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Rapid Review: What is known about how the components of community granting programs impact mobilization of community-driven health promotion?

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Please Note: An update of this review may be available. Access the most current version of this review by visiting the National Collaborating Centre for Methods and Tools COVID-19 Rapid Evidence Service at the above link.

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Executive Summary

Background

Community granting programs are a strategy to engage community-based organizations in projects that meet various needs of communities. Community granting programs issue a call for applications from community-based organizations. Applications include a project proposal that addresses a community need. Proposed projects may be defined by the granting organization or developed by the applicant. Successful applicants are awarded funds to implement their project. The community granting program often provides support to awardees, such as training to develop relevant skills and technical assistance consultations from program staff to support planning, implementation or evaluation of projects.

While community granting programs have gained popularity and larger programs operate across large jurisdictions and with significant funding, there is not yet a synthesis of evidence for the effectiveness of the elements of community granting programs to lead to community impact.

This rapid review includes evidence available up to March 16, 2023 to answer the question: What is known about how the components of community granting programs impact mobilization of community-driven health promotion?

Key Points

- There are many examples of community granting programs used to fund community-driven health promotion, public health and related projects.
- Most programs focus on a focused topic area within public health or health but invite proposals for any community-developed projects that address a need within this topic area.
- There are fewer examples of programs that require proposals informed by evidence-based interventions. In instances where evidence-based interventions are required, either a list of potential interventions are provided, or applicants are directed to choose an intervention from a specified database that houses evidence-based interventions.
- There are several key components that program staff and awardees described as critical for ensuring granting programs successfully mobilize community-driven projects;
    - Application processes can be a barrier for potential applicants. This barrier can be addressed by providing technical assistance to potential applicants.
    - Technical assistance and training are typically provided by programs and are considered critical for successful project implementation that engages community members. Technical assistance and training should be responsive to the unique needs of the awardees.
    - Opportunities for awardees to network with other awardees and share challenges and lessons learned were beneficial.
    - Programs that build skills for grant applications can help ensure sustainability of projects through additional funding.
- Granting programs with larger awards. e.g., greater than $5000, more often invited proposals to address a broad scope of community issues, while programs with smaller awards, e.g., less than $5000, more often focused on a narrower scope of community

issues. Granting programs with larger awards were also more likely to provide technical assistance to potential applicants and to provide workshops for skill development to awardees.
- Overall, community granting programs provide opportunities to mobilize communities in improving health and facilitate partnerships that last beyond funding period.

Overview of Evidence and Knowledge Gaps

- While there are many publications of community granting programs, most papers focused on describing a granting program rather than its evaluation, making it not possible to determine effectiveness of the program or its components.
- Findings regarding facilitators and barriers for community granting programs are based on qualitative analysis. These findings provide valuable insight into factors that affect the success of the granting programs, but do not indicate if programs impact population health.
- While quantitative data regarding the effectiveness of granting programs or their components are lacking, qualitative findings based on experiences of program staff and awardees consistently support that community granting programs facilitate community-driven projects that engage and meet the needs of communities.

Methods

A description of the development of the National Collaborating Centre for Methods and Tools' Rapid Evidence Service has been published (Neil-Sztramko *et al.*, 2021). The paper provides an overview of the review process with rationale for methodological decisions.

Research Question

What is known about how the components of community granting programs impact mobilization of community-driven health promotion?

Registration

This review was prospectively registered with the International Prospective Register of Systematic Reviews (PROSPERO; CRD42023399364) and is reported per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Search

On March 16, 2023 the following databases were searched using key terms: "financing", "organized OR financing OR government OR health planning support OR training support OR research support", "grant", "endowment", "application", "subsidy", "ministry", "not for profit", "province", "research", "money", ethnic", "racial minorities", health disparate", "charities".

- Medline
- SocINDEX
- Political Science Database

A copy of the full search strategy is available in Appendix 1.

Study Selection Criteria

English-language, peer-reviewed sources and sources published ahead-of-print before peer review were included.

	Inclusion Criteria	Exclusion Criteria
Population	Communities* and non-profit community groups, including but not limited to youth-serving organizations, parent or family groups, non-government organizations, business communities, post-secondary institutions, municipalities.	Labour unions, consumers, professional groups, researchers, and research consortia.
Intervention	Community granting programs with total budget <$500,000 CAD annually.	Exclusive use of social media platforms.
Outcomes	Number and types of community-led projects/ initiatives proposed, implemented, length of grant projects. Qualitative data on lessons learned, facilitators and barriers.	Petitions, letters to policymakers.
Context	Health promotion, structural determinants of health (e.g., housing, racism, gender), environmental health, arts-based programs etc.	Brands, crowd funding, military.
Setting		Low- and middle-income countries.

*Definition of community: a social group whose members have something in common. This may refer to the physical location where such a group lives. Community may include members of a culture, faith, geographic area, and/or institution like school, workplace or sport organization.

Data Extraction and Synthesis

Data relevant to the research question, such as study design, location, size of grant, granting organization, eligible projects and recipients, program components and outcomes were extracted when reported. We synthesized the results narratively due to the variation in methodology and outcomes for the included studies.

Appraisal of Evidence Quality

We evaluated the quality of included evidence using critical appraisal tools as indicated by the study design below. Quality assessment was completed by one reviewer and verified by a second reviewer. Conflicts were resolved through discussion.

For included descriptive studies, quality appraisal was not conducted as there was no analysis of reported data. Studies for which quality appraisal has not been conducted are noted within the data tables.

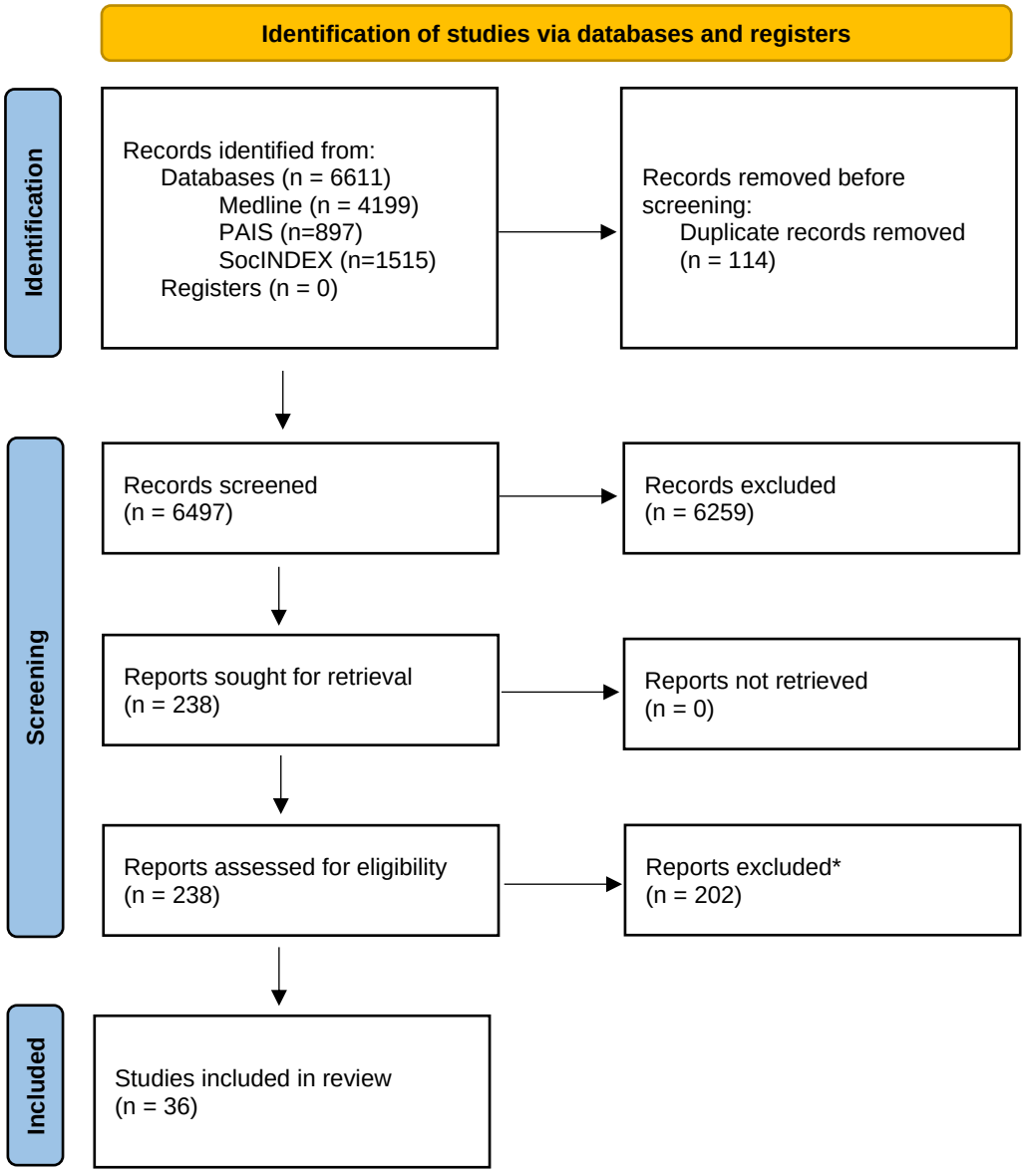
Study Design	**Critical Appraisal Tool**
Cross-sectional	Joanna Briggs Institute (JBI) Checklist for Analytical Cross Sectional Studies
Qualitative	Joanna Briggs Institute (JBI Checklist for Qualitative Research
Quasi-experimental	Joanna Briggs Institute (JBI) Checklist for Quasi-Experimental Studies

Completed quality assessments for each included study are available on request.

Definitions:
Program = the community granting program
Project(s) = the funded community-driven project(s)

Findings

Database searching retrieved 6611 records. After removing duplicates, 6497 records were screened by title and abstract, resulting in 238 reports for full text review. Of those 238 reports, 36 articles were included. See **Figure 1** for a PRISMA flow chart illustrating the article search and selection process.



*Reasons for exclusion were not recorded as per rapid review methods.

Figure 1: PRISMA flow diagram illustrating article search and selection process.

Study characteristics

Two articles described the same program during two separate time periods (Ramanathan, Tamminen). The program descriptions and findings from these two articles have been merged and treated as a single study in this review.

For just over half of included studies, n=19 (54%), the focus of the paper was to describe the program and its implementation. These papers or articles reported on some outcomes and the authors' reflections on the program but did not conduct a formal analysis or program evaluation. As such, these articles were not appraised for methodological quality.

Approximately one-third of included studies, n=13 (37%), evaluated program implementation from the perspectives of program staff and/or awardees. These studies used interviews or open-ended surveys to explore the experiences of those involved in the program. Qualitative analysis explored facilitators, barriers and lessons learned in program implementation. One of these articles was described as mixed methods (Sharpe), but only the qualitative component of the study was relevant to this review's question, so it was analysed and appraised as a qualitative study. Of the qualitative studies, four were rated as high quality, nine as moderate quality and one as low quality.

Three studies used a quantitative approach, including two single-group pre-post evaluations (Mayberry, Wyatt) and one cross-sectional (Grossman). One of the single-group pre-post evaluations was rated high quality and the other was rated low quality. The cross-sectional study was rated as moderate quality.

Program Characteristics

Of the 35 programs featured in included studies, 31 (89%) were from the USA, 1 was from Canada, 1 from Australia, 1 from Ireland and 1 from the Netherlands. Two programs, including the program from Canada, were implemented at the national level. Approximately two-thirds of programs, n=23 (66%), were implemented at the state level or across a region of several states, while ten (29%) were implemented at the local or municipal level.

Ten (29%) programs were academic or research partnerships, where grant funding was available for community participatory research projects. The types of community projects funded by these grant programs were similar to other grant programs, but typically involved additional evaluation and ethics review.

Grant size was reportedly different across studies, where some reported the size of individual grants, the total funding pool, or both. Of studies that reported individual grant size, there was a wide range in size, with awards as small as €200 (approximately $300 CAD) and as large as $25 000 USD (approximately $34 000 CAD). Total funding pools were as small as $10 000 USD (approximately $13 000 CAD). Programs with funding pools over $500 000 CAD were excluded from this review, as programs with this level of fundings are significantly different in terms of processes, resources and complexity than those with much smaller funding pools.

Frameworks and Models

Approximately half, n=19 (54%), of community granting programs cited a framework or model to guide development and implementation of the program. There was little consistency across programs, with a total of 15 different frameworks or models cited across the 19 articles. Three frameworks were developed locally or adapted to the local context (Baril, Crespo, Nieves). The only frameworks or models that were cited by more than one study were the Centers for Disease Control and Prevention's Socioecological Model, cited four times (Camponeschi, Caperchione, Colchamiro, Tompkins) and the Community-Based Participatory Research model, cited twice (Allen, Coombe).

Project eligibility

Program Focus

Community granting programs differed in how broadly or narrowly they focused on community health priorities. Twenty-five (71%) programs focused on a specific public health topic area. These include 8 (23%) focused on health promotion, including physical activity and nutrition (Abildso, Caperchione, Honeycutt, Ramanathan, Schmidt, Tamminen, Tompkins, Washington), 7 (20%) focused on cancer prevention (Bounds, Kegler, McCracken, Thompson, Vanderpool, Vines, Wingfield), 4 (11%) focused on environmental health (Camponeschi, Grossman, Pearson, Smallwood), 2 (6%) focused on HIV prevention (Mayberry, Wyatt), and 1 (3%) each focused on breastfeeding (Colchamiro), diabetes education and prevention (Crespo), mental health, trauma, safety and violence (Dafilou) and the built environment (Sharpe). The remaining 10 (29%) programs accepted any proposals that addressed community health.

Evidence-based Proposals

Seven (20%) community granting programs required that proposed projects were evidence-based. These programs implemented this requirement in different ways. Two (6%) programs required that proposed projects address priority needs in the community as identified through community data (Allen, Camponeschi). The Community Health Innovation Awards program accepted proposals for projects that addressed any of 12 community concerns identified through a community survey (Allen). The Environmental Public Health Tracking Network program accepted proposals informed by data available through its online data portal (Camponeschi). Five (14%) programs accepted proposals informed by research evidence available through databases of evidence-based interventions (Abildso, Kegler, McCracken, Vanderpool, Wingfield). For health promotion grants, these databases include the Community Preventive Services Task Force's Community Guide to Preventive Services Creating or Improving Places for Physical Activity, the Centers for Disease Control and Prevention's Recommended Community Strategies and Measurements to Prevent Obesity in the United States. For cancer prevention grants, these included the National Cancer Institute's Cancer Control P.L.A.N.E.T. website and Research Tested Intervention Programs database.

Eligible Community Groups

The community groups eligible for grant funding varied across community granting programs. Eligible groups included neighborhood associations, local non-profit organizations, educational institutions, student organizations, community health centres, hospitals, faith-based organizations, state, local, or county public health departments, and other nongovernmental agencies.

Grant Program Administration

Dissemination

Grant availability was shared with eligible community organizations through a variety of means. Calls for applications were disseminated electronically through listservs, granting organization and partner websites, and with paper brochures and posters.

Application requirements

Community granting programs varied in the requirements for funding applications, but common application elements included statement of purpose, statement of community need, description of the project or project work plan, the potential impact or description of how the project addresses community needs, list of partners and their roles, the team's experience and capacity to implement the project, anticipated health outcomes, timeline, evaluation plan, and a budget with justification.

Four (11%) granting programs required applicants to submit a letter of intent and obtain approval from the program prior to submitting a full application (Alexander, Allen, Sharpe, Smallwood).

Application review

Ten (29%) programs described a formal rubric or scoring system for each application component. One program used the 9-point National Institutes of Health scoring scale (Paberzs), while two programs found the 9-point NIH scale did not meet their needs and adapted it to their context (Alexander, Vines).

In addition to a written application, one program conducted interviews with applicants (Sharpe), while another required that applicants present their proposal to the selection committee (Allen).

For most programs, program leadership or staff reviewed applications prior to selection. For community-research partnership programs, selection committees consisted of both community and research representatives. Two programs recruited community members to review applications (Dafilou, Nieves), including one program where community members selected a short list of applications that were then voted on by the public for final selection (Nieves).

Three programs described providing feedback to nonfunded applications and invited them to revise their applications and reapply (Main, Paberzs, Wingfield).

Reporting requirements

For studies that described reporting requirements, most common were mid-project and final reports of progress toward project goals and budget updates. Mid-project updates were often an opportunity for awardees to express their needs for assistance or support from program staff. Three programs convened all awardees at an event to present their completed projects (Alexander, McCracken, Pearson).

Program components

Websites

Only 6 (17%) studies described a program website. Websites were used as an online hub to facilitate administration of the granting program, or an online collection of resources to support awardees, or both. The Women's Active Living Kits Community Grant Scheme website included program details, project profiles and updates on ongoing projects, application instructions and a discussion board for applicants and awardees (Caperchione). The Community Access to Child Health Program website facilitated application submissions and ongoing data collection from awardees (Soares). The Teen Challenge program website hosted tools and resources to support project implementation, such as guidance on engaging adolescents, infographics and posters (Ramanathan). The Appalachia Community Cancer

Network program website provided applicants with links to sources of evidence-based interventions and guidance on program development. The West Virginia state health department's granting program website managed both the application process and provided resources for applicants and awardees (Tompkins). The study of the Community Empowerment Center Funded Mini Grant Project mentioned a website but did not describe its functions (Smallwood).

Workshops and training

Most, n=22 (60%), programs provided workshops or training to interested applicants or grant awardees. Workshops were often opportunities for program staff to connect with awardees, and for awardees to network with one another.

Workshops supported application development and project implementation, covering topics such as project planning (Crespo, Mayberry, Sharpe), implementation (Kegler, Mayberry, Pearson, Smallwood), evaluation (Baril, Coombe, Crespo, Mayberry, Pearson), dissemination (Coombe), partnership development (Coombe, Tendulkar), community engagement (Main, Washington), and budgets (Pearson). Two programs provided workshops on finding, selecting and adapting evidence-based interventions (Kegler, Vanderpool), including a workshop based on the National Cancer Institute's "Using what works" curriculum (Vanderpool).

Some programs provided training for social action, covering topics such as anti-racism and diversity (Baril, Goodman), and policy and advocacy (Dafilou, Nieves, Sharpe).

To enhance sustainability, some programs provided training specifically on sustainability (Kegler, Sharpe) or on grant writing to support awardees in securing additional funding (Allen, Goodman, Sharpe).

Reflecting awardees' diverse skillsets, some programs offered workshops on soft skills, such as participating in meetings, serving on boards of directors, leadership, innovative thinking and idea development (Allen, Goodman, Sharpe).

To support community-research partnerships, programs for community-based participatory research provided workshops on principles of participatory research, and research ethics (Coombe, Tendulkar).

Technical Assistance

Most, n=25 (71%), programs provided technical assistance to applicants or awardees. Technical assistance was typically provided by program staff and addressed various needs and challenges, such as consultations for application development, guidance for program planning and implementation, or resources to support evaluation.

Many programs, n=14 (40%), provided technical assistance to interested applicants to support application development. Seven programs held scheduled information sessions about the program and application process (Main, McCracken, Smallwood, Tendulkar, Thompson, Vines, Wingfield), while the other 7 provided support to applicants on an ad hoc basis (Allen, Caperchione, Kegler, Paberzs, Pearson, Vanderpool, Washington).

Program staff provided technical assistance for all stages of project planning, implementation and evaluation, either through regularly scheduled meetings (Colchamiro, Kegler, Sharpe), on an ad hoc basis (Caperchione, Coombe, Mayberry, McCracken, Paberzs, Vanderpool, Wingfield), or both (Baril, Honeycutt, Pearson). One program provided technical assistance to awardees following project selection, to address issues raised by the review committee and orient awardees to program processes (Vines). Four programs list technical

assistance for awardees but do not describe how it was provided (Dafilou, Grossman, Soares, Tompkins).

One program described assigning staff to projects as dedicated technical support (Camponeschi). Four programs sent program staff to project sites to conduct on-site visits and provide technical support (Colchamiro, Crespo, Mayberry, Pearson).

Networking facilitation

To increase collaboration and reduce duplication of efforts, two (6%) of the programs described program staff facilitating connections between grant awardees with similar projects (Camponeshi, Vines). To leverage existing partnerships within the community, four (11%) programs described connecting awardees and relevant community partners that could support projects (Honeycutt, Pearson, Sharpe, Wingfield).

Grant program features stratified by grant size

Features of community grant programs were explored according to the size of the grant awards. Five programs did not specify the amount of individual grant awards and were excluded from this analysis.

	Maximum Grant Size (USD)			
	≤$2500	**$2501-5000**	**$5001-$15000**	**≥$15000**
Number of Programs [n (%)]	5 (17)	8 (27)	8 (27)	9 (30)
Project focus				
Narrow scope: specific topic area	4 (80)	7 (88)	5 (63)	5 (56)
Eligible projects				
Specified list of eligible projects, or project based on evidence-based intervention	2 (40)	4 (50)	2 (25)	2 (22)
Components				
Technical assistance for applicants	2 (40)	3 (38)	5 (63)	4 (44)
Technical assistance for awardees	2 (40)	3 (38)	3 (38)	5 (56)
Workshops	3 (60)	3 (38)	5 (63)	7 (78)

Overall, granting programs with smaller grant awards were more likely to have a narrower focus, most for a specific topic area in public health, such as health promotion or cancer prevention. They were also more likely to require that proposed projects were chosen from a list of specified projects or based on evidence-based interventions.

In terms of program components, granting programs with larger grant awards were more likely to provide technical assistance to prospective applicants in developing grant applications, and somewhat more likely to provide technical assistance to awardees. They were also more likely to provide workshops for skill development to awardees.

Outcomes

Sustainability

Sustainability of projects was typically evaluated upon project completion, so findings reflect expected continuation of projects. Only one program conducted a follow-up with awardees after project completion. The Community Access to Child Health Program contacted awardees two years following project completion (Soares).

For projects that involved changes to the built environment, e.g., building or improving trails or parks, or where equipment was purchased, these continued to be available to the community.

Some, n=6 (17%), programs reported that awardees had successfully secured additional funding to continue their projects (Abildso, Coombe, Dafilou, Main, Pearson, Vines). Two programs reported that awardees had applied for additional funds but did not report whether these applications were successful (Tompkins, Wingfield). One program reported that awardees found preliminary data gathered during the project strengthened subsequent applications for funding (Alexander), while another program reported that the short project duration did not provide enough time to gather enough data to strengthen applications (Grossman). One program noted that a project was able use its award to implement an activity and then sustain the activity with ongoing participation fees (Schmidt).

Some awardees noted that the experience they gained from implementing their projects and the new skills developed by workshops would be transferable to applying for additional funding and implementing new projects (Goodman, Mayberry).

Partnerships were mentioned most often as indicators of project sustainability, by 8 (23%). Many programs noted that projects resulted in ongoing partnerships between awardees and community partners. These partnerships were expected to sustain projects and generate new projects (Alexander, Colchamiro, Coombe, Kegler, Nieves, Pearson, Soares, Washington).

Facilitators

Facilitators related to program components and implementation were identified by program staff and awardees.

In terms of program components, technical assistance and workshops were often cited as valuable to project success (Abildso, Camponeschi, Colchamiro, Coombe, Goodman, Honeycutt, Pearson, Soares, Vanderpool, Wingfield). Two programs noted that it was critical to solicit ongoing feedback from awardees to inform technical assistance and workshops offered (Mayberry, Tendulkar). The program website was noted as a valued asset to facilitate applications and connections amongst awardees and between awardees and program organizers (Caperchione). Conferencing among awardees, which often occurred at workshops, was cited as valuable opportunities to share lessons and challenges (Colchamiro, Coombe, Pearson, Sharpe, Smallwood). It was also noted that face-to-face interactions at workshops facilitated trust-building between program staff and awardees (Wingfield).

Funding processes were also noted to impact project successes. Awardees noted that it was helpful to receive the full award at the project outset (Crespo). The flexibility of funding allocation was also noted as a facilitator (Ramanathan).

Community engagement and responding to community needs were noted as critical factors for success. One project emphasized involving the community in planning the community granting program to ensure it meets community needs (Dafilou). Another noted it was helpful to have aligned eligible projects with eligible organizations' mission statements

(Honeycutt). Including community members as part of program advisory panels helped facilitate access to community members that are otherwise difficult to reach (Schmidt).

Barriers

Barriers that hinder program and project success were identified by program staff and awardees.

Timelines were often cited as a challenge. The time between the call for applications and the application deadline was often noted to be too short to complete the application requirements (Bounds, Colchamiro, Main, Nieves). Some awardees felt that the funding period was too short to spend the full amount of awarded funds (Abildso, Wingfield).

Application requirements also proved challenging, noting language and education barriers of potential applicants (Thompson). Awardees in one granting program noted that due to a lack of communication from program staff, awardees were unaware of the types of technical assistance available (Pearson).

In a program where projects were required to be evidence-based, awardees noted that published evidence-based interventions did not fit their community contexts and required significant adaptations, leading to doubts regarding their effectiveness (Vanderpool).

Community outcomes

Overall, community granting programs were noted to have positive impacts in their communities. It was noted that programs increased social cohesion in the community and enhanced community engagement in health-promoting activities (Abildso, McCracken). Community-led projects successfully engaged priority community groups (Caperchione) and increased the connection of granting organizations to the communities they serve (Camponeschi, Colchamiro, McCracken, Nieves, Washington).

Benefits for awardees included increased skills for project planning and implementation and securing grant funds (Alexander, Goodman, Grossman, Hickey), as well as development of valuable partnerships to support their goals (Alexander, Bounds, Colchamiro, Coombe, Kegler, Nieves, Pearson, Soares, Washington).

Health outcomes were not often reported by studies, but the Environmental Public Health Tracking Network granting program reported public health outcome improvements, and the Somos Fuertes: Strong Women Making Healthy Choices program reported increased participant knowledge and planned safe behaviours for HIV prevention (Wyatt).

Table 1: Included Studies

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Abildso, C.G., Dyer, A., Daily, S.M., & Bias, T.K. (2019). Evaluability assessment of "Growing Healthy Communities," a mini-grant program to improve access to healthy foods and places for physical activity. *BMC Public Health*, *19*(1), 779.	**Program**: The Growing Healthy Community (GHC) Collaborative Grant Program **Organization**: Claude Worthington Benedum Foundation and the West Virginia Department of Health and Human Resources **Location**: West Virginia, USA **Grant size**: Max. $25 000 USD	None	**Focus area**: Health promotion. **Eligible projects**: Projects that provide access to healthy food e.g., community gardens, indoor farmers market, and spaces for physical activity, e.g., walking program, downtown wellness kiosk, often according to The Community Guide to Preventive Services Creating or Improving Places for Physical Activity or the Centers for Disease Control and Prevention's Recommended Community Strategies and Measurements to Prevent Obesity in the United States. **Eligible recipients**: Community organizations recognized by state economic development programs (Main Street West Virginia and West Virginia Organization, Training, Revitalization, and Capacity	Not described.	Not described.	38 projects funded across 24 communities. Limited time to spend funds was a barrier. Centralized resources and technical assistance recommended. Program led to social cohesion within community and increased activity at local businesses.	Several project leaders secured additional funding to sustain projects.	**Study design**: Qualitative **Quality rating**: High
Alexander, L., Sullivan, C., Joosten, Y., Lipham, L., Adams, S., Coleman, P., …	**Program**: Meharry-Vanderbilt Community Engaged Research	Patient Centered Outcomes Research Institute (PCORI)	**Focus area**: Public health (general). **Eligible projects**: Projects that address community-	**Dissemination**: Calls for applications circulated biannually to community-based organizations.	Not described.	56 projects funded 2008-2018. In response to participant feedback,	Nearly 20 projects resulted in ongoing research partnerships. Preliminary data from granted	**Study design**: Descriptive

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Hargreaves, M. (2020). Advancing community-engaged research through partnership development: Overcoming challenges voiced by community-academic partners. *Progress in Community Health Partnerships: Research, Education, and Action*, *14*(3), 315–326.	Core mini grant program **Organization**: Meharry-Vanderbilt Community Engaged Research Core (CERC) **Location**: USA **Grant size**: Max. $10 000 USD	Principles of Community Engagement	identified needs; examples not provided. **Eligible recipients**: Community-based organizations, in partnership with academic researchers and/or graduate students.	**Application**: Potential applicants submit a letter of intent, then attend an information session. Applications submitted via an online web application. Application required a statement of purpose, potential impact, partner roles, anticipated outcomes, timeline, budget justification and research and dissemination plan. Applications were reviewed by committee of faculty and community members. **Reporting**: Awardees required to submit mid- and end-of-project reports, share results at a community meeting.		• Review committee expanded to include members of different races, • Application form standardized by adapting National Institutes of Health Research Grant Evaluation Rubric and review criteria, • Feedback was provided to applicants on applications that were not funded. Program increased skills for awardees, such as evaluation, funding acquisition.	programs strengthen subsequent applications for additional funds.	**Quality rating**: Not appraised
Allen, S., Pineda, A., Hood, A.C., & Wakelee, J.F. (2017). Translating the Birmingham Neighborhood Leaders Survey into innovative action through the community health innovation awards. *Ethnicity & Disease*,	**Program**: Community Health Innovation Awards (CHIA) **Organization**: University of Alabama at Birmingham (UAB) **Location**: Birmingham, Alabama, USA **Grant size**: Max. $25 000 USD	Community-based participatory research (CBPR) framework	**Focus area**: Public health (general). **Eligible projects**: Program conducted a survey of community members to identify a list of 12 neighbourhood concerns that could be addressed by proposed projects. **Eligible recipients**: Neighborhood associations and non-profit organizations.	**Dissemination**: Calls for application circulated through mail and organization's affiliated websites. **Application**: Applicants first submitted a draft proposal. Applicants with strong draft proposals invited to submit final proposal and deliver 10-minute presentation to review committee. Committee scored applications using a customized rubric. **Reporting**: Not described.	**Technical Assistance**: Program mentors assigned to applicants guided application development. **Training**: Awardees required to attend 3 workshops on innovative thinking, idea development, grant writing and application process.	78 proposals received, and 26 projects funded 2012-2017. Key lessons learned include, • Engage communities at outset of program development, • Foster inclusive and participatory environments	Not described.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
27(Suppl 1), 313–320.								
Baril, N., Patterson, M., Boen, C., Gowler, R., & Norman, N. (2011). Building a regional health equity movement: The grantmaking model of a local health department. *Family & Community Health*, *34 Suppl 1*, S23-43.	**Program**: No formal name **Organization**: Boston Public Health Commission's Center for Health Equity and Social Justice **Location**: Massachusetts, Vermont, Connecticut, Rhode Island, and New Hampshire, USA **Grant size**: $25-30 000 USD annually for 3 years	Boston Public Health Commission's health equity framework and theory of change	**Focus area**: Social determinants of health. **Eligible projects**: Projects that address social determinants of health, e.g., improving food environments, employment opportunities in health for youth of colour. **Eligible recipients**: community-based organizations, educational institutions, community health centres, hospitals, neighbourhood associations, faith-based organizations, public health departments.	**Dissemination**: Not described. **Application**: Required a comprehensive project plan. Applicants were assessed for history of working with communities of colour, commitment to reducing health inequities and capacity for systems-level change. **Reporting**: After year 1, required to submit strategic work plan of goals, activities and outputs. During years 2 and 3, required to report progress on objectives and complete Partnership Assessment Tool.	**Technical Assistance**: Regular teleconferences between awardees and expert advisors, and among awardees to share learning. Program staff issued bimonthly email updates. Faculty consultants available to support coalition building, strategic planning, and promotion of antiracist social change. **Training**: During year 1, awardees provided training on health equity framework, data collection and analysis for health equity, anti-racism. Optional training provided on coalition building, community organizing, community needs and asset assessments, policy advocacy, logical models and evaluation, and framing and communicating racial equity.	15 projects funded 2008-2012. Outcomes not available at time of writing.		**Study design**: Descriptive **Quality rating**: Not appraised
Bounds, T.H., Bumpus, J.L., & Behringer, B.A. (2011). The minigrant model: A strategy to promote local implementation of state cancer plans in Appalachian communities. *Preventing Chronic*	**Program**: Community Cancer Control in Appalachia Forum **Organization**: National Comprehensive Cancer Control Program **Location**: Appalachian regions and Tennessee, USA	Coalition theory	**Focus area**: Cancer prevention. **Eligible projects**: Roundtables focused on local cancer risk, incidence, and death rates and introduction of state cancer plans or in-depth forums focused on cancer data, state cancer plans and successful cancer control programs in local communities.	**Dissemination**: Call for applications distributed through partner organizations. **Application**: Description of the proposed event, including agenda, partners, plan to recruit speakers, budget justification, anticipated outcomes using a Give-Get Grid. Applications reviewed by program staff using	Not described.	9 forums and 19 roundtables funded. Short deadline for applications resulted in few applications. The deadline was extended. Program facilitated identification of local partners for cancer coalitions.	Some coalitions obtained additional funding to conduct further forums.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Disease, *8*(4), A89.	**Grant size**: $2500 USD for roundtables or $5000 USD for forums		**Eligible recipients**: Community organizations, state or regional cancer coalitions.	guidelines approved by partner organizations. **Reporting**: Final report required.				
Camponeschi, J., Vogt, C.M., Creswell, P.D., Mueller, M., Christenson, M., & Werner, M. A. (2017). Taking action with data: Improving environmental public health at the community level. *Journal of Public Health Management and Practice*, 23(Suppl 5), S72–S78.	**Program**: No formal name **Organization**: Environmental Public Health Tracking Network (EPHTN) **Location**: Wisconsin, USA **Grant size**: Max. $10 500 USD	Social Ecological Model of Health	**Focus area**: Environmental health. **Eligible projects**: Any environmental health community projects informed by data from the EPHTN's data portal. **Eligible recipients**: Local and tribal health departments.	**Dissemination**: Funding opportunity announcement issued to local and tribal health departments. **Application**: Multiple EPHTN staff members scored applications according to a rubric: identified environmental health issue for target jurisdiction, well-defined project, goals, timeline, work plan, appropriate partners, evaluation plan and budget. **Reporting**: Mid-project and final reports documenting successes, results and lessons learned.	**Technical Assistance**: Program staff were assigned to each funded project to act as program liaisons. Awardees were offered assistance with materials development, connections to experts, guidance for evaluation planning, and developing a journal manuscript. data collection and interpretation. **Networking facilitation**: Conference calls were held together for awardees with similar projects.	15 proposals received, and 8 projects funded in 9-month period. Staff provided estimated 10-15 hours of technical assistance per project. Awardees found technical assistance useful and had minimal suggestions for improving the program. Awardees reported positive public health outcomes resulting from funded projects. Health department communication with communities was strengthened.	Not described.	**Study design**: Descriptive **Quality rating**: Not appraised
Caperchione, C., Mummery, W.K., & Joyner, K. (2010). WALK Community Grants Scheme: Lessons learned in developing and administering a health promotion microgrants	**Program**: Women's Active Living Kits (WALK) Community Grant Scheme **Organization**: Australian Office for Women, Department of Families, Community Services and Indigenous Affairs **Location**: Australian Capital Territory,	Social Ecological Model of Health	**Focus area**: Health promotion (physical activity). **Eligible projects**: Establish a women's walking group, support an existing women's walking group, improve neighbourhood, group or workplace social environment to encourage women's walking. **Eligible recipients**: Community organizations, neighbourhood groups,	**Dissemination**: Shared with women's health networks, local and state community organizations, local and national health departments. **Application**: A review committee evaluated applications. Committee members included representatives from the Office for Women, health promoters, health department members.	**Technical Assistance**: A telephone support line was available to applicants and awardees. **Website**: Provided details about program, "what's new" page, application instructions, discussion board for applicants and awardees, project profiles. **Partnerships**: Program facilitated partnerships with national stakeholders and a similar national health	Over 100 proposals received, and 48 projects funded in 2-year period. **Facilitators**: • Collaboration with 10,000 Steps Program allowed sharing of contacts, cross-promotion, guidance from experienced program staff. • Program-specific website facilitated applications,	Not described.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
program. *Health Promotion Practice*, *11*(5), 637–644.	Victoria, New South Wales and Queensland, Australia **Grant size**: Max. $1500 AUD		with priority for women's groups, such as women with young children, women with careers, culturally and linguistically diverse women, Indigenous women.	**Reporting**: Final report required, report components not described.	promotion program for physical activity (10,000 Steps).	connection amongst awardees and between awardees and program organizers. • Public agencies and organizations provided access to experts in women's and multicultural health. **Barriers**: • Payment processing delays. Program facilitated contact with priority community groups, e.g., new English speakers.		
Colchamiro, R., Edwards, R.A., Nordstrom, C., Eshelman, J., Ghiringhelli, K., Forgit, J., … Foley, J. (2015). Mobilizing community resources to enhance postdischarge support for breastfeeding in Massachusetts (USA): Results of a catalyst grant approach. *Journal of Human Lactation, 31*(4), 631–640.	**Program**: The Breastfeeding Continuity-of-Care Team (BCCT) catalyst grant program **Organization**: The Massachusetts Department of Public Health **Location**: Massachusetts, USA **Grant size**: Not reported	Social Ecological Model of Health	**Focus area**: Maternal and child health (breastfeeding). **Eligible projects**: Projects that support breastfeeding. **Eligible recipients**: Municipalities with a higher percentage of low-income, underserved populations.	**Dissemination**: Mailing lists to birthing hospitals, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clinics, partner organizations. **Application**: Description of their community and existing capabilities, partnerships with at least 2 community-based organizations, budget, evaluation plan, SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. Applications were reviewed by program team. **Reporting**: Success indicators tracked monthly, including number of eligible births, number of mothers who received support.	**Technical Assistance**: Provided by University faculty and community-based health professionals. Monthly meetings to help awardees review progress, troubleshoot challenges. **Site Visits**: Members of the program team visited each site at least once. **Conferencing**: Meetings to convene all awardees to share successes, best practices.	8 proposals received, and 6 projects funded in 10-month period. **Facilitators**: • Technical assistance monthly calls and site visits were highly valuable. • Conferencing opportunities with awardees fostered camaraderie and sharing of experiences. • Media attention provided publicity through a grand opening, government representatives). **Barriers**: • Short timelines challenged project recruitment, organizational approval to apply.	Collaborative relationships that were formed among the community providers outlasted the grant implementation period. Program staff noted the need to apply for additional funding to maintain services.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
						Program staff learned about communities' unique strengths and barriers.		
Coombe, C.M., Simbeni, S., Neal, A., Allen, A.J., Gray, C., Guzman, J.R., … Israel, B.A. (2023). Building the foundation for equitable and inclusive research: Seed grant programs to facilitate development of diverse CBPR community-academic research partnerships. *Journal of Clinical and Translational Science*, *7*(1), e2.	**Program**: Small Planning Grant program and the Community-Academic Research Partnerships Grant Program **Organization**: Detroit Community-Academic Urban Research Center **Location**: Detroit, Michigan, USA **Grant size**: $2000-5000 USD, average $4200 USD	Community Based Participatory Research Approach	**Focus area**: Health, public health and social issues (general). **Eligible projects**: Projects that support alleviation of poverty, through building equitable partner relationships, exploring collaborative research interests, conducting community assessments, and disseminating and translating research findings. **Eligible recipients**: Community partners, in partnerships with academic researchers.	**Dissemination**: Shared with community and research mailing lists, University and Community-Academic Research Network and community organization networks. **Application**: Description of project goals, methods, relevance to poverty alleviation, partners, timeline, budget and letters of support. Applications were rated by committee of academic and community partners. Committee had opportunity to request additional information or suggest modifications prior to final decision. **Reporting**: Mid-year report provided opportunity to share needs for assistance, and a final report.	**Technical Assistance**: Provided on request by program staff. **Training**: Workshops providing introduction to community based participatory research, program overview, partnership development and evaluation, and dissemination. **Conferencing**: Introductory meetings to convene all awardees. Final meeting to share findings and next steps for sustaining efforts.	50 projects funded. **Facilitators**: • Conferencing time valuable for partnership development, learning from experts, shared learning with other project teams. • Ongoing technical assistance was helpful. Keys to building inclusive, equitable partnerships include providing time and capacity building support to build relationships and power-sharing processes.	At 1-3 years following program, nearly half of projects had secured additional funding and were planning additional projects. More than half had established a steering committee or partnership infrastructure.	**Study design**: Qualitative **Quality rating**: Moderate
Crespo, R., Shrewsberry, M., Cornelius-Averhart, D., & King, H.B. (2011). Appalachian regional model for organizing and sustaining county-level diabetes coalitions.	**Program**: Appalachian Coalition **Organization**: Appalachian Regional Commission **Location**: Appalachian counties, USA	Rural Appalachian Model, adapted from Model for coalition development	**Focus area**: Diabetes prevention and management. **Eligible projects**: Promoting healthy eating, physical activity, chronic disease self-management and awareness building. **Eligible recipients**: Members of Appalachian communities.	**Dissemination**: Not described. **Application**: Description of diabetes issues in community. Applications ranked based on applicant group diversity and understanding of public health approach to diabetes. **Reporting**: Quarterly reports of numbers of participants.	**Training**: 2-day workshop to develop measurable objectives and action plan. **Conferencing**: Awardees gather annually to present on their projects. **Site Visits**: Program staff visited project sites.	66 projects funded. **Facilitators**: • Non-traditional application process where objectives and plan are developed during a workshop increased reach to community partners.	58 projects have been sustained past initial funding.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Health Promotion Practice, *12*(4), 544–550.	**Grant size**: $10 000 USD					• Awarding full amount upfront was helpful for awardees.		
Dafilou, C., Arisi, M.F., Pepe, V., Hehir, M., McKeegan, J., Rinier, F., & Brawer, R. (2022). Action beyond exhibition: Amplifying photovoice through social action after a community health needs assessment in Philadelphia. *Health Promotion Practice*, *23*(2), 338–344.	**Program**: Community Catalyst Grants **Organization**: Lindy Family Foundation through The Philadelphia Collaborative for Health Equity (P-CHE) **Location**: Philadelphia, Pennsylvania, USA **Grant size**: $50 000 USD	World Health Organization Social Determinants of Health Framework	**Focus area**: Mental health and trauma, safety, housing, built environment. **Eligible projects**: Engage community with at least one of mental health; trauma, safety, and violence, e.g., developing a community-centred trauma training curriculum; housing, e.g., forming a housing trust; and built environment, e.g., building a park. **Eligible recipients**: Latino community of Philadelphia.	**Dissemination**: Call for applications announced at community photovoice exhibition. **Application**: Application requirements not described. Panel of unaffiliated grant reviewed ranked applications, prioritizing those which addressed findings at photovoice exhibition. **Reporting**: Program evaluation not described.	**Technical assistance**: Provided but not described. **Training**: Policy and advocacy workshop conducted online over 2 weeks.	12 projects were funded. Allowing community to determine focus of grant funding leads to community ownership of projects. Planning several steps ahead allowed for community involvement in decision-making at each step.	Program staff worked with awardees to secure additional funding to sustain projects.	**Study design**: Descriptive **Quality rating**: Not appraised
Goodman, L., Majee, W., & Reed Adams, J. (2018). Building community leaders in underserved communities: An exploration of the role of seed-funding for community projects by program graduates. *Journal of Community*	**Program**: Step Up to Leadership **Organization**: Missouri Association of Community Action and University of Missouri **Location**: Missouri and Illinois, USA **Grant size**: Max. $500 USD	Social Cognitive Theory	**Focus area**: Health and social issues (general). **Eligible projects**: Address community issues, e.g., health fairs, farmers markets, community gardens, car seats for low-income mothers. **Eligible recipients**: non-profit organizations, business managers, local government officials, church leaders.	**Dissemination**: Not described. **Application**: Brief description of project and need, expected community impact, budget, list of community partners. Applications reviewed by program staff and board members. **Reporting**: Summary of accomplishments, benefits to community, lessons learned, and plans to continue project.	**Training**: 12-week leader development program for understanding and embracing diversity, serving on boards of directors, participating in community meetings, and applying for minigrants.	18 proposals received, 16 were funded. Participants reported increased skills, e.g., leadership, grant writing, increased self-efficacy, and enhanced community involvement. Support for applicants throughout grant process was critical in developing skills required to plan and lead projects.	Participants noted their acquired grant writing skills were transferable to applying for additional grants.	**Study design**: Qualitative **Quality rating**: Moderate

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Practice, *26*(3), 358–376.								
Grossman, E., Hathaway, M., Bush, K.F., Cahillane, M., English, D.Q., Holmes, T., … Dorevitch, S. (2019). Minigrants to local health departments: An opportunity to promote climate change preparedness. *Journal of Public Health Management and Practice: JPHMP*, *25*(2), 113–120.	**Program**: No formal name **Organization**: State health departments, funded by Centers for Disease Control and Prevention **Location**: California, Florida, Illinois, New Hampshire, Oregon and Wisconsin, USA **Grant size**: $7700-28 500 USD annually	Centers for Disease Control and Prevention's (CDC's) Building Resilience Against Climate Effects (BRACE) framework	**Focus area**: Environmental health (climate change preparedness). **Eligible projects**: Improving community resilience to climate change, extreme weather; response to health consequences of climate change. **Eligible recipients**: Local health departments.	**Dissemination**: Request for proposals shared with local health departments. **Application**: Requirements not described. Selection based on capability to implement proposed projects. **Reporting**: Quarterly and final reports of successes, challenges and recommendations for future programs.	**Technical Assistance**: Guidance for accessing and summarizing data on health, social vulnerability and health. **Training**: Webinars and in-person workshops were provided.	18 projects were funded. Awardees reported that training increased knowledge and skill for partnership development, planning and vulnerability assessment. **Barriers**: • Awardees found planning difficult due to uncertainty of continued funding.	Awardees noted the 1-to 2-year grant duration was insufficient to demonstrate impact that would help secure additional funding.	**Study design**: Cross-sectional **Quality rating**: Moderate
Hickey, G., McGilloway, S., O'Brien, M., Leckey, Y., Devlin, M., & Work carried out in Maynooth University Department of Psychology, Maynooth University. (2015). A theory-based evaluation of a community-based funding	**Program**: Literacivic **Organization**: Youngballymun **Location**: Ballymun, Northern Dublin, Ireland **Grant size**: €200-4000 EUR, depending on project type	None	**Focus area**: Youth wellbeing and learning. **Eligible projects**: Capacity building for leadership, communications, advocacy; community celebrations or events. **Eligible recipients**: Neighbourhood groups, services and organizations.	**Dissemination**: Posters and brochures distributed locally. **Application**: Written proposal, reviewed by an independent committee. **Reporting**: Not described.	Not described.	42 proposals received; 24 projects were funded. Awardees reported that funding developed personal skills, community involvement and helped increase access to available services. **Barriers**: • Funding likely inaccessible to some potential applicants. • Lack of guidance for application.	Not described.	**Study design**: Qualitative **Quality rating**: Moderate

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
scheme in a disadvantaged suburban city area. *Evaluation and Program Planning*, *52*, 61–69.								
Honeycutt, S., Carvalho, M., Glanz, K., Daniel, S.D., & Kegler, M.C. (2012). Research to reality: A process evaluation of a mini-grants program to disseminate evidence-based nutrition programs to rural churches and worksites. *Journal of Public Health Management and Practice: JPHMP*, *18*(5), 431–439.	**Program**: Nutrition Programs that Work **Organization**: The Emory Cancer Prevention and Control Research Network (CPCRN) **Location**: Georgia, USA **Grant size**: $4000 USD	RE-AIM (Reach, Efficacy, Adoption, Implementation, Maintenance)	**Focus area**: Health promotion (nutrition). **Eligible projects**: 1 of 2 programs, Body & Soul for churches and Treatwell 5-a-Day for workplaces. **Eligible recipients**: Churches and workplaces	**Dissemination**: Distributed to eligible organizations locally. **Application**: Requirements not described. Committee of Community Advisory Board members rated applications according to fidelity to the program, organizational capacity for implementation, and diversity of the organization. **Reporting**: Not described.	**Technical Assistance**: Bi-monthly teleconferences between program staff and awardees. Email and telephone support provided as requested. **Networking Facilitation**: Partnerships with Community Advisory Board members.	17 proposals received; 7 projects were funded. **Facilitators**: • Technical assistance was necessary and found helpful by awardees. • Aligning projects to eligible organizations' mission statements.	All awardees reported intent to continue at least some activities. Several were interested in expanding. Sustainability was associated with adaptability of projects, having project champions, alignment with organization's mission, perceived benefits and stakeholder support.	**Study design**: Qualitative **Quality rating**: High
Kegler, M.C., Carvalho, M.L., Ory, M., Kellstedt, D., Friedman, D.B., McCracken, J. L., … Fernandez, M. (2015). Use of mini-grant to	**Program**: Cancer Prevention and Control Research Networks (CPCRN) Mini-Grants Program **Organization**: Centers for Disease Control and	Interactive Systems Framework	**Focus area**: Cancer prevention. **Eligible projects**: Adaptations of evidence-based interventions for cancer prevention listed on Research-Tested Intervention Programs	**Dissemination**: Not described. **Application**: Included organizational capacity to implement project, including leadership and experience. Proposals assessed according to fidelity of work plan to original evidence-	**Technical Assistance**: Research fellows supported application development. Fellows convened with awardees monthly for guidance with administrative of budget challenges and implementing and adapting interventions.	105 proposals received; 44 projects were funded 2007-2014. Most proposals were based on selected interventions featured on the Research-Tested Intervention Programs database, rather than	Awardees were most successful in sustaining projects when they were able to establish new partnerships. In several cases, partners continued projects after the grant period.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
disseminate evidence-based interventions for cancer prevention and control. *Journal of Public Health Management and Practice: JPHMP*, *21*(5), 487–495.	Prevention and National Cancer Institute **Location**: Georgia, South Carolina and Texas, USA **Grant size**: $1000-10 000 USD, average $6250 USD		database or from research literature. **Eligible recipients**: Community-based organizations, faith-based organizations, schools, worksites.	based intervention, plans for adaptations, community needs and potential impact, budget justifications and evaluation plan. **Reporting**: Final reports required but not described.	**Training**: Workshops provided to potential applicants on finding, selecting, adapting evidence-based interventions. Workshops provided to awardees on implementing and sustaining projects.	from other research literature. None of the awardees conducted evaluations as described by selected interventions. This limited evaluation of effectiveness, especially when interventions were adapted to different contexts or populations.		
Main, D.S., Felzien, M.C., Magid, D.J., Calonge, B.N., O'Brien, R.A., Kempe, A., & Nearing, K. (2012). A community translational research pilot grants program to facilitate community--academic partnerships: Lessons from Colorado's clinical translational science awards. *Progress in Community Health Partnerships: Research, Education, and Action*, *6*(3), 381–387.	**Program**: Community Engagement Pilot Grants Program **Organization**: University of Colorado Denver **Location**: Colorado, USA **Grant size**: $10 000 or $30 000 USD, depending on project type		**Focus area**: Health (general). **Eligible projects**: Address priority health issues, e.g., childhood chronic conditions, social and emotional health, or cardiovascular disease prevention. **Eligible recipients**: Community representatives, academic researchers.	**Dissemination**: Through university partners and community partners identified by The Partnership of Academicians and Communities for Translation Council. **Application**: Key sections included project focus, outcomes, partnerships, community engagement plan and budget. Dyad of community and academic representatives scored applications. Nonfunded applications were provided feedback and encouraged to reapply. **Reporting**: 6-month and final report describing partnerships, community engagement, results, lessons learned and future plants. Awardees also regularly reported on their budget.	**Technical Assistance**: Webinar for potential applicants on proposal requirements. **Training**: Awardees attended 8-hour workshop on community engagement.	36 projects were funded. Initially, projects could address any health topic. Projects eligibility was revised to priority topics to maximize potential impact. Following challenges during the first funding cycle, the application period was extended and additional technical assistance was provided to applicants to facilitate the application process.	The initial investment of $272 742 led to over $2.8mil in new funding to several awardees.	**Study design**: **Quality rating**:

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Mayberry, R.M., Daniels, P., Yancey, E.M., Akintobi, T.H., Berry, J., Clark, N., & Dawaghreh, A. (2009). Enhancing community-based organizations' capacity for HIV/AIDS education and prevention. *Evaluation and Program Planning*, *32*(3), 213–220.	**Program**: Pfizer Foundation Southern HIV/AIDS Prevention Initiative **Organization**: Pfizer Foundation contracted with Morehouse School of Medicine Prevention Research Center **Location**: Southern USA **Grant size**: Not reported	Empowerment Evaluation Framework	**Focus area**: HIV prevention. **Eligible projects**: HIV education and prevention programs. **Eligible recipients**: Community-based organizations in multicultural, urban and rural communities.	**Dissemination**: Not described. **Application**: Not described. **Reporting**: Not described.	**Technical assistance**: Phone calls and site visits from program staff helped guide awardees. **Training**: Initial focus for training was on developing logic models and measurable objectives. Subsequent workshops focused on skills for planning, implementing and evaluating projects. Feedback was gathered from awardees to inform focus of workshop sessions.	69 projects were funded. **Facilitators**: • Initial needs assessment and ongoing solicitation of feedback from awardees ensured technical assistance met each team's needs. • Regular communication allowed for targeted learning opportunities. • Regular interactions allowed integration of evaluation into activities.	Increased capacity of awardees to implement and evaluate projects contributed to project sustainability.	**Study design**: Single group pre-post **Quality rating**: High
McCracken, J.L., Friedman, D.B., Brandt, H.M., Adams, S.A., Xirasagar, S., Ureda, J.R., … Hebert, J.R. (2013). Findings from the Community Health Intervention Program in South Carolina: Implications for reducing cancer-related health disparities. *Journal of Cancer Education: The*	**Program**: Community Health Intervention Program (CHIP) mini-grants initiative **Organization**: South Carolina Cancer Prevention and Control Research Network (SC-CPCRN) **Location**: South Carolina, USA **Grant size**: $10 000 USD	None	**Focus area**: Cancer prevention. **Eligible projects**: Adaptations of evidence-based interventions for cancer prevention listed on Research-Tested Intervention Programs database. **Eligible recipients**: Community-based organizations	**Dissemination**: Not described. **Application**: Requirements not described. Panel of faculty, staff and community partners rated applications according to how well the proposal, evaluation and timeline aligned with the original evidence-based intervention. Applicant interest and experience, support from leadership, community need and diversity were considered. **Reporting**: Regular updates and reports to program liaisons. A mini-grant report template was developed to capture quantitative and qualitative information.	**Technical assistance**: In-person and virtual sessions for potential applicants. Program staff provided ongoing guidance and oversight.	12 proposals received; 3 projects were funded. **Facilitators**: • Collaboration, communication and trust between program staff and awardees. • Community engagement. **Barriers**: • Competing priorities for community needs vs. research and evaluation processes.	Not described.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Official Journal of the American Association for Cancer Education, *28*(3), 412–419.				Awardees presented findings at a program event.				
Nieves, C.I., Chan, J., Dannefer, R., De La Rosa, C., Diaz-Malvido, C., Realmuto, L., … Manyindo, N. (2020). Health in action: Evaluation of a participatory grant-making project in East Harlem. *Health Promotion Practice*, *21*(6), 910–917.	**Program**: Health in Action Project **Organization**: New York State Health Foundation and Mount Sinai Health System **Location**: East Harlem, New York, USA **Grant size**: $25 000 USD	Health Department's framework for community engagement framework	**Focus area**: Health, public health and social issues (general). **Eligible projects**: Designed to improve community health. **Eligible recipients**: Non-profit and community organizations.	**Dissemination**: Request for proposals shared with local non-profit and community organizations. **Application**: Requirements not described. Panel of community members assessed proposals. Panel members required to describe interest in participation and thoughts on local health issues. Panel chose short list of proposals, which were presents to the public. Successful applicants selected by vote. **Reporting**: Mid-year and final reports of project metrics, successes, challenges, lessons learned, partnerships.	**Training**: Workshops on community advocacy, civic engagement. Quarterly capacity building activities. **Conferencing**: Awardees convened quarterly to network, share successes and challenges.	20 proposals were received, 16 were selected for short list, 11 projects were funded. **Barriers**: • Challenging to implement a process that was new for both program staff and community members. • Time allotted for proposals and award selection, training, was insufficient. • Health impact of funded projects was not evaluated. Establishing new and strengthening existing partnerships facilitated connection to communities. Funding to support organizational capacity building expanded awardees' reach within communities.	Partnerships between awardees and other organizations expected to help sustain projects.	**Study design**: Qualitative **Quality rating**: High
Paberzs, A., Piechowski, P., Warrick, D., Grawi, C., Choate, C., Sneed, G., …	**Program**: Community–University Research Partnership (CURES) Award	None	**Focus area**: Health (general). **Eligible projects**: Projects designed to improve	**Dissemination**: Not described. **Application**: Research plan outlining objectives, study design, methods and potential significance, as	**Technical Assistance**: Potential applications could receive consultations to support application development. Program staff available to awardees to guide	50 proposals received; 16 projects were funded. Application review procedures were adjusted over time. Changes included	A description of project sustainability was required for the application and	**Study design**: Descriptive

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Sampselle, C. (2014). Strengthening community involvement in grant review: Insights from the Community-University Research Partnership (CURES) pilot review process. *Clinical and Translational Science*, *7*(2), 156–163.	**Organization**: Michigan Institute for Clinical and Health Research (MICHR) Community Engagement Program **Location**: Michigan, USA **Grant size**: Max. $25 000 USD		health outcomes in at-risk populations. **Eligible recipients**: Dyads of an academic teams and a community based organization.	well as description of partnership, dissemination plan and community need. Applications scored by Scientific Review Committee for significance, investigators, innovation, approach, environment and overall impact, and by Community Engagement Coordinating Council using 9-point National Institutes of Health scoring scale. Scores were averaged in final decision. Nonfunded applications were provided feedback and encouraged to reapply. **Reporting**: Not described.	partnership development and adherence to ethics board requirements,	assigning community members, in addition to faculty members, as lead reviewers. A formal process to report and manage conflicts of interest was established. Definitions of terms and criteria were clarified. Most reviewers agreed that piloting the review process would have been beneficial.	scored by reviewers.	**Quality rating**: Not appraised
Pearson, M., Lebow-Skelley, E., Whitaker, L., Young, L., Warren, C.B., Williamson, D., & Kegler, M.C. (2020). Implementation of a community grant program to address community-driven environmental health concerns. *Local Environment*, *25*(11–12), 830–848.	**Program**: Shaheed DuBois Community Grant Program **Organization**: HERCULES Exposome Research Center **Location**: Atlanta, Georgia, USA **Grant size**: $2500 USD	None	**Focus area**: Environmental health. **Eligible projects**: Any environmental health-focused project, e.g., pollution, social stressors, built environment, healthy food access, water pollution, and waste disposal or illegal dumping. **Eligible recipients**: Smaller, neighbourhood-level grassroots organizations.	**Dissemination**: Not described. **Application**: Statement of community need, description of project and how it meets community need, project timeline, budget, leadership support and resources available. Scored according to a rubric by one community and one academic representative. **Reporting**: Quarterly, then revised to biannual standard report forms documenting activities, outcomes, successes, challenges and needed support. Awardees present accomplishments and next steps at annual program event.	**Technical assistance**: Support provided during application process and project implementation, both through regularly scheduled calls and site visits and as requested. A sample invoice was provided to guide awardees through invoicing. **Networking facilitation**: Program staff connected awardees to available partners and experts. **Training**: Workshops for program implementations, evaluation, budgets and invoicing.	13 projects were funded. Awardees valued technical assistance provided. Some awardees noted they were unaware of types of support technical assistance could provide. Awardees valued opportunities to meet other awardees.	All awardees planned to continue or expand their projects. Several had secured additional funding and established partnerships to support sustaining projects.	**Study design**: Qualitative **Quality rating**: Moderate

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Ramanathan, S., White, L., Luciani, A., Berry, T.R., Deshpande, S., Latimer-Cheung, A.E., … Faulkner, G. (2018). The utility of physical activity micro-grants: The participaction teen challenge program. *Health Promotion Practice*, *19*(2), 246–255. Tamminen, K.A., Faulkner, G., Witcher, C.S.G., & Spence, J.C. (2014). A qualitative examination of the impact of microgrants to promote physical activity among adolescents. *BMC Public Health*, *14*, 1206.	**Program**: Teen Challenge Program **Organization**: ParticipACTION, supported by Coca-Cola **Location**: Canada **Grant size**: Max. $500 CAD	None	**Focus area**: Health promotion (physical activity). **Eligible projects**: Physical activity programs for adolescents, e.g., costs associated with facilities, equipment, instruction, uniforms, prizes or promotional materials. **Eligible recipients**: Community organizations.	**Dissemination**: Online ads; shared with provincial and territorial program coordinators, and schools. **Application**: Demonstrate capacity to promote or support physical activity for adolescents. Reviewed by provincial and territorial program coordinators. **Reporting**: Annual survey of provincial and territorial program coordinators, annual survey and database of awardees.	**Website**: Provided tools and resources, e.g., physical activity statistics, guidance for engaging adolescents, infographics and promotional posters for download.	Approximately 75% of proposals were funding. In total, 3128 projects were funded. **Facilitators**: • Flexibility of funding allocation • Funded status increased perceived credibility and facilitated partnerships. **Barriers**: • Applicants found the online registration process difficult.	For many funded projects, the purchase of equipment will allow projects to continue.	**Study design**: Qualitative **Quality rating**: Moderate
Schmidt, M., Plochg, T., Harting, J., Klazinga, N.S., & Stronks, K.	**Program**: No formal name	None	**Focus area**: Health promotion (physical activity, nutrition). **Eligible projects**: Innovative projects related	**Dissemination**: Not described. Most awardees were members of the program panel.	**Conferencing**: Most awardees were members of program panels that met regularly.	61 projects were funded. **Facilitators**: • Neighbourhood panels facilitated access to	At least 26 projects were sustained, most through participation fees.	**Study design**: Qualitative

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
(2009). Micro grants as a stimulus for community action in residential health programmes: A case study. *Health Promotion International*, *24*(3), 234–242.	**Organization**: The Hague Municipal Health Services **Location**: The Hague, Netherlands **Grant size**: €500-3500 EUR		to physical activity or nutrition. **Eligible recipients**: Community organizations, resident groups.	**Application**: Requirements not described. Reviewed by neighbourhood panels consisting of health services staff and community workers, e.g., librarians, dietitians, community centre staff, youth health care nurses, etc. **Reporting**: Standardized report describing the project, its progress and outcomes.		"hard-to-reach" community members. • Experienced moderators chaired panel discussions. **Barriers**: • Application review guidelines were vague and review panels applied criteria inconsistently, e.g., sustainability ratings were based on neighbourhood empowerment for some applications and financial stability for others. Public participation in projects was limited.		**Quality rating**: Moderate
Sharpe, P.A., Flint, S., Burroughs-Girardi, E.L., Pekuri, L., Wilcox, S., & Forthofer, M. (2015). Building capacity in disadvantaged communities: Development of the community advocacy and leadership program. *Progress in Community Health Partnerships:*	**Program**: Community Advocacy and Leadership Program **Organization**: Prevention Research Center **Location**: South Carolina, USA **Grant size**: $5000 USD	None	**Focus area**: Built environment. **Eligible projects**: Changes to build environment to support physical activity, e.g., building walking track or playground. **Eligible recipients**: Community organizations in priority areas.	**Dissemination**: Call for proposals shared with community organizations in priority areas. **Application**: Letters of intent approved prior to full application. Application included project description, team experience and plans to involve the community. Additional $1250 in funding required. Program leadership reviewed and ranked applications, interviewed applicants. **Reporting**: Documentation of spending and final report that included photos.	**Technical assistance**: Program staff met with awardees monthly to problem solve, identify resources or referrals. **Training**: 8 workshops for applicants and awardees. Topics included grant writing, leadership, advocacy sustainability, strategic planning. **Networking facilitation**: Awardees were connected with community organizations.	2 projects were funded. Workshops provided networking opportunities for applicants and awardees. Applicants and awardees had limited writing and computer skills. Facilitators accommodated limitations in discreet manner.		**Study design**: Mixed methods **Quality rating**: Low

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Research, Education, and Action, *9*(1), 113–127.								
Smallwood, S.W., Freedman, D.A., Pitner, R.O., Sharpe, P.A., Cole, J.A., Hastie, S., & Hunter, B. (2015). Implementing a community empowerment center to build capacity for developing, implementing, and sustaining interventions to promote community health. *Journal of Community Health*, *40*(6), 1122–1129.	**Program**: Community Empowerment Center Funded Mini Grant Project **Organization**: Community Empowerment Center **Location**: Columbia, South Carolina, USA **Grant size**: Max. $12 000 USD	None	**Focus area**: Social issues. **Eligible projects**: Any projects that address community social issues. **Eligible recipients**: Local public health units, residents.	**Dissemination**: Not described. **Application**: Letters of intent approved prior to full application. Application included plans to sustain project beyond funded period. Graduate students reviewed applications and convened a panel to select successful applications. **Reporting**: Weekly progress updates, monthly reflection on successes and barriers, monthly financial report, and final report.	**Technical assistance**: Two sessions for applicants to receive help developing application. **Training**: Workshops on implementation of community change interventions. Additional "power up" skill-building sessions on specific topics. **Conferencing**: Program staff met monthly with awardees to discuss strategies for community engagement. **Website**: Mentioned as tool to establish community presence, but not described further.	10 letters of intent received, 6 full proposals received, 3 projects were funded. It was valuable for awardees to meet monthly and learn from others' successes and challenges. Awardees with later start dates benefitted from learning from awardees who were further along with projects. Additional training for project management and evaluation needed.	1 project continued past the funding period, although at a reduced capacity. Awardees reported difficulty sustaining project when funding ended.	**Study design**: Descriptive **Quality rating**: Not appraised
Soares, N.S., Hobson, W.L., Ruch-Ross, H., Finneran, M., Varrasso, D.A., & Keller, D. (2014). The influence of Community Access to Child Health (CATCH) program on community pediatrics.	**Program**: Community Access to Child Health (CATCH) Program **Organization**: American Association of Pediatrics Division of Community-based Initiatives **Location**: USA	None	**Focus area**: Health (general). **Eligible projects**: Planning or implementation of projects to improve child health at community level. **Eligible recipients**: Pediatricians.	**Dissemination**: Not described. **Application**: Description of community and proposed intervention. Applications scored by 3 program staff. **Reporting**: Routine progress updates and follow-up to assess sustainment at 2-years post-award.	**Technical Assistance**: Guidance provided on to conducting a needs assessment, community asset mapping, developing resources, community coalition building, and project evaluation. **Website**: Web-based application facilitated application process and ongoing data collection. A public-facing site provides	731 proposals received; 201 projects were funded. 87% of awardees obtained technical assistance. Most (63% received grant writing support or obtained information/materials (44%).	Many partnerships were sustained 2 years after funding period, and many new partnerships had been formed.	**Study design**: Qualitative **Quality rating**: Moderate

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Pediatrics, *133*(1), e205-212.	**Grant size**: Average $10 213 USD				information about the granting program and previous projects.			
Tendulkar, S.A., Chu, J., Opp, J., Geller, A., Digirolamo, A., Gandelman, E., … Hacker, K. (2011). A funding initiative for community-based participatory research: Lessons from the Harvard Catalyst Seed Grants. *Progress in Community Health Partnerships: Research, Education, and Action*, *5*(1), 35–44.	**Program**: Harvard Catalyst Community Based Participatory Research Partnership Program **Organization**: Harvard Clinical and Translational Science Awards **Location**: Massachusetts, USA **Grant size**: Max. $50 000 USD	None	**Focus area**: Public health and health (general). **Eligible projects**: Any projects related to health, such as nutrition, cancer screening, youth sex education, air quality, etc. **Eligible recipients**: Community organizations.	**Dissemination**: Request for proposals shared with networks of community partners. **Application**: Written proposal required. Reviewed by researcher and community partner. **Reporting**: Not described.	**Technical Assistance**: Information session provided to applicants to review proposals and provide feedback. **Training**: Workshops on negotiating equitable community-research partnerships, research ethics.	10 proposals received; 4 projects were funded. Lessons learned included allowing sufficient time to develop partnerships and proposals, and to solicit and respond to feedback from awardees.	Not described.	**Study design**: Descriptive **Quality rating**: Not appraised
Thompson, B., Ondelacy, S., Godina, R., & Coronado, G.D. (2010). A small grants program to involve communities in research. *Journal of Community Health*, *35*(3), 294–301.	**Program**: No formal name **Organization**: Hispanic Community Network to Reduce Health Disparities **Location**: Lower Yakima Valley, Washington, USA	None	**Focus area**: Cancer prevention. **Eligible projects**: Any projects related to cancer prevention. **Eligible recipients**: Community groups or organizations.	**Dissemination**: Request for proposals shared with community organizations. **Application**: Statement of work, contribution of project to program goals, applicant qualifications, evaluation plan, and budget. Panel of community advisory board scored applications according to scientific merit, applicant capability, project contributions, adequacy of	**Technical Assistance**: 4-hour session to assist with application process.	12 proposals received; 10 projects were funded. The application process was challenging for most applicants due to language and education barriers.	Sustainability was a challenge for many projects.	**Study design**: Qualitative **Quality rating**: Moderate

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
	Grant size: $2500-3500 USD			evaluation, and suitability of budget. **Reporting**: Not described.				
Tompkins, N.O., Wright, J., Giacobbi, P., Alelaiwat, B., Vance, J., Gregory, M., … Ross, M. (2022). Maximizing the potential of mini-grants to promote policy, systems, and environmental changes: Outcomes and challenges. *Health Promotion Practice*, *23*(3), 445–452.	**Program**: No formal name **Organization**: West Virginia state health department **Location**: West Virginia, USA **Grant size**: $196 369 USD was dispersed to 65 organization	Social Ecological Model and the Health Impact Pyramid	**Focus area**: Health promotion (physical activity, nutrition). **Eligible projects**: Interventions that address policy, systems, and environmental changes. **Eligible recipients**: Non-profit and private organizations, schools, local health departments.	**Dissemination**: Not described. **Application**: Description of change strategies, how they will address inequities, partnership with Health Connection organization, planning for sustainability. Application review process not described. **Reporting**: Not described.	**Technical Assistance**: Assistance and resources provided but not described. **Website**: Contained request for proposals and resources for applicants and awardees.	65 projects were funded. Evaluation of project outcomes was challenging due to heterogeneity of settings, activities, timelines and project foci. Structural capacity of organizations varied, many awardees were not trained in public health or related fields. Early and ongoing communication with awardees was valuable.	Sustainability addressed by most awardees. Many applied for additional funding. Some integrated project activities into existing practices.	**Study design**: Descriptive **Quality rating**: Not appraised
Vanderpool, R.C., Gainor, S.J., Conn, M.E., Spencer, C., Allen, A.R., & Kennedy, S. (2011). Adapting and implementing evidence-based cancer education interventions in	**Program**: Appalachia Community Cancer Network (ACCN) grant program **Organization**: National Cancer Institute (NCI) **Location**: Appalachian region, USA	None	**Focus area**: Cancer education. **Eligible projects**: Evidence-based cancer prevention intervention. **Eligible recipients**: Community organizations, local coalitions, faith-based organizations, social service agencies, health clinics.	**Dissemination**: Not described. **Application**: Narrative statement of need, work plan, evaluation plan, budget with justification. Formal review of applications not described. **Reporting**: Final report required.	**Technical Assistance**: Support for proposal development and program implementation. **Training**: Workshops based on NCI's curriculum, Using What Works: Adapting Evidence-Based Programs to Fit Your Needs, to help awardees identify, adapt and implement evidence-based interventions. **Website**: Web portal provided links to sources of research-	13 proposals received; all 13 projects were funded. Most applications used Cancer Control P.L.A.N.E.T. website to identify evidence-based interventions. Awardees found technical assistance and training helpful.	Projects were not sustained in their entirety, but 4 awardees continued to use materials for other health-related activities.	**Study design**: Qualitative **Quality rating**: High

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
rural Appalachia: Real world experiences and challenges. *Rural and Remote Health*, *11*(4), 1807.	**Grant size**: $3500 USD				tested interventions, guidance on program development.	Some awardees felt that evidence-based interventions did not fit their local needs or found the process overwhelming. Interventions adapted by adjusting timelines, tailoring materials, planning additional activities, combining multiple programs, and modifying evaluation plans.		
Vines, A.I., Teal, R., Meyer, C., Manning, M., & Godley, P. (2011). Connecting community with campus to address cancer health disparities: A community grants program model. *Progress in Community Health Partnerships: Research, Education, and Action*, *5*(2), 207–212.	**Program**: Carolina Community Network (CCN) **Organization**: Community Network Program (CNP) **Location**: North Carolina, USA **Grant size**: Max. $10 000 USD	Community Grants Program (CGP) model	**Focus area**: Cancer prevention. **Eligible projects**: Cancer education or evidence-based intervention for cancer prevention. **Eligible recipients**: Community organizations, faith-based organizations, health care agencies.	**Dissemination**: E-mail distribution lists, information sessions in community. **Application**: Description of project and evaluation plan. Pairs of community representatives and researchers scored applications. Score, project type, geographic region and potential impact considered in choosing awardees. **Reporting**: 6-month progress report and 12-month final reports required.	**Technical Assistance**: Start-up meetings upon awardee selection, to address issues raised by review committee, orient funding processes, and potential collaboration with other awardees. **Training**: Session to orient applicants to the Community Grants Program model and application review process. **Conferencing**: Monthly calls between awardees and program staff. **Networking facilitation**: Program staff connected awardees with similar projects.	36 proposals received; 15 projects were funded. Lessons learned: • Power imbalance between academic researchers and community organizations managed by giving organizations ability to choose projects and strategies, more information on academic finances. • Approaches to partnerships must be tailored to diverse needs to community organizations.	3 projects were funded again through re-application for a grant.	**Study design**: Descriptive **Quality rating**: Not appraised
Washington, T. (2022). Accelerating community engagement	**Program**: No formal name **Organization**: National Center on Health Physical	None	**Focus area**: Health promotion (general). **Eligible projects**: Inclusive neighbourhood programs	**Dissemination**: Promoted through organization's website and social media, asked partners to promote to their networks.	**Technical assistance**: Interested communities were provided with virtual sessions to discuss granting program.	5 projects were selected but 2 awardees declined their awards due to funding requirements. 3	Partnerships were seen as the sustainable component of the program.	**Study design**: Descriptive

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
opportunities for individuals with disabilities: Building the case for community micro-grants. *Journal of Communication in Healthcare*, *15*(4), 313–315.	Activity and Disability **Location**: Birmingham, Alabama, USA **Grant size**: Max. $20 000 USD		for people with disabilities and broader community. **Eligible recipients**: Neighbourhood groups.	**Application**: Description of planned program, plans to include people with disabilities, partnerships supporting implementation. Scored by graduate students according to statement of need, program description, experience, partnerships, organizational capacity, evaluation plan. Scores were averages across reviewers. **Reporting**: Not described.	**Training**: Mandatory 1.5-hour community engagement workshop focused on innovative community engagement strategies, community strategies, engaging people with disabilities. Training was recorded and made available to awardees. **Website**: Information about the program posted on the funding organization's website.	projects received funding. Awardees shared expertise and experiences in working with people with disabilities.		**Quality rating**: Not appraised
Wingfield, J.H., Akintobi, T.H., Jacobs, D., & Ford, M.E. (2012). The SUCCEED Legacy Grant program: Enhancing community capacity to implement evidence-based interventions in breast and cervical cancer. *Journal of Health Care for the Poor and Underserved*, *23*(2 Suppl), 62–76.	**Program**: SUCCEED Legacy Grant Program **Organization**: Racial and Ethnic Approaches to Community Health (REACH) **Location**: Georgia, North Carolina and South Carolina, USA **Grant size**: $20 000 USD	None	**Focus area**: Cancer prevention. **Eligible projects**: Evidence-based breast and cervical cancer interventions with focus on reducing health inequities for Black women. **Eligible recipients**: Community organizations, faith-based organizations.	**Dissemination**: Not described. **Application**: Written proposals scored by review committee according to overview of community needs, organizational capacity, program description, partnerships, evaluation plan, budget and justification. Nonfunded applications were provided feedback and encouraged to reapply. **Reporting**: Semi-annual and year-end reports on progress toward objectives, technical assistance received, recommendations for the granting program.	**Technical Assistance**: Annual webinars share information about the grant program and application process. Ongoing support provided to awardees for evaluation planning, implementing work plans, and developing reports. **Training**: Workshops provided but not described. **Networking facilitation**: Program staff connected awardees with relevant community organizations.	9 projects were funded. Awardees found that program staff provided critical support in identifying resources and opportunities. On-going training with awardees was required as projects progressed. Face-to-face interactions between awardees and program staff facilitated trust. Proposed timelines were difficult for many awardees to follow.	Awardees were supported in applying for additional funding to sustain projects.	**Study design**: Descriptive **Quality rating**: Not appraised

Reference	Grant program, organization, location, grant size	Framework	Focus area, eligible projects, eligible grant recipients	Granting program administration	Grant program components	Outcomes	Sustainability	Study design and quality rating:
Wyatt, T.J., & Oswalt, S.B. (2011). Letting students be innovative! Using mini-grants to fund student-designed HIV/AIDS education. *Health Promotion Practice*, *12*(3), 414–424.	**Program**: Somos Fuertes: Strong Women Making Healthy Choices **Organization**: Not described **Location**: Southwestern USA **Grant size**: $600 USD	Social Learning Theory, Role Theory, and Diffusion of Innovations	**Focus area**: HIV prevention. **Eligible projects**: HIV education events. **Eligible recipients**: Registered university student organizations.	**Dissemination**: Applications distributed to student organization mailboxes and e-mail addresses. Ad posted in student newsletter. **Application**: Proposed activities, signed agreements to fulfill grant requirements, answers to questions about HIV knowledge and education on campus. Applications reviewed by program directors. **Reporting**: Results of survey of project participants' pre- and post-activity HIV knowledge.	**Training**: Train-the-trainer workshop on effective HIV education, HIV characteristics. **Materials**: Evidence-based fact sheets and hand-outs on HIV statistics, condom effectiveness and usage.	5 proposals were selected, 4 completed requirements to receive full funding amount. Some positive increases in participants' HIV knowledge and planned safe behaviours.	Not described.	**Study design**: Single group pre-post **Quality rating**: Low

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