2015 Application Guidance

We strongly recommend that you read this application form preview prior to applying online for the Connections for Cardiovascular Health℠ program. This will allow you to collect or prepare the necessary information in advance. You may want to review the program’s Frequently Asked Questions on the Foundation’s website, http://www.astrazeneca-us.com/responsibility/astrazeneca-healthcare-foundation.

Applications will be accepted through February 26, 2015, 5:00 PM Eastern Standard Time and will be scored for merit in terms of needs assessment, program goals and outcomes, innovation and sustainability. Note that criteria for assessing the applications may be changed or updated by the Foundation Trustees from time to time. The Connections for Cardiovascular Health℠ Review Committee reviews applications, and the Foundation’s Board of Trustees will make the final selection in awarding Foundation grants. Note that the Foundation does not provide critiques or commentary on declined applications. Declined proposals may be resubmitted in subsequent years.

Award recipients must agree to sign and adhere to a Letter of Agreement that includes program progress reports to the Foundation according to deadlines and processes set forth in the Letter of Agreement. These requirements include:

- Three-month progress report (November 2015 through January 2016)
- Mid-year progress report and program outcomes (November 2015 through May 2016)
- Comprehensive year-end report and program outcomes (November 2015 through December 31, 2016)
- Regular program reports and other requirements, as set forth in the Letter of Agreement

Finally, please note that the Connections for Cardiovascular Health℠ program does not award medical education or research grants. Requestors of medical education grants should contact AstraZeneca Pharmaceuticals through its Medical Education Grants Office at www.astrazenecagrants.com. To request a research grant, individuals can contact AstraZeneca Pharmaceuticals at www.clinicaltrialdoctors.com.

Thank you again for your interest in the Connections for Cardiovascular Health℠ program.
Are You Eligible?

How is your organization classified?
- For Profit
- Nonprofit
- I am applying as an individual (not an organization)

Note: The Connections for Cardiovascular Health℠ program only supports nonprofit organizations with a 501(c) designation or public schools, government entities or municipal institutions that are eligible to accept tax-deductible, charitable contributions. If your organization is a 501(c)(3) that has an IRS designation as a 509(a)(3), it is ineligible for funding under Foundation guidelines.

Does your organization have 501(c) designation?
Yes

What is your 501(c) designation?
- 501(c)(3)
- 501(c)(4)
- 501(c)(6)
- Other

Please specify

Note: All 501(c)(3) nonprofit organizations also have an IRS 509(a) designation. If your organization has been designated as a 509(a)(3) supporting organization by the IRS, it is ineligible for funding unless the organization is renewing previously awarded Connections for Cardiovascular Health℠ program funding. The IRS designation can normally be found in the organization’s IRS designation letter. Some nonprofit organizations, particularly older ones, could have a separate IRS 509(a) ruling letter.

No

If your organization does not have a 501(c) designation, you must be designated as one of the following and have legal documentation that verifies that you are this type of entity and eligible to receive tax-deductible, charitable contributions. Please select your organization’s type.
- Public School
- Municipal Institution (e.g., county health department or municipal hospital)
- Government Entity
- None of the above

Note: The Connections for Cardiovascular Health℠ program only supports nonprofit organizations with a 501(c) designation or public schools, government entities or municipal institutions that are eligible to accept tax-deductible, charitable contributions.

Does this program address cardiovascular health or cardiovascular disease within the United States and its territories?
Yes / No

Note: The Connections for Cardiovascular Health℠ program encourages applications for initiatives that work in innovative ways to address cardiovascular health or disease in the United States and its territories and have the ability to demonstrate innovative, clear and measurable outcomes. The program does not support projects or organizations outside of the United States and its territories.

Will you collect and measure program outcomes?
Yes / No
Note: The Connections for Cardiovascular Health℠ program only supports initiatives that collect data and measure outcomes as part of the program design and can report on meaningful progress toward program goals in May and December.

Will this program be able to reach at least 100 unduplicated tracked participants by December 2016?
Yes / No
Note: The Connections for Cardiovascular Health℠ program only supports initiatives that can report on pre- and post-measures for at least 100 unduplicated tracked participants by December.

Participants “tracked” describes any participants for whom you collect clear and measurable outcomes. This includes any participants for whom you have pre- and post- survey data, baseline and follow-up clinical and/or behavioral measures, or other clear outcome data. Participants tracked is a subset of participants reached, though in some program designs, the number of reached and tracked participants may be identical. Participants tracked must be unduplicated, where each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection.

Will this program be able to report on progress toward program goals for approximately half of the unduplicated tracked participants in May 2016?
Yes / No
Note: The Connections for Cardiovascular Health℠ program only supports initiatives that collect data and measure outcomes as part of the program design and can report on meaningful progress toward program goals in May and December.

Does your program include professional education and/or training for healthcare professionals that is more than incidental to the program?
Yes / No
Note: The Connections for Cardiovascular Health℠ program only supports funding for professional education or training for healthcare professionals if it is incidental to the program.

Is your minimum yearly request between $150,000 and $180,000?
Yes / No
Note: Yearly requests below $150,000 or above $180,000 will not be considered by the Connections for Cardiovascular Health℠ program. The Foundation will only fund requests for a single year of funding, with a maximum limit of $180,000.

Is any of the requested funding to be used for unsolicited capital campaigns?
Yes / No
Note: Unsolicited capital costs are not supported by the Connections for Cardiovascular Health℠ program.

Will funding be used for equipment not integral to the specific program and that might support other ongoing routine programs run by the organization?
Yes / No
Note: The Connections for Cardiovascular Health℠ program will only consider funding for equipment that is integral to the specific program design; it will not consider funding for equipment that might support other ongoing, routine programs run by the organization. Equipment costs over 30% of the total funding request will not be considered. The Foundation will not fund vehicle purchases.
Will your program use Foundation funding to exclusively fund any of the following:
- Cardiologists' salaries
- Awareness/media campaigns
- Enhancement/expansion of existing hospital services
- Hospital software/upgrades
- Capital investments
- Research/clinical trials
- Hospital in-patient programs

Yes / No

Note: Please note that the Connections for Cardiovascular Health℠ program does not provide funding for applications that exclusively fund any of the above.

Is your program open to all regardless of age, race, color, religion, national origin, gender, sexual orientation, marital status, military service, veteran status, disability or other unlawful basis?

Yes / No

Note: The Connections for Cardiovascular Health℠ program does not provide funding to organizations that discriminate on the basis of age, race, color, religion, national origin, gender, sexual orientation, marital status, military service, veteran status, disability or other unlawful basis.

If you are a religious organization, is your program open to the community-at-large?

Yes / No / Not a religious organization

Note: The Connections for Cardiovascular Health℠ program does not provide funding to religious organizations unless individuals outside the organization are eligible for participation in the program.

Does your organization have both a current audited financial statement and IRS Form 990 that can be attached to this application?

Yes

Attach your current audited financial statement and IRS Form 990.

No

Note: The Connections for Cardiovascular Health℠ program preference is to provide funding to eligible organizations that have both a current audited financial statement and IRS Form 990 available.

Note: Organizations designated as public schools, municipal organizations or government entities are asked to provide official documentation verifying their organization type and eligibility to receive tax-deductible, charitable contributions instead of an IRS Form 990.

---

Your Organization

What is the name of your organization?

Enter your 9-digit Employer Identification Number (EIN) or Federal Tax ID in the form of XX-XXXXXXXX.

If your organization has a 501(c) designation, the system will display information sourced from the IRS database.
AstraZeneca HealthCare Foundation  
*Connections for Cardiovascular Health*<sup.SM></sup> (CCH) Program – 2015 Application Form Preview

The above information was returned from the IRS database for the Tax ID/EIN you provided. Is this information accurate for your organization?

Yes / No

*Note:* Please check the Tax ID/EIN you have entered. If you have concerns, call the IRS support at 1-877-829-5500 before completing this application. Since the information is from the IRS database, only the IRS can correct inaccurate information.

*Note:* The EIN in your application should match the EIN of the organization executing the program, and the applying organization is expected to be both the fiscal and managing agent of the program. As a reminder, the *Connections for Cardiovascular Health*<sup.SM></sup> program only supports nonprofit organizations with a 501(c) designation or public schools, government entities or municipal institutions that are eligible to accept tax-deductible, charitable contributions. If your organization is a 501(c)(3) that has an IRS designation as a 509(a)(3), it is ineligible for funding under Foundation guidelines.

**What is the geographic scope of your organization (national, regional, etc.)?**

- National
- Regional
  - Please specify region served.
  - State
    - Which state?
  - District (multi-county, multi-city or multi-town)
    - Enter District
    - Located in which state(s)?
  - County
    - Enter County
    - Located in which state?
  - City/town/borough
    - Enter City/town/borough
    - Located in which state?
  - U.S. Territories
    - Guam
    - Northern Mariana Islands
    - Puerto Rico
    - U.S. Virgin Islands

**What is the primary region in which your program will be conducted?**

- Northeast
  - New England (ME, NH, VT, MA, RI and CT)
  - Mid-Atlantic (NY, PA and NJ)
- Midwest
  - East North Central (WI, MI, IL, IN and OH)
  - West North Central (MO, ND, SD, NE, KS, MN and IA)
- South
  - South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA and FL)
  - East South Central (KY, TN, MS and AL)
  - West South Central (OK, TX, AR and LA)
- West
  - Mountain (ID, MT, WY, NV, UT, CO, AZ and NM)
How would you describe your organization?

- Parent organization
- Subset or chapter of a parent organization
- Specify the name of your parent organization.
- Single entity

How would you primarily categorize your organization? Please note that this question categorizes your organization type, which may be different than the type of program detailed in this application.

- Healthcare
  - Patient Advocacy
  - Healthcare Professional
  - Healthcare Services
    - Hospital/Healthcare System
    - Clinic
    - Pharmacy
    - Long-term Care Facility
    - Health Plan
      - Medicaid
      - Medicare
      - Other
      - Please describe
    - Other
      - Please describe
  - Academic Institution
  - Research Institute
  - Civic (Health-Related)
  - Other
    - Please describe

- Non-Healthcare
  - Civic (General)
  - Academic – University, College, K-12
  - Religious
  - Other
    - Please describe

State your organization’s mission in one sentence. (approximately 50 words or 500 characters)

In one sentence, state one highlight about your organization and how it relates to the community it serves. (approximately 50 words or 500 characters)

Are more than 50% of the board of directors employed by or related to employees of the business operations?
Yes / No

How did your organization hear about the Connections for Cardiovascular Health℠ (CCH) program?
- Advertisement
- AstraZeneca HealthCare Foundation website
- Press Release
- Banner ad on the internet
- Magazine or newspaper
- Colleagues
- Recommendation from other nonprofit organization(s)
- Other

Please explain

Has your organization applied for funding with the Connections for Cardiovascular Health℠ (CCH) program before?
Yes/No

Note: Connections for Cardiovascular Health℠ (CCH) will consider more than one application from the same organization as long as the requests are for different initiatives. Please begin additional applications with a separate login account.

Declined proposals may be resubmitted in subsequent years.

For organizations that previously received CCH funding for a program, the original program must be ongoing or transformed and sustained without CCH funding in order for the organization to be considered for a subsequent, different program. The organization will be contacted to certify in writing its intent to sustain the original program without CCH funding in order for a subsequent and different program to be considered for funding.

For each year listed, specify whether you applied or not. For years in which you applied, enter the amount requested and the project name and indicate whether or not your program was awarded CCH funding. Please also indicate whether the past application was for a new program or the same program for which you applied in a previous year. If it is “new” or “same with some changes,” please explain how it differs (approximately 50 words or 450 characters).

New (never submitted to CCH in a previous year)
Please explain how the program differs from your CCH application from a previous year. If this was your first year applying for CCH funding and you had never submitted for a CCH grant before, please explain the program in the space provided instead.

Same (submitted to CCH in a previous year)
Same with some changes (submitted to CCH in a previous year, with some updates)
Please explain how the program differs from your CCH application in a previous year.

Funding & Budget

The Foundation will only fund grants between $150,000 and $180,000. The Foundation will only fund requests for a single year of funding.

There is no guarantee of funding beyond the initial awarded year.
Programs that have received Connections for Cardiovascular Health\textsuperscript{SM} funding in previous years may receive up to a maximum of three years (inclusive of any prior years of funding) of program funding over the program’s lifetime.

Please specify the amount requested (must be between $150,000 and $180,000).

Do you have any other funders for this program?

Yes

List any additional funders for this program and the amounts.

Enter Status (Pending / Confirmed), Name of funder and Amount

No

You are required to provide a detailed budget for each year funding is requested. On the following budget list(s), only enter items that will be paid out of requested Foundation Grant funds. Do not include costs covered by other funders. Provide a description for all categories where funding is requested, including the Indirect category. In the Salaries and Professional Fees category, enter salaries, professional fees and other services, except for program evaluation services. You must detail all personnel and their respective costs individually using the “Add staff member” feature, e.g., Program Director, Nurse, Physician or Administrative Coordinator. Enter information required, including hourly rates, expected hours week/month/year and FTE, as well as if this person is a healthcare professional (HCP). Indicate in the chart below if fringe benefits will NOT be covered with proposed grant funds.

Note: Incomplete details could result in disqualification.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Participant Materials</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Printing</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Phone/Fax</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Travel</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Training</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Equipment</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Lab/Testing Fees</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Indirect</td>
<td>U.S. $</td>
<td></td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>U.S. $</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Add other expense</td>
<td>U.S. $ (subtotal of Other expenses)</td>
<td>(automatic calculation)</td>
</tr>
</tbody>
</table>

### Salaries and Professional Fees (excludes program evaluation fees)

<table>
<thead>
<tr>
<th>Name/Company</th>
<th>Title/Role/Service</th>
<th>Compensation U.S. $</th>
</tr>
</thead>
</table>

### Details

Enter hourly rate and expected hours (specify wk/mo/year). Also indicate if this person is a healthcare professional (HCP). If staff, add FTE (0-1.0) and fringe (Y/N/%).

<table>
<thead>
<tr>
<th>Add Staff Member</th>
<th>U.S. $ (subtotal of Salaries and Professional Fees expenses)</th>
<th>(automatic calculation)</th>
</tr>
</thead>
</table>

### Total budget & percentage of amount requested

<table>
<thead>
<tr>
<th>Total budget &amp; percentage of amount requested</th>
<th>U.S. $</th>
<th>(automatic calculation)</th>
</tr>
</thead>
</table>

**Note:**

Equipment: The Connections for Cardiovascular Health℠ program will only consider funding for equipment that is integral to the specific program design and not for equipment that might support other ongoing, routine programs run by the organization. Equipment costs over 30% of the total funding request will not be considered. Additionally, the Foundation will not fund the purchase of vehicles.

Other: The Connections for Cardiovascular Health℠ program will not consider funding when the “Other” line item cost is more than 10% of the annual total.

Indirect: A description of what costs indirect funds will cover is required.

---

### Your Program

**Please provide a title for this program.**

**What is the primary program focus?**

- Heart Failure
- Peripheral Artery Disease
- General Cardiovascular Disease
- Stroke
- Obesity
- Diabetes
- Hypertension
- Cardiac Rehabilitation
- Smoking Cessation
- Stress Reduction
- None of the above
Please describe

This funding will support an initiative that is:
- New (not an expansion of an existing program)
- Existing
- A program that includes new and existing elements

Note: The Connections for Cardiovascular Health℠ program encourages applications for initiatives that are new and innovative in program design and outcomes.

Please note, the Connections for Cardiovascular Health℠ program encourages innovative outreach programs that are community-based in nature. Please select the option below that best describes your outreach program.
- Community-Based
- Hospital-Based
- Clinic-Based
- School-Based
- None of the above

Please explain. (approximately 75 words or 800 characters)

Please tell us about the program target audience.

Which sex is the primary target audience?
- Male
- Female
- Both

Does this program primarily target the medically underserved?
Yes / No

Is this program aimed at a specific ethnic group?
Yes

Please specify the primary ethnic group(s) at which this program is aimed:
- Caucasian
- African American
- Asian
- Hispanic/Latino
- Native American
- None of the above

Please describe

No

Please specify any additional ethnic groups at which your program is targeted.
- Caucasian
- African American
- Asian
- Hispanic/Latino
- Native American
- None of the above
Please describe

Is this program aimed at a low-income population?
Yes / No

At what particular age group(s) is this program primarily aimed?
- Youth
  - All
  - Pre-School
  - Elementary
  - Middle
  - High School
  - College
- Adult
  - All
  - 18-25
  - 25-40
  - 40-55
  - 55-65
  - 65+
- Both all adults and all children

Please specify any additional age groups at which this program is aimed:
- Youth
  - All
  - Pre-School
  - Elementary
  - Middle
  - High School
  - College
- Adult
  - All
  - 18-25
  - 25-40
  - 40-55
  - 55-65
  - 65+

Please select the primary audience(s) at which the program is targeted.
- Rural
- Urban
- Disabled
- Lesbian, Gay, Bisexual, Transgendered
- Families
- Retirees
- Immigrants
- English-as-a-Second-Language
- HIV+/AIDS
- None of the above
Please specify any additional audiences at which your program is targeted.

- Rural
- Urban
- Disabled
- Lesbian, Gay, Bisexual, Transgendered
- Families
- Retirees
- Immigrants
- English-as-a-Second-Language
- HIV+/AIDS
- None of the above

Please describe

Program Details

Highlight one or two key facts/statistics regarding the cardiovascular problem/unmet need in the community that your program will address. Please address the issues within your county and state and how you compare nationally or with other states; be sure to cite valid resource documents such as Centers for Disease Control and Prevention (CDC), American Heart Association (AHA) or your state health department data. (approximately 75 words or 800 characters)

State your program’s goal in one sentence.

Note: The goal will be used as a program summary, so the sentence should 1) explain your program’s main objective, 2) provide a brief and succinct program description and 3) include the outcomes you plan to achieve.

Program Highlights

Program Description, Part 1 – Summary

Briefly summarize the main points of your program design. (approximately 100 words or 1000 characters)

Note: It is important to include the cardiovascular problem to be addressed, the outcomes the program plans to achieve and the length of time needed to achieve program goals in your Program Summary Description.

Program Description, Part 2 – Details

Describe your program design in detail, expanding on Part 1 of this question. (approximately 250 words or 2200 characters)

Will this program include professional education and/or training for healthcare professionals (e.g., CEUs, CMEs?)

Yes

Please explain (approximately 75 words or 800 characters)
No

*Note*: The *Connections for Cardiovascular Health* program only supports funding for professional education and/or training for healthcare professionals if it is incidental to the program.

**Please describe how your program plans to recruit participants.**

- Health fair
- Flyers and/or brochures
- Word-of-mouth
- Television ad
- Newspaper / magazine ad
- Recruit from existing patient population
- School announcements / assemblies
- Other
  - Please explain (approximately 75 words or 800 characters)

**Will you charge your participants a fee for participation in the program?**

Yes
Anticipated fee per participant (rounded to the nearest whole dollar)

Provide additional details on planned fee (approximately 75 words or 800 characters)

No

**Program Activities**

**Program Activities, Part 1 – Summary**

Please note: If your organization receives funding from the *Connections for Cardiovascular Health* program, notification will occur no later than November, and work for the program must begin then. Describe the major deliverables/activities and timing your program will take to reach your goals.

Briefly summarize the key activities of your program, beginning with November and December of 2015 and continuing with quarterly detail through 2016. (approximately 100 words or 1000 characters)

Note: It is important to include information on program planning, participant recruitment and participant activities (noting any inactive months, awareness activities, sustainability initiatives, program partnerships, evaluation and limitations on beginning or ending program activities in your Program Activity Summary). In Part 2 of this question, you will be able to provide more details by specific time periods.

**Program Activities, Part 2 – Details**

Expanding on Part 1 of this question, please provide specific details of the program activities (including participant enrollment and measurement tracking) in the following time periods:

2015: November through December (approximately 100 words or 1000 characters)

First Quarter 2016: January through March (approximately 100 words or 1000 characters)

Second Quarter 2016: April through June (approximately 100 words or 1000 characters)
Third Quarter 2016: July through September (approximately 100 words or 1000 characters)

Fourth Quarter 2016: October through December (approximately 100 words or 1000 characters)

2017 (approximately 75 words or 800 characters)

2018 (approximately 75 words or 800 characters)

Innovation

Innovation, Part 1 – Summary

Briefly summarize any innovative aspects of your program, including its design and outcomes that will help you achieve your goals. (approximately 50 words or 450 characters)

Note: Innovation includes new and unique processes and practices for your program. Your program goal, outcomes and processes may not be original, but your program may be innovative for its target audience, cardiovascular health problem, and/or geographic location. In Part 2 of this question, you will be able to provide more details on your program’s innovative aspects.

Innovation, Part 2 – Details

Expanding on Part 1 of this question, describe any innovative aspects to your program in detail, including its design and outcomes that will help you achieve your goals. (approximately 250 words or 2200 characters)

Innovation, Past CCH Awardee

In terms of program design, outcomes and innovation, please explain any differences between the current program for which you are applying and the last program for which you received CCH funding. (For each category, approximately 50 words or 450 characters)

Program Design
Outcomes
Innovation

How will the program be communicated publicly? Include information such as the development of a formal communications plan or press release in support of the program, planned events that include the media, and any other public communication around the program. (approximately 250 words or 2200 characters)

Do you plan to publish and/or present your program?

Yes/No

If yes, Describe your plans for publishing and/or presenting your program, including the general topic(s), target audience, month/year, location and presentation or publishing method. (approximately 250 words or 2200 characters)
Program Outcomes

Participants “reached” describes any participants with whom you interact or to whom you reach out through health fairs, screenings, workshops, brochures or other means. Participants “reached” also includes the participants you anticipate tracking in the program.

In the next sections, you will be asked to identify and describe your program’s outcomes. When doing so, please be aware that the number of participants reached is not an outcome. Instead, the number of individuals reached is an output of your program or project. A specific impact or change in a participant’s health would be the program’s outcome.

Participants “tracked” describes any participants for whom you collect clear and measurable outcomes. This includes any participants for whom you have pre- and post- survey data, baseline and follow-up clinical and/or behavioral measures, or other clear outcome data. Participants tracked is a subset of participants reached, though in some program designs, the number of reached and tracked participants may be identical. Participants tracked must be unduplicated, where each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection.

In programs with low numbers of participants or programs with extensive resources, the number of participants reached and tracked may be the same. However, in the majority of programs, the number of participants reached and tracked is unlikely to be the same, and the number of participants tracked will normally be less than the number reached.

Proposed Grant Year November 2015 through December 31, 2016

Participant Goals, Part 1 – Reached Participants

What is the anticipated total number of program participants you expect to reach between November 2015 and December 31, 2016?

Note: The Connections for Cardiovascular HealthSM program only supports initiatives that collect data and measure outcomes as part of the program design and can report on meaningful progress toward program goals in May and December.

What is the anticipated number of program participants you expect to reach by January 31, 2016?

What is the anticipated number of program participants you expect to reach by May 31, 2016?

Note: The anticipated number of program participants you expect to reach by May 31, 2016?

Note: The Connections for Cardiovascular HealthSM program only supports initiatives that collect data and measure outcomes as part of the program design and can report on meaningful progress toward program goals in May and December 2016.

Are the 2015-2016 reached participants an entirely new group of participants?

Yes

No

What percentage of the 2015-2016 reached participants will be new to the program?

(percentage)
Participant Goals, Part 2 – Tracked Participants

What is the total anticipated number of unduplicated program participants you expect to track between November 2015 and December 31, 2016?
Note: In programs with low numbers of participants or programs with extensive resources, the number of participants reached and tracked may be the same. However, in the majority of programs, the number of participants reached and tracked is unlikely to be the same, and the number of participants tracked will normally be less than the number reached.

Note: The Connections for Cardiovascular HealthSM program expects applicants’ programs will have clear and measurable outcomes for each program participant tracked.

Note: The Connections for Cardiovascular HealthSM program only supports initiatives that can report on pre- and post-measures for at least 100 unduplicated tracked participants by December.

What is the anticipated number of unduplicated program participants you expect to track by January 31, 2016?
Note: The Connections for Cardiovascular HealthSM program only supports initiatives that collect data and measure outcomes as part of the program design and can report on meaningful progress toward program goals in May and December 2016.

What is the anticipated number of unduplicated program participants you expect to track by May 31, 2016?
Note: The Connections for Cardiovascular HealthSM program only supports initiatives that collect data and measure outcomes as part of the program design and can report on meaningful progress toward program goals in May and December 2016.

Are the 2015-2016 unduplicated tracked participants an entirely new group of participants?
Yes
No

What percentage of the 2015-2016 unduplicated tracked participants will be new to the program? (percentage)

Please describe how your program plans to follow up with unduplicated tracked participants. (approximately 75 words or 800 characters)

Please detail how your program will ensure tracked participants will be unduplicated (each participant is counted as one participant throughout the grant year even though there are multiple points of measurement or data collection). (approximately 75 words or 800 characters)

Measures Highlights and Goals

Measures Highlights and Goals, Part 1 – Summary

Briefly state your program’s clinical, behavioral and/or lifestyles outcome goals. (approximately 100 words or 1000 characters)

Note: Be sure to include any innovative outcomes that will help you support your program’s efforts to improve cardiovascular health. Program measures and goals need to follow “SMART” guidelines
(Specific, Measurable, Attainable, Results-oriented and Time-specific). By mid-year, programs are required to report on at least baseline measurements for approximately half the planned tracked participants. In Part 2 of this question, you will be asked to provide more details.

**Measures Details, Part 2 – Details**

Expanding on Part 1 of this question, describe in detail the clinical, behavioral and/or lifestyle outcomes for your program and how you will measure them. (approximately 500 words or 4200 characters)

*Note*: Be sure to include any innovative outcomes that will help you to support your program’s efforts to improve cardiovascular health. Provide clear and measurable outcomes for each program participant that are consistent with the goals of the program and provide more than the outputs of your program.

Please choose all the clinical outcomes you will measure for your program (if applicable).

Clinical
- BMI
- BP
- Glucose
- Hemoglobin A1C
- hsCRP
- Lipoproteins, triglycerides
- Weight
- Other

Please list

Please choose all the behavioral/lifestyle outcomes you will measure for your program (if applicable):

Behavior/Lifestyle
- Better eating
- Better knowledge of cardiovascular disease
- Better knowledge of nutrition
- Decrease in hospital visits
- Increased physical activity
- Smoking cessation
- Other
  - Please list

Please select all of the measurement vehicles you will use to track your program’s success:
- Pre-program surveys
- Interim Surveys:
  - Weekly
  - Monthly
  - Three-Month
  - Six-Month
  - Nine-Month
  - 12-Month
- Post-program surveys
• Hospital/clinic-based patient data
• Other

Please describe

Describe your detailed plan to collect, evaluate and report data for your program. (approximately 250 words or 2200 characters)

Will your program have collected all your first-year follow-up measures by December 31, 2016?

Yes/No

No message: The AstraZeneca HealthCare Foundation requires that all programs report on measurements and outcomes for all program participants reached and tracked by December 31, 2016.

Will you be using outside assistance to collect, evaluate and report program outcomes?

Yes

For each organization, please enter the organization's name and its role in the collection, evaluation and/or reporting of program outcomes.

No
Program Sustainability

Sustainability, Part 1 – Summary
In what ways do you plan to work toward achieving program sustainability for your program after Connections for Cardiovascular Health℠ funding is expended CCH funding? Select all that apply.

- Acquire further grant funding or donations
- Conduct a fundraiser
- Currently receiving funds from other funders
- Work to integrate the program into other program offerings
- Participant fees
- Share the program with other organizations in a presentation
- Develop a program kit to share with other organizations
- Disseminate results in a publication or conference presentation / poster
- Other (please explain)

Sustainability, Part 2 – Details
Expanding on Part 1 of this question, describe in detail how your program will achieve sustainability after Connections for Cardiovascular Health℠ funding.

- Public/private donor fundraising campaigns
- Are you receiving private/public funds now that can be applied to this program?
- Integration into ongoing program offerings/existing programs
- Fees paid by program participants
- Dissemination of the program model to other organizations and locations
- Other

For each item selected in Part 2, please explain (approximately 200 words or 2,000 characters)

Will you partner with other organizations on this project (e.g., universities, hospitals, schools or civic organizations)?

Yes
List any partners for this program and their roles.
Enter Name of partner and Role

No

Describe your organization’s capabilities for carrying out this program. (approximately 200 words or 1800 characters)

Has your organization managed grants in the past?

Yes
Describe up to five past grants that your organization has managed, including repeat and different funding sources if applicable.
Enter Funding Source, Type, Dollar value, From date, To date, and Number of years

No

List your organization’s key staff members and their role in implementing this program:
Enter Name, Title, Role, Responsibilities and whether this person is a healthcare professional?
Past programs

Has your organization managed another cardiovascular-related program in the past of equal size, scale or focus?

Yes

Was it sponsored by a grant?
Yes

What organization(s) provided the grant?

What was the total value of the grant?

How many years did the grant sponsor?

No

Briefly describe the program and demonstrate program success by detailing the outcomes it achieved. (approximately 200 words or 1800 characters)

Note: Outcomes are expected to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). Details must include specific outcomes, measurement methods, participant achievement rates/percentages, and time elapsed to reach the goal.

How many years did the program last?

Are any of these programs still ongoing?
Yes / No

No

Has your organization managed another non-cardiovascular program in the past of equal size, scale or focus?

Yes

Was it sponsored by a grant?
Yes

What organization(s) provided the grant?

What was the total value of the grant?

How many years did the grant sponsor?

No

Briefly describe the program and demonstrate program success by detailing the outcomes it achieved. (approximately 200 words or 1800 characters)

Note: Outcomes are expected to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented, and Time-specific). Details must include specific outcomes, measurement methods, participant achievement rates/percentages, and time elapsed to reach the goal.

How many years did the program last?

Are any of these programs still ongoing?
Yes / No

No
Please detail the results of your current or past Connections for Cardiovascular Health℠-funded program.

How many different programs were funded?

What was the total value of the grant(s)?
Program One
*Add row if needed for additional CCH-funded programs

Program One (Two, Three, etc)

What was the program name?

Please answer the following questions for the cumulative years in which it was funded:

Briefly describe the program and demonstrate success of each program by detailing the outcomes it achieved, including reached and unduplicated, tracked program participants. (approximately 200 words or 1800 characters)

Note: Outcomes are expected to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). Details must include specific outcomes, measurement methods, participant achievement rates/percentages and time elapsed to reach the goal.

What was one important lesson from this program? For example, in terms of program design, program outcomes, innovation or sustainability. (approximately 75 words or 450 characters)

How many years did the program(s) last?

Is this program(s) ongoing?
Yes

Is the program currently funded by CCH?
Yes
No

In what capacity is the program(s) continuing? Select one:
Same
Reduced
Expanded
Not continuing

No
Contact

Primary contact person

Prefix
- Dr.
- Miss
- Mr.
- Mrs.
- Ms.
First name
Last name
Position in organization
Telephone number
Extension (if required)
Alternate phone number (if available)
Fax number (if available)
Email address (status updates will be sent to this address)
Please confirm your email address

Secondary contact person

Prefix
- Dr.
- Miss
- Mr.
- Mrs.
- Ms.
First name
Last name
Position in organization
Telephone number
Extension (if required)
Alternate phone number (if available)
Fax number (if available)
Email address
Please confirm email address

Organization Address

Address and street
Address line 2
City
State
Zip code
Organization website address (if available)
Facebook profile address (if available) (e.g. http://facebook.com/username/)
Twitter profile address (if available) (e.g. http://twitter.com/username/)
Review Request

You will be given an opportunity to review your application prior to submitting it and make changes if required. When you are ready to submit your application, click the "Submit request" link. Once you have clicked "Submit request," you will no longer be able to edit or view your application, so ensure it is complete before you proceed.

Certification

I certify that the information included as part of this Foundation Grant application is true and complete to the best of my knowledge and belief and understand that any willfully false statements will be sufficient cause for rejection of this application or, if the application has been awarded, for the termination of this award.

I have read the Certification above and agree to all the terms therein.

I understand that if selected for funding, actual funds will not be awarded until the AstraZeneca HealthCare Foundation Letter of Agreement is completed, signed and executed.

I have attached the requested Audited Financial Statements and IRS Form 990s or similar documents.

I verify that the applying organization does not have an ineligible 509(a)(3) classification.

I agree that if a CCH grant is awarded to the applying organization, the applying organization will not assign the grant award and shall not represent that the Foundation grant award has been assigned to, or is used by or on behalf of, another organization, even if related or affiliated, without the prior approval of the Foundation. The organization granted the award shall use its name and the name of its program in communication about the grant award unless another program or entity name has prior approval by the Foundation.