant funding is appropriate. Secondary review criteria will include, but are not limited to:
  - a. Programmatic balance:
    - i. Ensure a variety of different approaches.
    - ii. Include especially promising and/or innovative approaches.
    - iii. Maximize cost effectiveness.
  - b. Geographic balance.
  - c. Inclusion of disadvantaged and/or special populations.
  - d. Budget limitations.
5. Because the nature, scope, and duration of proposed projects will vary, it is anticipated that the size of each award will also vary. The total amount awarded and number of awards will depend upon the quality and costs of the Applications received.

### **XIII. Merit Review Evaluation Criteria**

1. Applicants must meet the eligibility criteria outlined on page one of this announcement.
2. To be considered for review, the Application must include:
  - a. Responses to all applicable questions and detailed explanation of how the Applicant will meet pilot technical requirements in section XI.
  - b. A Statement of Assurances signed by an authorized individual on behalf of Applicant.
3. Responses should be clear, complete, and concise to allow for an adequate understanding of the Application and the information contained therein. All responses must be within the page limitations prescribed.
4. In addition to Applicants demonstrating an ability to meet the project requirements above, the following dimensions will be utilized to evaluate and consider Applications:
  - a. (35 Points) Quality of the proposed project and approach to include:
    - i. Meaningful and measurable metrics that provide clear assessments of progress.
    - ii. Quality and appropriateness of proposed baseline data to assess impact of the project for the evaluation plan. Comparison to control populations is not required.
    - iii. Inclusion of additional data elements in the HRB pilot.
    - iv. Capabilities included in the consumer interface.
  - b. (35 Points) Likelihood of success and potential for advancing knowledge identified through:

- i. Plans for implementing the pilot HRB capabilities, including use of standards.
  - ii. Plans for encouraging HRB usage by consumers and providers.
  - iii. Creative approaches and strategies to reach and attain substantial population and enrollment targets given the challenge of this new concept.
  - iv. Quality versus quantity of enrollment. An ability to balance innovation and creativity in reaching a broad population with realistic expectations that are achievable and results in an activated Enrolled Target Population.
  - v. Scalability and generalizability of the project to other similar projects and/or the broader population of the state of Washington.
- c. (20 Points) Quality and experience of personnel and past efforts.
  - d. (10 Points) Reasonableness of the budget.

## **XIV. Pre-award Process**

The pre-award process occurs after the Secondary Review. It involves communication between HCA and the successful Applicant and includes negotiation if adjustments are required prior to grant award.

1. HCA may request changes to specific aims and/or modifications to the proposed budget. Under these circumstances, HCA will include these in consideration of a potential grant award.
2. HCA will conduct site visits or require oral presentations as part of the review process if additional information or demonstrations are needed.
3. HCA reserves the right to require use of common standards, designs, technology, or other resources across pilots to maximize cost-effectiveness of grant funding.
4. HCA will review the Applicant's overall capability and information before a grant is awarded to ensure:
  - a. Sufficient levels of effort are committed to support the approved project.
  - b. Budgetary or commitment overlaps are minimized.
5. HCA may reduce the Applicant's budget if sufficient funds are not available to support the Application at 100 percent of the recommended level.

## **XV. Post-award Requirements**

1. Periodic assessment and reporting of progress metrics (proposed by the Applicant and accepted by HCA).
2. Regular meetings with HCA, HIIAB (including its committees), and other awardees to coordinate efforts, collaborate, and facilitate sharing of ideas and resources. HCA and HIIAB will provide pilot participants with direct support and technical assistance. Specifically, recipients of award funds will work with and receive HCA and HIIAB support through key committees and subcommittees to address issues of:
  - a. Encouraging and sustaining consumer and provider usage.
  - b. Technical design, implementation, and standards.
  - c. Governance to assure public trust.
  - d. Mechanisms and opportunities for achieving financial sustainability (although such sustainability is not required during this pilot phase).

3. Lessons learned will be in the public domain.
4. Continued funding is contingent on meeting project milestones.
5. The signature of an authorized individual on the Statement of Assurances certifies that Applicant will comply with all applicable rules of the application process and all assurances contained in the Statement of Assurances.
6. Applicants for and recipients of award funds are responsible for complying with and must adhere to all applicable federal and state statutes, codes, regulations, and policies, including income tax regulations. Questions relating to the applicability of income tax regulations of awarded funds should be directed to the Internal Revenue Service.
7. Funding to successful Applicants will be provided by HCA. Funding is contingent upon receipt of funds under the parameters of E2SSB 5930, Section 10.
8. All Applications submitted to HCA are subject to applicable public disclosure laws.

## **XVI. Proposal Content Guidelines**

1. 25 single-side pages maximum (excluding letters of support and biographical information):
  - a. 8 ½ x 11 inch paper, 1 inch margins, with a minimum 12 point type.
  - b. Appendices are not permitted; supplemental information may be cited as references (e.g., to web pages) within the Application.
2. Electronic submission in Microsoft Word or PDF (portable document format) is required. No paper submissions will be accepted. Applications are due June 30, 2008, 4:00 p.m. PDT. Applications should be sent to:  
Annette Burgin, Administrative Assistant  
Health Record Bank Project  
annette.burgin@hca.wa.gov  
Subject: HRB Grant Solicitation
3. If the proposed project involves organizations or persons other than those affiliated with the Applicant organization, letters of support and/or cooperation (limited to one page) from each collaborating entity or organization must be included with the application. Other letters of support from interested, non-collaborating organizations or individuals may also be submitted. However, no more than ten letters of support may be submitted with an application. Applicants are also discouraged from submitting multiple letters of support from any one organization unless deemed absolutely essential.
4. Biographical information is limited to two pages per individual. For key personnel, this should include education, experience, honors/awards, and publications/presentations.
5. One person who will assume responsibility for the project and be the single point of contact for HCA should be designated as Project Director. The Statement of Assurances (attached) should be signed by this person and submitted with the application.

## XVII. Department of Information Services (DIS) Notice

1. Under the provisions of RCW 43.105.052(2), the Department of Information Services (DIS) is authorized to offer services to Washington State and local government agencies, tribes, and public benefit nonprofit corporations. These services are offered on a full cost-recovery basis. A list of products and services offered by DIS may be found at:  
[http://techmall.dis.wa.gov/alpha\\_services\\_list.aspx](http://techmall.dis.wa.gov/alpha_services_list.aspx).
  - a. If your organization is a public benefit nonprofit corporation you may choose to contract with DIS for the provision of the above services. You are under no obligation to do so.
  - b. Choosing to receive or not receive services from DIS will in no way affect the distribution of funding by HCA.
  - c. Prior to considering any vendor services, including those provided by DIS, please examine whether other available alternatives would be more cost-effective or provide better service.
  - d. Any organization already subject to the policies and standards of the Information Services Board (ISB) that receives a grant as a result of Application must continue to comply with those policies and standards.



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**STATEMENT OF ASSURANCES**

I make the following certifications on behalf of the Applicant named herein: As an individual authorized by the Applicant to make binding agreements, I make the following statement of assurances as a required element of this Application. On behalf of the Applicant, I understand that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to review of this Application and subsequent potential award:

Applicant warrants that, in connection with this Application:

1. All information presented in this proposal is true, correct, and complete to the best of Applicant's knowledge and all Applications submitted to HCA are subject to applicable public disclosure laws.
2. None of the funds requested in this Application are requested for duplicate or equivalent budgetary items (i.e., equipment, salaries, consulting) for which funding from another source is being provided.
3. Applicant is not requesting funding aside from that necessary to pay for services specifically earmarked in the Application, and that costs for such services do not exceed those that would be paid by a prudent person for same or similar services.
4. Applicant acknowledges that the submission of a timely and complete Application in no way guarantees award or receipt of funds from the Washington State Health Care Authority.
5. Applicant certifies agreement to all the terms and conditions of this Application including, but not limited to, the discretionary nature of a decision by the Washington State Health Care Authority to not award funds or to award funds at a particular funding level, that is not subject to appeal.
6. Applicant acknowledges that submission of false or misleading information will automatically disqualify this Application from further consideration.

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Signature

Date

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Title

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Applying Organization

### Grant Submission Checklist

Major Timeline of Activities	Check When Done	Required	Not Required	Date
Letter of Intent (highly encouraged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/21/2008
Grant Solicitation Conference (highly encouraged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/22/2008
Question and Answer Period	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/23 – 6/06/2008
On-site Evaluations or Oral Presentations (if required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/18/2008*
Grant Solicitation Responses Due and submit to: <a href="mailto:annette.burgin@hca.wa.gov">annette.burgin@hca.wa.gov</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/30/2008
Grant Awards Announced				7/23/2008*
Earliest Possible Project Start				8/14/2008*
Pilot System Operational and in Production	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2/02/2009
Final Project Report Due	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/01/2009
Deliverable Item or Requirement	Check When Done	Required	Not Required	Date Submitted
Letter of Intent (If submitted):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Submit to Annette Burgin by 4:00 p.m., PDT	<input type="checkbox"/>			
Letter of Intent – Content Check:				
<i>Descriptive Title &amp; Summary of Project</i>	<input type="checkbox"/>			
<i>Name of Project Director</i>	<input type="checkbox"/>			
<i>Address/Telephone Number</i>	<input type="checkbox"/>			
<i>Names of Other Key Personnel</i>	<input type="checkbox"/>			
<i>Identify Participating Institutions and/or Entities</i>	<input type="checkbox"/>			
Grant Solicitation Responses				
Deliverable Item or Requirement	Check When Done	Required	Not Required	Date Submitted
Application Content:				
<i>25 Single-Sided Pages Maximum</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>8 ½ x 11 Inch Paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>1 Inch Margins</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Minimum 12 Point Type</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Electronically Submitted in MS Word or PDF</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Letters of Support (LOS):				
<i>LOS and/or Cooperation, No More than 10</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>LOS Limited to One Page Each</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>If providing supplemental information; cite as references.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Project Requirements of Section XI (addressed and included)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Biographical Information:				
<i>Limited to Two Pages for Each Key Personnel</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Biographical Information Includes:				
<i>Education</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Experience</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Honors/Awards</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Publications/Presentations</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Name of Project Director</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Statement of Assurances:				
<i>Signed by Project Director</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Statement of Assurances Submitted</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

\* = on or about this date