2020 Application Guidance

We strongly recommend that you read this application form preview prior to applying online for the Connections for Cardiovascular HealthSM Next Generation program. This will allow you to collect or prepare the necessary information in advance.

Connections for Cardiovascular HealthSM Next Generation

After ten years of grantmaking and helping to support organizational capacity building through the Connections for Cardiovascular HealthSM program, the AstraZeneca HealthCare Foundation has revamped its program to Connections for Cardiovascular HealthSM Next Generation to support new and innovative community-based programs in areas of need throughout the United States. Connections for Cardiovascular HealthSM Next Generation welcomes applications from every state in the nation and has a preference for funding applications from the top 20 states by cardiovascular disease mortality (Alabama, Arkansas, Georgia, Iowa, Indiana, Kentucky, Louisiana, Maryland, Michigan, Missouri, Mississippi, Nevada, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, West Virginia). Additional preference will be given to applications from those states where the Foundation has never previously funded a program (Alabama, Arkansas, Iowa, Indiana, Nevada, Ohio, Oklahoma). This current 2020 grant cycle is the first year of the Connections for Cardiovascular HealthSM Next Generation program.

Applications for grants will be accepted from February 3, 2020 at 9:00 AM Eastern Standard Time through February 21, 2020, 5:00 PM Eastern Standard Time. Late applications will not be accepted. The AstraZeneca HealthCare Foundation is not responsible for any technical issues encountered by individual applicants. To help ensure a timely and successful online application submission, it is best to submit your application a few days before the posted deadline.

The AstraZeneca HealthCare Foundation will accept one application per organization. Program Grant requests must be between $125,000 and $150,000.

Organizations may be eligible for a second year of continued funding for Connections for Cardiovascular HealthSM Next Generation, if awarded a Connections for Cardiovascular HealthSM Next Generation grant for the 2020 application cycle and based on performance and assessment by the Foundation’s university evaluation partners, program staff and Board of Trustees. Additional criteria to be disclosed during the Letter of Agreement process for funded organizations.

Organizations that have received funding from the AstraZeneca HealthCare Foundation before 2020 through its Connections for Cardiovascular HealthSM program are not eligible to apply for Connections for Cardiovascular HealthSM Next Generation funding.

The grant cycle runs from August 2020 – November 30, 2021, and funded organizations are expected to launch their programs as soon as funds are received in August 2020.

Innovative Approaches to Help Improve Cardiovascular Health at the Community Level

Through evaluating results from community-based programs from Connections for Cardiovascular HealthSM, the AstraZeneca HealthCare Foundation and its evaluation partners have identified six innovative approaches commonly used to improve cardiovascular health at the community level. Applying organizations will need to align with one of six innovative approaches as the basis of their Connections for
Cardiovascular Health℠ Next Generation program or identify their own innovative approach. The six innovative approaches include:

1. Leveraging access for uninsured and underserved participants to improve cardiovascular knowledge and health
2. Bringing programs to participants
3. Educating children to serve as heart health ambassadors
4. Improving cardiovascular health through food-based programs
5. Using health coaches/promotores to improve cardiovascular health
6. Providing culturally sensitive program interventions to maximize participant outcomes


**Application Scoring**
Applications will be scored for merit in terms of needs assessment, program design, goals and outcomes, budget, innovation and sustainability. The Connections for Cardiovascular Health℠ Next Generation Grant Review Committee reviews applications, and the Foundation’s Board of Trustees will make the final selection in awarding Foundation grants. The Foundation does not provide critiques or commentary on applications not selected for an award and there is no guarantee of funding.

**Applications for First Year of Funding**
Organizations applying for their first year of Connections for Cardiovascular Health℠ Next Generation will need to reach at least 400 unduplicated individuals and report on pre- and post-measures for at least 200 unduplicated tracked participants by November 30, 2021. Applicants are encouraged to develop reached and tracked participant goals that will demonstrate the greatest possible impact. In addition to reporting on reached and tracked participants, funded organizations will need to report on the number of individuals screened and educated.

Note, 2020 is the first year of the Connections for Cardiovascular Health℠ Next Generation program.

**Reached and Tracked Participant Definitions**
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. If your program receives more than one year of Connections for Cardiovascular Health℠ Next Generation funding, reached participants will need to be a new group each grant year and unduplicated from previous years.

Participants “tracked” describes any participants for whom you collect clear and measurable outcomes. This includes any participants for whom you have at least one pre- and post-survey data point, baseline and follow-up clinical and/or behavioral measure, or other clear outcome data. Participants tracked is a subset of participants reached. Participants tracked need to be unduplicated, where each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data.
collection. If your program receives more than one year of *Connections for Cardiovascular Health℠ Next Generation* funding, tracked participants will need to be a new group each grant year and unduplicated from previous years. Organizations are encouraged to continue to follow and track program participants over multiple years but may not count those participants toward their annual tracked goal.

Each participant counted toward the total tracked will need to have baseline and follow-up data for **at least one measure** (e.g., BMI, blood pressure, knowledge of nutrition, etc.). However, it is preferred to include baseline and follow-up data for **all measures** for each participant, when possible.

**Program Reporting**

Award recipients are required to sign and adhere to a Letter of Agreement that includes providing progress reports on their programs to the Foundation according to deadlines and processes set forth in the Letter of Agreement. These requirements include:

- Three-month progress report submitted by late October 2020 (covers progress from August 2020 through October 2020)
- Mid-year progress report, sustainability efforts and program outcomes submitted by April 2021 (covers progress from August 2020 through March 2021)
- Comprehensive year-end report, sustainability efforts and program outcomes submitted by early December 2021 (covers progress from August 2020 through November 30, 2021)
- Regular program reports and other requirements, as set forth in the Letter of Agreement

**Medical Education and Research Grants**

Please note that the *Connections for Cardiovascular Health℠ Next Generation* program does not award medical education or research grants. Requestors of medical education grants may contact AstraZeneca Pharmaceuticals through its Medical Education Grants Office at [www.astrazenecagrants.com](http://www.astrazenecagrants.com). To request a research grant, individuals can contact AstraZeneca Pharmaceuticals at [https://www.astrazeneca.com/partnering/externally-sponsored-scientific-research.html](https://www.astrazeneca.com/partnering/externally-sponsored-scientific-research.html).
AstraZeneca HealthCare Foundation
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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 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/)
Are You Eligible?

1. Which level of funding are you applying for?
   • Level One (Program Grant); Year One
   • Level Two (Program Grant); Year Two
   • Level Three (Program Grant); Year Three

   *Note: Level One Program Grant:* Organizations applying for their first year of Connections for Cardiovascular HealthSM Next Generation funding will need to report on pre- and post-measures for at least 200 unduplicated tracked participants by November 30, 2021 and are encouraged to develop reached and tracked participant goals that will demonstrate the greatest possible impact.

   Note, 2020 is the first year of the Connections for Cardiovascular HealthSM Next Generation program.

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

   *Note: The Connections for Cardiovascular HealthSM Next Generation 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.

   *Note: The Connections for Cardiovascular HealthSM Next Generation program only supports nonprofit organizations and does not provide support to individuals.*

3. 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 (max. of 80 characters with spaces)

   *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. 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 need to 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.
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- Public school
- Municipal institution (e.g., county health department or municipal hospital)
- Government entity
- None of the above

*Note:* The Connections for Cardiovascular Health℠ Next Generation 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.

4. 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℠ Next Generation program preference is to provide funding to eligible organizations that have both a current audited financial statement and IRS Form 990 available.

   If your organization does not have audited financial statements, please upload your organization’s current unaudited financial statements.

*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.

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

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

6. Will your program use Foundation funding to exclusively fund any of the following?
   - Healthcare provider 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℠ Next Generation program does not provide funding for applications that exclusively fund any of the above.
7. 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 HealthSM Next Generation program only supports funding for professional education or training for healthcare professionals if it is incidental to the program.

8. 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 HealthSM Next Generation program.

9. 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 HealthSM Next Generation 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.

10. Is your program open to all regardless of age, race, ethnicity, religion, national origin, gender identity, sexual orientation, marital status, military service, veteran status, disability or other unlawful basis?
    Yes / No

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

11. 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 HealthSM Next Generation program does not provide funding to religious organizations unless individuals outside the organization are eligible for participation in the program.

12. Will you collect and measure program outcomes?
    Yes / No

    Note: The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can demonstrate measurement outcomes at both the mid-point (March 2021) and end of grant cycle (November 2021) time frames following the grant award.
13. Will this program be able to track at least 200 unduplicated participants by November 30, 2021?
   Yes / No

   Note: The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that can report on pre- and post-measures for at least 200 unduplicated tracked participants by November 30, 2021.

   Note: Participants “tracked” describes any participants for whom you collect clear and measurable outcomes. This includes any participants for whom you have at least one pre- and post-survey data point, baseline and follow-up clinical and/or behavioral measure, or other clear outcome data. Participants tracked is a subset of participants reached. Participants tracked must be unduplicated, where each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection.

   Note: Each participant counted towards the total tracked should have baseline and follow-up data for at least one measure (e.g., BMI, blood pressure, knowledge of nutrition, etc.). However, it is preferred to include baseline and follow-up data for all measures for each participant, when possible.

14. Will this organization be able to report on program outcomes for approximately half of its unduplicated tracked participants by March 2021?
   Yes / No

   Note: The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can demonstrate measurement outcomes at both the mid-point (March 2021) and end of grant cycle (November 2021) time frames following the grant award. The AstraZeneca HealthCare Foundation requires that all programs report on program outcomes for approximately half of the planned unduplicated tracked participants by March 2021.

   Note: Each participant counted towards the total tracked should have baseline and follow-up data for at least one measure (e.g., BMI, blood pressure, knowledge of nutrition, etc.). However, it is preferred to include baseline and follow-up data for all measures for each participant, when possible.
Your Organization

15. What is the name of your organization? Please enter the organization name as it corresponds with the EIN number of your organization.

If your organization has a 501(c) designation, the system will display information sourced from the IRS database.

16. If this request is approved, will the payment be directed to the organization as displayed above?
   Yes
   No

   If there is a different name, branch of department to which payment needs to be directed, please enter it here. (max. of 80 characters with spaces)

   Note: The applying organization is expected to be both the fiscal and managing agent of the program.

   After submitting the application, organizations cannot make substantive changes to their tax status. Once selected for a grant award, organizations cannot reassign, transfer or credit their grant to another entity, including any related entity, without prior written approval by the Foundation. Any changes in an organization’s tax status after submitting the application or being selected for a grant award may impact the organization’s eligibility to receive the grant.

17. The above information was returned from the IRS database for the organization name you provided. Is this Employee Identification Number (EIN) or Federal Tax ID accurate for your organization?
   Yes
   No

   If it is not accurate, please enter the correct EIN number.

   Note: The EIN in your application needs to 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 HealthSM Next Generation 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.

18. Is your organization a U.S. teaching hospital or an entity that is affiliated or under common ownership with a teaching hospital?
   Yes

   Provide name of teaching hospital: (max. of 80 characters with spaces)

   Provide the National Provider Identifier (NPI) number for the teaching hospital (please note this is the number for Medicare reimbursement):

   Please list all the states and U.S. territories that your organization is licensed in: (max. of 2000 characters with spaces)
Is your organization licensed or authorized to prescribe, dispense or purchase prescription drugs or medical devices or otherwise licensed to provide healthcare?
Yes

Please list all the states and U.S. territories that your organization is licensed in:
(max. of 2000 characters with spaces)

No

Will part of the funds will be used for travel, lodging or meal expenses?
Yes

Please describe, including the reason and the amount of funding that will be used for travel, lodging or meal expenses.

<table>
<thead>
<tr>
<th>Amount ($)</th>
<th>Justification (max. of 500 characters with spaces)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
</tr>
</tbody>
</table>

No

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

20. What is the geographic scope of your organization (national, regional, etc.)?
- National
- Regional
  - Please specify the region served. (max. of 80 characters with spaces)
- State
  - Which state?
- District (multi-county, multi-city or multi-town)
  - Enter District (max. of 80 characters with spaces)
  - Located in which state(s)?
- County
  - Enter County (max. of 80 characters with spaces)
  - Located in which state?
- City/town/borough
  - Enter City/town/borough (max. of 80 characters with spaces)
  - Located in which state?
- U.S. Territories
  - Enter U.S. Territory
    - American Samoa
    - Guam
    - Northern Mariana Islands
    - Puerto Rico
    - U.S. Virgin Islands
21. What is the primary state or U.S. territory in which your program will be conducted?

22. How would you describe your organization?
- Parent organization
- Subset or chapter of a parent organization
  - Specify the name of your parent organization. (max. of 80 characters with spaces)
- Single entity

23. 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 (max. of 80 characters with spaces)
  - Other
    - Please describe (max. of 80 characters with spaces)
    - Academic Institution
    - Research Institute
    - Civic (Health-Related)
    - Other
    - Please describe (max. of 80 characters with spaces)
- Non-Healthcare
  - Civic (General)
  - Academic – University, College, K-12
  - Religious
  - Other
  - Please describe (max. of 80 characters with spaces)

24. State your organization’s mission in one sentence. (max. of 500 characters with spaces)

25. In one sentence, state one highlight about your organization and how it relates to the community it serves. (max. of 500 characters with spaces)

26. How did your organization hear about the Connections for Cardiovascular HealthSM Next Generation program?
- Advertisement
- AstraZenec HealthCare Foundation website
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- Press release
- Banner ad on the internet
- Magazine or newspaper
- Colleagues
- Recommendation from other nonprofit organization(s)
- Other

\textbf{Please explain} (max. of 80 characters with spaces)

27. Did you attend the AstraZeneca HealthCare Foundation’s informational “Open Call for Applications February 2020” webinar on January 16, 2020?
   Yes / No

\section*{Funding & Budget}

The Foundation will only fund requests for a single year of funding and accept one application per organization. There is no guarantee of funding.

28. Please specify the amount requested.

29. Do you have any other funders for this program?
   Yes
   \begin{itemize}
   \item List any additional funders for this program and the amounts.
   \item Enter Status (Pending / Confirmed), Name of Funder (max. of 80 characters with spaces) and Amount
   \end{itemize}
   No

30. Will grant funds be used for medications or patient fees?
   Yes
   \begin{itemize}
   \item \textbf{Please explain} (max. of 500 characters with spaces)
   \end{itemize}
   No

Note: The AstraZeneca HealthCare Foundation absolutely does not require nor does it prefer programs that use grant funds for medications, including AstraZeneca products. The AstraZeneca HealthCare Foundation is a tax-exempt entity organized under section 501(c)(3) of the Internal Revenue Code. The Foundation is not part of the commercial entity, AstraZeneca Pharmaceuticals.

If medications are included in the budget request, specific brand names \textbf{may not} be referenced.

You are required to provide a detailed budget for the year funding is requested. On the following budget list, 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. Please provide specific details for each budget line item, noting the cost per unit and number of units when applicable.

In the Other category, select the number of individual budget line items to be included (up to five), and provide specific details in the Description boxes and note the Amount for each budget line item.
In the Salaries category, enter all salaries, except for program evaluation services and contracted positions. You will need to detail all personnel and their respective costs individually by selecting the number of personnel (up to 10) and then populating responses in each text box (Name, Title/Role, Is this person a healthcare professional (HCP)? and Details) for each individual, e.g., Program Director, Nurse, Physician or Administrative Coordinator. Enter the information required, including hourly rates and total projected hours for the program year (Aug. 2020 – Nov. 30, 2021). Include FTE based on the person’s regular hours (e.g., 37.5 or 40 hours per week) for the 16-month grant timeframe and indicate the number of hours the person typically works in a week. Indicate in the chart below if fringe benefits will NOT be covered with proposed grant funds. If fringe benefits will be covered with proposed grant funds, indicate the percentage.

On the last page of the application, organizations will need to certify that the expense allocated for each healthcare provider’s salary in the budget supports a portion of the healthcare provider’s salary and is not in addition to their total annual salary for the 16-month grant timeframe paid by the applying organization.

In the Contractors category, enter all expenses for contracted positions, except for program evaluation services and staff employed by the applying organization. You will need to detail all personnel and their respective costs individually by selecting the number of personnel (up to 5) and then populating responses in each text box (Name/Company, Title/Role/Service, Is this person a healthcare professional (HCP)? and Details) for each individual. Enter the information required, including hourly rates and total projected hours for the program year (Aug. 2020 – Nov. 30, 2021). Include FTE based on the person’s regular hours (e.g., 37.5 or 40 hours per week) for the 16-month timeline and indicate the number of hours the person typically works in a week. Indicate in the chart below if fringe benefits will NOT be covered with proposed grant funds. If fringe benefits will be covered with proposed grant funds, indicate the percentage.

Please review the budget once complete and ensure that all amounts entered in the detailed description match the total amount requested for each budget line item.

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>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Phone/Fax</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Lab/Testing Fees</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Dissemination Efforts</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>$</td>
<td>(automatic calculation)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>(Drop-down of 0-5 to select the number of “Other” budget line items)</td>
<td>$</td>
<td>(automatic calculation)</td>
</tr>
<tr>
<td>Salaries (excludes program evaluation fees and contracted positions)</td>
<td>(Drop-down of 0-10 to select the number of “Salaries” budget line items)</td>
<td>$</td>
<td>(automatic calculation - subtotal of Other expenses)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (max. of 80 characters with spaces)</th>
<th>Title/Role (max. of 250 characters with spaces)</th>
<th>Is this person a healthcare professional (HCP)?</th>
<th>Compensation $</th>
</tr>
</thead>
</table>

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## AstraZeneca HealthCare Foundation

*Connections for Cardiovascular Health℠ (CCH) Next Generation program*

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<table>
<thead>
<tr>
<th>Details (max. of 800 characters with spaces)</th>
<th>U.S. $ (automatic calculation - subtotal of Salaries expenses)</th>
<th>(automatic calculation)</th>
</tr>
</thead>
</table>

**Contractors** (excludes program evaluation fees and salaries of staff employed by the applying organization) *(Drop-down of 0-5 to select the number of “Contractors” budget line items)*

<table>
<thead>
<tr>
<th>Name/Company (max. of 80 characters with spaces)</th>
<th>Title/Role/Service (max. of 250 characters with spaces)</th>
<th>Is this person a healthcare professional (HCP)?</th>
<th>Compensation $</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Details (max. of 800 characters with spaces)</th>
<th>U.S. $ (automatic calculation - subtotal of Contractors expenses)</th>
<th>(automatic calculation)</th>
</tr>
</thead>
</table>

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

**Note:**

Equipment: The *Connections for Cardiovascular Health℠ Next Generation* 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℠ Next Generation* 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.
While not required, dissemination efforts may include activities to share lessons learned through such methods as publications, presentations/conferences, program toolkits and white papers with the means to disseminate it. Funding for dissemination efforts may include expenses related to preparing, printing and/or publishing program findings, including staff time and travel expenses related to presenting findings at professional or academic conferences or other similar events where information is shared with individuals from outside the organization.

Your Program

31. Please provide a title for this program. (max. of 100 characters with spaces)

Note: If awarded funding, this program title will be used in any communications regarding the grant award.

32. What is the primary program focus?
   • General Cardiovascular Disease
   • Diabetes
   • Obesity
   • Hypertension
   • Stroke
   • Heart Failure
   • Peripheral Artery Disease
   • Cardiac Rehabilitation
   • Smoking Cessation
   • Stress Reduction
   • None of the above
   Please describe (max. of 80 characters with spaces)

33. 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 HealthSM Next Generation program encourages applications for initiatives that are new and innovative in program design and outcomes.

34. Please note, the Connections for Cardiovascular HealthSM Next Generation 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
     o Outpatient
     o Inpatient
   • Clinic-Based
   • School-Based
Please tell us about the program target audience.

35. Which sex is the primary target audience?
   • Male
   • Female
   • Both

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

37. 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
   • Other
   Please describe (max. of 80 characters with spaces)
   No

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

39. At what age group(s) is this program primarily aimed?
   • Youth
     o All youth
     o Pre-school
     o Elementary school
     o Middle school
     o High school
     o College
   • Adult
     o All adults
     o 18-25
     o 25-40
     o 40-55
     o 55-65
     o 65+
   • Both adults and youth
     Youth
     o All youth
40. Please select the primary audience(s) at which the program is targeted.
   • Rural
   • Urban
   • Disabled
   • LGBTQ
   • Families
   • Retirees
   • Immigrants
   • English-as-a-Second-Language
   • HIV+/AIDS
   • Other

   Please describe (max. of 80 characters with spaces)

Program Details

41. 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. Be sure to connect the cardiovascular problem/unmet need to your program’s goal. (max. of 800 characters with spaces)

42. State your program’s goal in one sentence. (max. of 800 characters with spaces)

   Note: The goal will be used as a program summary, so the sentence will need to 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

43. Briefly summarize the main points of your program design. (max. of 1000 characters with spaces).

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

44. Describe your program design in detail, expanding on Part 1 of this question. (max. of 2200 characters with spaces)

45. Will this program include professional education and/or training for healthcare professionals (e.g., CEUs, CMEs)?
   Yes  
   Please explain (max. of 800 characters with spaces)
   No

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

46. Please describe how your program plans to recruit participants.
   • Recruiting participants from other service organizations i.e. food banks and churches
   • Engaging school aged children to recruit adults and families
   • Health fair
   • Flyers and/or brochures
   • Word-of-mouth
   • Television ad
   • Newspaper/magazine ad
   • Social media posts/ads
   • Recruit from existing patient population
   • School announcements/assemblies
   • Other
     o Please explain (max. of 250 characters with spaces)

47. 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. (max. of 2200 characters with spaces)
Program Activities

Program Activities, Part 1 – Summary

Note: If your organization receives funding from the Connections for Cardiovascular HealthSM Next Generation program, notification will occur no later than August 2020, and work for the program must begin then. The grant period ends November 30, 2021, and all Connections for Cardiovascular HealthSM Next Generation grant funds need to be expended by then.

The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021. The AstraZeneca HealthCare Foundation requires that all programs report on program outcomes for approximately half of the planned unduplicated tracked participants by March 31, 2021.

48. 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 August 2020 and continuing with quarterly detail through November 30, 2021. (max. of 1000 characters with spaces)

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

49. 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:
   August 2020 through October 2020 (max. of 1000 characters with spaces)
   November 2020 through March 2021 (max. of 1000 characters with spaces)
   April 2021 through June 2021 (max. of 1000 characters with spaces)
   July 2021 through September 2021 (max. of 1000 characters with spaces)
   October 2021 through November 2021 (max. of 1000 characters with spaces)
   Post-Grant Period: 2022 (max. of 800 characters with spaces)
   Post-Grant Period: 2023 (max. of 800 characters with spaces)

Innovation

Innovation, Part 1 – Innovative Approach

50. Please identify the one innovative approach that best aligns with your program design. (As a reminder, applying organizations need to align with one of the six innovative approaches identified from the original Connections for Cardiovascular HealthSM program as the basis of their program
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design, which can be found in the Effective Program Practices Guide: https://www.astrazeneca-us.com/content/dam/az-us/AZHCF%20Effective%20Program%20Practices%20Guide%20FINAL%209.12.19.pdf, or develop their own

- Leveraging access for uninsured and underserved participants to improve cardiovascular knowledge and health
- Bringing programs to participants
- Educating children to serve as heart health ambassadors
- Improving cardiovascular health through food-based programs
- Using health coaches/promotores to improve cardiovascular health
- Providing culturally sensitive program interventions to maximize participant outcomes
- Other

Please describe (max. of 800 characters with spaces)

Innovation, Part 2 – Details

51. Describe any innovative aspects to your program in detail, including its design and outcomes that will help you achieve your goals. (max. of 2200 characters with spaces)

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.

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. If your program receives more than one year of Connections for Cardiovascular Health℠ Next Generation funding, reached participants will need to be a new group each grant year and unduplicated from previous years.

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 knowledge, behavior or health is 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 at least one pre- and post-survey data point, baseline and follow-up clinical and/or behavioral measure, or other clear outcome data. Participants tracked is a subset of participants reached. The number of participants tracked will normally be less than the number reached.

Participants tracked need to be unduplicated, where each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection. If your program receives more than one year of Connections for Cardiovascular Health℠ Next Generation funding, tracked participants will need to be a new group each grant year and unduplicated from previous years. Organizations are encouraged to continue to follow and track program participants over multiple years but may not count those participants toward their annual tracked goal.
Each participant counted toward the total tracked will need to have baseline and follow-up data for at least one measure (e.g., BMI, blood pressure, knowledge of nutrition, etc.). However, it is preferred to include baseline and follow-up data for all measures for each participant, when possible.

- **Applications for First Year of Connections for Cardiovascular HealthSM Next Generation Funding**
  Organizations applying for their first year of Connections for Cardiovascular HealthSM Next Generation will need to reach at least 400 unduplicated individuals and report on pre- and post-measures for at least 200 unduplicated tracked participants by November 30, 2021. Applicants are encouraged to develop reached and tracked participant goals that will demonstrate the greatest possible impact.

### Proposed Grant Year August 2020 through November 30, 2021

**Participant Goals, Part 1 – Reached Participants**

52. **What is the anticipated total number of program participants you expect to reach during the grant year (between August 2020 and November 30, 2021)?** Minimum entered needs to be 400.

*Note:* The Connections for Cardiovascular HealthSM Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021.

53. **Of the total number of program participants you expect to reach during the grant year, how many do you expect to provide at least a baseline screening to?**

*Note:* A “screened” individual is any person for whom the program has collected a clinical or behavioral measure, most often to determine suitability for inclusion in the program. Screened individuals are a subset of “reached” participants. Additionally, screened individuals may become “tracked” participants once there is at least one pre- and post-survey data point, baseline and follow-up clinical and/or behavioral measure, or other clear outcome data for the individual, as long as there is both a pre- and post-measure.

54. **Of the total number of program participants you expect to reach during the grant year, how many do you expect to provide education to?**

*Note:* An “educated” individual is any person for whom the program has provided information designed to enhance their knowledge or skills related to cardiovascular health. Educated individuals are a sub-set of “reached” participants. An educated individual may or may not be a subset of “screened” depending whether or not the screening (see above definition) occurs before or after any education has been provided.

55. **What is the anticipated number of program participants you expect to reach by October 31, 2020 (three-month mark)?**

56. **What is the anticipated number of program participants you expect to reach by March 31, 2021 (mid-year mark)?**
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*Note:* The Connections for Cardiovascular Health℠ Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021.

57. Are the 2020-2021 unduplicated reached participants an entirely new group of participants from previous years of funding?
   Yes / No

*Note:* Organizations will need to reach a separate, unduplicated group of participants from previous years.

58. Please detail how your program will ensure reached participants will be unduplicated (each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection). (max. of 800 characters with spaces)

Participant Goals, Part 2 – Tracked Participants

59. What is the total anticipated number of unduplicated program participants you expect to track during the grant year (between August 2020 and November 30, 2021)? Minimum entered needs to be 200.

*Note:* The Connections for Cardiovascular Health℠ Next Generation program expects applicants’ programs will have clear and measurable outcomes for each program participant tracked.

*Note:* Each participant counted toward the total tracked will need to have baseline and follow-up data for at least one measure (e.g., BMI, blood pressure, knowledge of nutrition, etc.). However, it is preferred to include baseline and follow-up data for all measures for each participant, when possible.

60. What is the anticipated number of unduplicated program participants you expect to track by October 31, 2020 (three-month mark)?

61. What is the anticipated number of unduplicated program participants you expect to track by March 31, 2021 (mid-year mark)?

*Note:* The Connections for Cardiovascular Health℠ Next Generation program only supports initiatives that collect data and measure outcomes as part of the program design and can report on program outcomes in March and November 2021. The AstraZeneca HealthCare Foundation requires that all programs report on program outcomes for approximately half of the planned unduplicated tracked participants by March 2021.

62. Are the 2020-2021 unduplicated tracked participants an entirely new group of participants from previous years of funding?
   Yes / No

*Note:* Organizations will need to track a separate, unduplicated group of participants from previous years.
63. Please describe how your program plans to follow up with unduplicated tracked participants. (max. of 800 characters with spaces)

64. Please detail how your program will ensure tracked participants will be unduplicated (each participant is counted as one participant throughout the grant year and among multiple grant years even though there are multiple points of measurement or data collection). (max. of 800 characters with spaces)

**Measures and Outcomes**

**Measures and Outcomes, Part 1 – Summary**

65. Briefly state your program’s clinical, behavioral and/or lifestyle outcomes. (max. of 1000 characters with spaces)

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

*Note:* It is the Foundation’s preference to fund programs that include clinical outcomes or outcomes for standardized testing, such as PACER (Progressive Aerobic Cardiovascular Endurance Run) tests.

**Measures and Outcomes, Part 2 – Details**

66. 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. (max. of 4200 characters with spaces)

*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.

*Note:* It is the Foundation’s preference to fund programs that include clinical outcomes or outcomes for standardized testing, such as PACER (Progressive Aerobic Cardiovascular Endurance Run) tests.

67. Please choose all the clinical measures you will assess for your program (if applicable).

**Clinical**

- Body mass index
- Blood pressure
- Glucose
- Hemoglobin A1C
- Lipoproteins, triglycerides
- Weight
- Other

*Please list* (max. of 250 characters with spaces)
Note: It is the Foundation's preference to fund programs that include clinical outcomes or outcomes for standardized testing, such as PACER (Progressive Aerobic Cardiovascular Endurance Run) tests.

All baseline and follow-up clinical measures will need to be collected by a healthcare provider or trained community health worker/health coach, as appropriate, to ensure the accuracy of the data reported. Program participants may be taught to monitor their measures as appropriate (e.g., blood pressure, weight) throughout the program, but the data reported to the AstraZeneca HealthCare Foundation needs to be measured and reported by healthcare providers or trained community health workers/health coaches, as appropriate, and not self-reported by participants.

Each measure selected will need to connect to a program outcome. Program outcomes need to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). All outcome goals need to include the number or percentage of participants who will achieve the desired result, the magnitude and timing of change. An example would be, “85 percent of participants will decrease their body mass index by two points by year end.”

By mid-year, programs are required to report on program outcomes for approximately half the planned unduplicated tracked participants.

68. Please choose all the behavioral/lifestyle measures you will assess for your program (if applicable):

Behavior/Lifestyle
- Better eating
- Better knowledge of cardiovascular disease
- Better knowledge of nutrition
- Increased physical activity
- Smoking cessation
- Other

Please list (max. of 250 characters with spaces)

Note: Each measure selected will need to connect to a program outcome. Program outcomes need to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented and Time-specific). All outcome goals need to include the number or percentage of participants who will achieve the desired result, the magnitude and timing of change. An example would be, “85 percent of participants will decrease their body mass index by two points by year end.”

By mid-year, programs are required to report on program outcomes for approximately half the planned unduplicated tracked participants.

69. Please select all 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
70. Describe your detailed plan to collect, evaluate and report data for your program. (max. of 2200 characters with spaces)

71. Will your program have collected all your first-year follow-up measures by November 30, 2021?
   Yes / No

   Note: The AstraZeneca HealthCare Foundation requires that all programs report on measurements and outcomes for all program participants tracked by November 30, 2021.

72. Will you be partnering with a healthcare provider or using an internal healthcare provider to collect clinical measures?
   Yes
   Please enter the healthcare provider’s name, affiliated organization and his/her role in the collecting clinical measures.
   No
   Will you be working with a trained community health worker/health coach to collect clinical measures, as appropriate?
   Yes / No

   Note: All baseline and follow-up clinical measures will need to be collected by a healthcare provider or trained community health worker/health coach, as appropriate, to ensure the accuracy of the data reported. Program participants may be taught to monitor their measures as appropriate (e.g., blood pressure, weight) throughout the program, but the data reported to the AstraZeneca HealthCare Foundation needs to be measured and reported by healthcare providers or trained community health workers/health coaches, as appropriate, and not self-reported by participants.

   Note: Partnering with a healthcare provider (medical doctor, RN, LPN, etc.) means that clinical measures are taken by a healthcare professional and are not self-reported data from program participants. The healthcare provider can be either internal or external to the organization.

73. Will you be using outside assistance to evaluate and report program outcomes?
   Yes
   For each organization, please enter the organization’s name and its role in the evaluation and/or reporting of program outcomes.
   No
   Will you be using an internal evaluator to evaluate and report program outcomes with the necessary expertise who is not involved in the program’s operations, management or delivery?
   Yes
Please enter the internal evaluator’s name, affiliated organization and his/her role in the evaluation and/or reporting of program outcomes.

No

Note: It is the Foundation’s preference to fund programs that utilize an outside evaluator, which includes programs who have staff internal to the organization with the necessary expertise but who are not involved in the program’s operations, management or delivery.

Program Sustainability

Sustainability, Part 1 - Summary

74. In what ways do you plan to work toward achieving program sustainability for your program after Connections for Cardiovascular HealthSM Next Generation funding is expended? 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 (max. of 800 characters with spaces)

Sustainability, Part 2 - Details

75. Expanding on Part 1 of this question, describe in detail how your organization will work toward achieving program sustainability for your program during and after Connections for Cardiovascular HealthSM Next Generation funding? For each item selected in Part 2, please explain. (max. of 2000 characters with spaces)

- Submission of grant proposals
- 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

76. Will you charge your participants a fee for participation in the program during the grant year?

Yes

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

Provide additional details on planned fee (max. of 250 characters with spaces)

No

77. Do you plan to publish and/or present your program during the grant year?

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. (max. of 2200 characters with spaces)

No

78. Will you partner with other organizations on this project (e.g., universities, hospitals, clinics, schools or civic organizations)?
Yes
Identify the number of partners for this program. Then list their name(s) and role(s).
(Select up to 10 partners)
Enter Name of Partner and Role

No

79. Describe your organization’s capabilities for carrying out this program. (max. of 1800 characters with spaces)

80. Has your organization managed other non-Connections for Cardiovascular HealthSM Next Generation grants in the past?
Yes
Identify the number of non-Connections for Cardiovascular HealthSM Next Generation grants that your organization has managed (up to 5), including repeat and different funding sources if applicable. Then describe each grant.
Enter Funding Source, Type, Dollar Value, From Date, To Date, and Number of Years

No

81. Identify the number of key staff members from your organization who will help implement this program. Then list your organization’s key staff members and their role in implementing this program. (Select up to 10 key staff members)
Enter Name, Title, Role, Responsibilities. Indicate whether this person is a healthcare professional and the states he/she is licensed in.

82. If you have volunteer needs for your proposed program, please explain, indicating the role, responsibilities and number of hours needed. If you do not have volunteer needs, please enter “n/a”. (max. of 2000 characters with spaces)

Past programs

83. 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? (max. of 800 characters with spaces)
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. (max. of 1800 characters with spaces)

Note: Outcomes are expected to follow “SMART” guidelines (Specific, Measurable, Attainable, Results-oriented, and Time-specific). Details need to 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

84. 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? (max. of 800 characters with spaces)

What was the total value of the grant?

How many years did the grant sponsor?
No

How many years did the program last?

Are any of these programs still ongoing?
Yes / No

Briefly describe the program and demonstrate program success by detailing the outcomes it achieved. (max. of 1800 characters with spaces)

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

No
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 certify that any budget expenses allocated for healthcare provider compensation supports a portion of each healthcare provider’s annual salary for their work on the program and is not in addition to the healthcare provider’s annual salary for the 16-month grant timeframe paid for by the applying organization.

I certify on behalf of the applying organization that when presenting data or outcomes from Connections for Cardiovascular HealthSM Next Generation-funded programs, the applying organization retains responsibility and ownership for the validity and accuracy of their data irrespective of any findings, communications, or statement by either the Foundation or its external evaluator. Furthermore, the applying organization agrees to acknowledge and communicate this responsibility through a disclosure statement when disseminating findings from the program through a mutually agreed upon statement with the Foundation. Additionally, the applying organization grants the Foundation absolute right to disseminate, publish, or present any data, outcomes, or other information reported as part of the Connections for Cardiovascular HealthSM Next Generation program.

I acknowledge that if selected for funding, my organization may be requested to participate in Connections for Cardiovascular HealthSM Next Generation publication efforts including but not limited to poster sessions or presentations at conferences and/or publications in journals.

I acknowledge that, if selected for funding, certain payments or transfers of value to healthcare providers may be subject to US Open Payments reporting based on federal and state regulations, and additional information will be provided by the AstraZeneca HealthCare Foundation.

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 Connections for Cardiovascular HealthSM Next Generation 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.
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.