



Revue rapide : Que sait-on des manières dont les éléments des programmes de subventions à la communauté influencent la mobilisation en matière de promotion de la santé menée par la communauté?

Préparé par : Centre de collaboration nationale des méthodes et outils

Préparé par : Bureau du médecin hygiéniste en chef, Île-du-Prince-Édouard

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Les auteurs déclarent n'avoir aucun conflit d'intérêts à divulguer.

Résumé

Contexte

Les programmes de subventions à la communauté sont une stratégie qui vise à impliquer les organismes communautaires dans des projets qui répondent à différents besoins des communautés. Les programmes de subventions à la communauté lancent un appel de demandes auprès des organismes communautaires. Les demandes incluent une proposition de projet qui répond à un besoin de la communauté. Les projets proposés peuvent être définis par l'organisme subventionnaire ou élaborés par le demandeur ou la demandeuse. Les demandeurs sélectionnés reçoivent des fonds pour mettre en œuvre leur projet. Les programmes de subventions à la communauté offrent souvent de l'accompagnement aux bénéficiaires de subventions, comme de la formation permettant d'acquérir des compétences pertinentes ainsi que du soutien technique de la part du personnel du programme afin d'appuyer la planification, la mise en œuvre ou l'évaluation des projets.

Bien que les programmes de subventions à la communauté gagnent en popularité et que les plus importants de ces programmes couvrent de vastes territoires et offrent du financement considérable, il n'existe pas encore de synthèse de données probantes concernant l'efficacité des éléments des programmes de subventions à la communauté à entraîner des effets sur la communauté.

Cette revue rapide inclut les données probantes disponibles au 16 mars 2023 pour répondre à la question suivante : Que sait-on des manières dont les éléments des programmes de subventions à la communauté influencent la mobilisation en matière de promotion de la santé menée par la communauté?

Points clés

- Il existe plusieurs exemples de programmes de subventions à la communauté servant à financer des projets communautaires en promotion de la santé, en santé publique et dans des domaines connexes.
- La plupart de ces programmes sont axés sur un thème particulier du domaine de la santé publique ou de la santé, mais ils invitent des propositions portant sur n'importe quel projet élaboré par la communauté qui répond à un besoin lié à ce thème.
- Il existe moins d'exemples de programmes qui exigent des propositions fondées sur des interventions éclairées par des données probantes. Dans les cas où des interventions éclairées par des données probantes sont requises, il arrive qu'une liste d'interventions potentielles soit fournie, ou alors les demandeuses et les demandeurs sont invités à choisir une intervention à partir d'une base de données précise qui répertorie des interventions éclairées par des données probantes.
- Le personnel et les bénéficiaires de ces programmes décrivent plusieurs éléments comme étant essentiels pour que les programmes de subventions mobilisent efficacement des projets communautaires :
 - Le processus de demande peut constituer un obstacle aux demandeurs potentiels. Cet obstacle peut être surmonté en leur offrant du soutien technique.
 - Le soutien technique et la formation sont habituellement fournis par les programmes, et ils sont considérés comme étant indispensables à la mise en

œuvre réussie de projets qui font participer les membres des communautés. La formation et le soutien technique devraient être adaptés aux besoins uniques des bénéficiaires des subventions.

- Il était bénéfique pour les bénéficiaires d'avoir des occasions de réseauter avec leurs pairs et d'échanger au sujet de leurs défis et des leçons tirées.
- Les programmes qui renforcent les compétences en matière de demande de subventions peuvent aider à assurer la viabilité des projets grâce à l'obtention de financement additionnel.
- Les programmes de subventions offrant des montants élevés (p. ex., plus de 5 000 \$) invitaient plus souvent les propositions à se pencher sur un large éventail d'enjeux communautaires, tandis que les programmes offrant des montants inférieurs (p. ex., moins de 5 000 \$) se concentraient souvent sur un éventail d'enjeux communautaires plus limité. Les programmes de subventions offrant des montants plus importants étaient aussi plus susceptibles d'offrir du soutien technique aux demandeurs potentiels et d'organiser des ateliers d'acquisition de compétences destinés aux bénéficiaires.
- Dans l'ensemble, les programmes de subventions à la communauté offrent l'occasion de mobiliser les communautés pour améliorer la santé et faciliter des partenariats qui dépassent la période de financement.

Aperçu des données probantes et lacunes dans les connaissances

- Bien que plusieurs publications concernent des programmes de subventions à la communauté, la plupart des articles décrivent un programme de subventions au lieu de l'évaluer, ce qui ne permet pas de déterminer l'efficacité du programme ou de ses éléments.
- Les résultats relatifs aux facteurs favorables et aux obstacles des programmes de subventions à la communauté sont fondés sur une analyse qualitative. Ces résultats utiles permettent de comprendre les facteurs qui influencent le succès des programmes de subventions, mais ils n'indiquent pas si les programmes influencent la santé des populations.
- Bien que les données quantitatives au sujet de l'efficacité des programmes de subventions ou de leurs éléments fassent défaut, les résultats qualitatifs fondés sur les expériences du personnel et des bénéficiaires des programmes appuient invariablement l'idée que les programmes de subventions à la communauté facilitent les projets communautaires qui font participer les communautés et qui répondent à leurs besoins.

Méthodologie

Une description du développement du Service rapide de données probantes du Centre de collaboration nationale des méthodes et outils a été publiée (Neil-Sztramko *et al.*, 2021). L'article présente un aperçu du processus de révision et explique les décisions méthodologiques.

Question de recherche :

Que sait-on des manières dont les éléments des programmes de subventions à la communauté influencent la mobilisation en matière de promotion de la santé menée par la communauté?

Enregistrement

Cette revue a été préalablement enregistrée auprès de l'International Prospective Register of Systematic Reviews (PROSPERO; CRD42023399364) et ce compte rendu suit les lignes directrices intitulées « Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) ».

Recherche

Les bases de données suivantes ont été fouillées les 16 mars 2023 en utilisant les termes clés : "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](#)

Une copie de la stratégie de recherche complète peut être consultée à [Appendix 1](#).

Critères de sélection des études

Les sources de langue anglaise, évaluées par les pairs et les sources publiées avant l'impression et avant l'évaluation par les pairs ont également été incluses.

	Critères d'inclusion	Critères d'exclusion
Population	Les communautés* et les groupes communautaires à but non lucratif, ce qui comprend (sans s'y limiter) les organismes au service des jeunes, les groupes familiaux ou de parents, les organismes non gouvernementaux, les communautés d'affaires, les établissements d'enseignement postsecondaires et les municipalités.	Les syndicats, les consommateurs et consommatrices, les groupes professionnels, les chercheurs et chercheuses et les consortiums de recherche.
Intervention	Programmes de subventions à la communauté dont les budgets annuels sont de <500 000 \$CA.	Utilisation exclusive des réseaux sociaux.
Résultats	Nombre et type d'initiatives et de projets communautaires proposés et mis en œuvre, durée des projets de subventions. Données qualitatives au sujet des leçons tirées, des facteurs favorables et des obstacles.	Pétitions, lettre aux décideurs et décideuses politiques.
Contexte	Promotion de la santé, déterminants structurels de la santé (p. ex., logement, racisme, genre), santé environnementale, programmes axés sur les arts, etc.	Marques de commerce, sociofinancement, armée.
Lieu		Pays à faible et à moyen revenu.

* Définition de « communauté » : un groupe social dont les membres ont quelque chose en commun. Il peut s'agir du lieu physique où ce groupe habite. Une communauté peut inclure les membres d'une culture, d'une religion, d'une aire géographique et/ou d'institutions comme une école, un milieu de travail ou une organisation sportive.

Extraction et synthèse des données

Les données pertinentes à la question de recherche, comme le modèle d'étude, le lieu, la valeur de la subvention, l'organisme subventionnaire, les projets admissibles et les bénéficiaires des subventions, les éléments du programme et les résultats ont été récupérées lorsqu'elles étaient déclarées. Nous avons synthétisé les résultats sous forme narrative en raison de la variété des méthodologies et des conclusions des études incluses.

Évaluation de la qualité des données probantes

Nous avons évalué la qualité des données probantes incluses en utilisant des outils d'évaluation critique, comme nous le décrivons ci-dessous. L'évaluation de la qualité a été réalisée par un examinateur et vérifiée par un deuxième examinateur. Les conflits ont été résolus par la discussion.

En ce qui concerne les études descriptives incluses, une évaluation de la qualité n'a pas été réalisée, puisque les données rapportées n'ont pas été analysées. Les études pour lesquelles aucune évaluation de la qualité n'a été effectuée sont indiquées dans les tableaux de données.

Méthodologie de l'étude

Étude transversal
Qualitative
Quasi-expérimentale

Outils d'évaluation critique

Joanna Briggs Institute (JBI) [Checklist for Analytical Cross Sectional Studies](#)
Joanna Briggs Institute (JBI) [Checklist for Qualitative Research](#)
Joanna Briggs Institute (JBI) [Checklist for Quasi-Experimental Studies](#)

Les évaluations de la qualité effectuées pour chaque étude incluse sont disponibles sur demande.

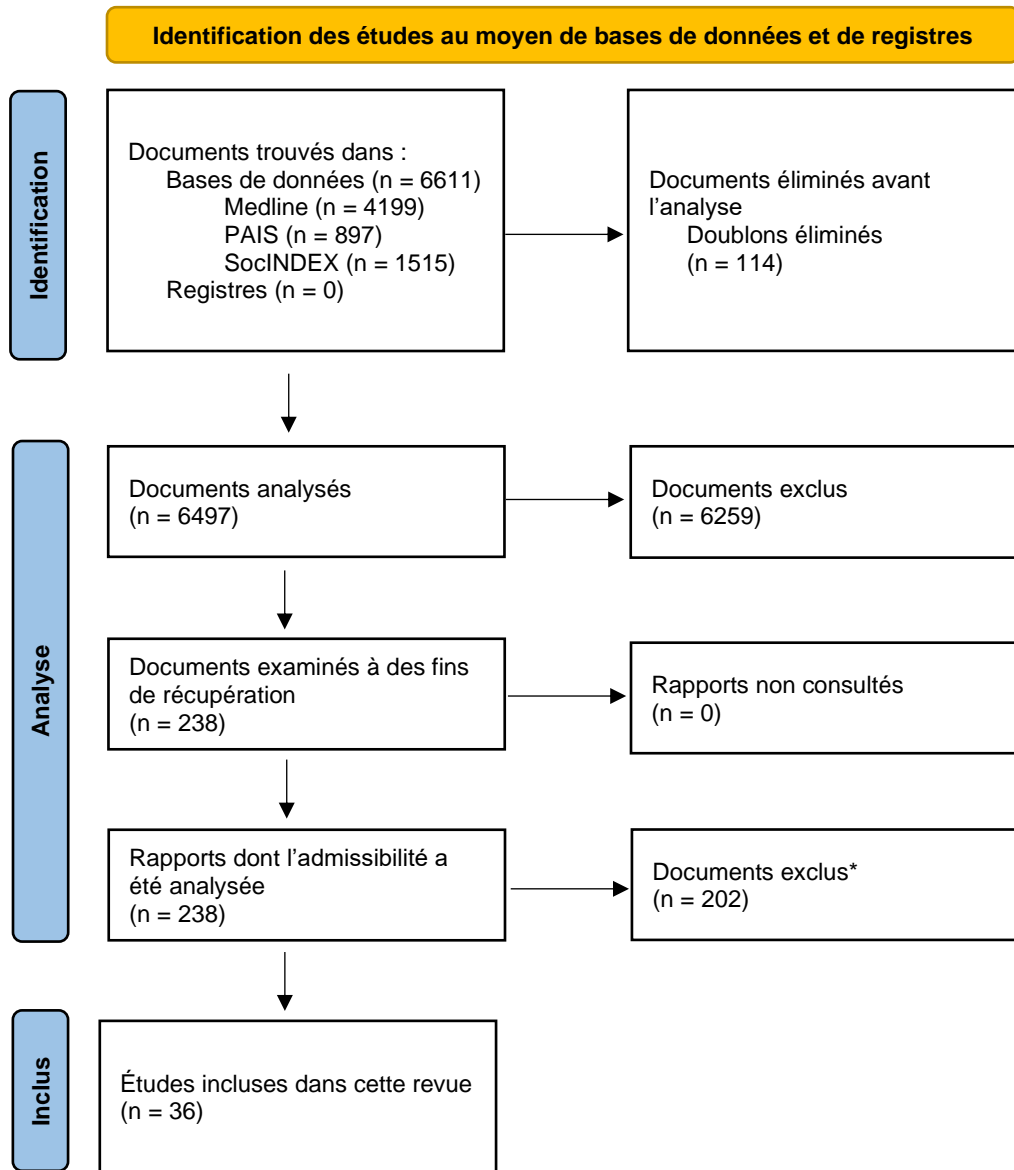
Définitions :

Programme = le programme de subventions à la communauté

Projet(s) = le ou les projets communautaires financés

Résultats

Une recherche dans les bases de données a récupéré 6611 entrées. Après que les doublons ont été supprimés, 6497 entrées ont été analysées par titre et par résumé, et 238 rapports ont été sélectionnés afin que leur texte complet soit examiné. De ces 238 rapports, 36 articles ont été inclus. Voir la **Figure 1** pour un diagramme de flux PRISMA illustrant la recherche d'articles et le processus de sélection.



* Les raisons de l'exclusion n'ont pas été notées, conformément à la méthodologie de revue rapide.

Figure 1: diagramme de flux PRISMA illustrant la recherche et le processus de sélection des articles.

Caractéristiques des études

Deux articles décrivent le même programme au cours de deux périodes différentes (Ramanathan, Tamminen). La présente revue fusionne les descriptions et les résultats de ces deux articles et les traite comme une seule étude.

Dans un peu plus de la moitié des études incluses (n = 19 [54 %]), l'objectif du document est de décrire le programme et sa mise en œuvre. Ces documents ou ces articles rendent compte de certains des résultats et des réflexions des auteurs et auteures au sujet du programme, mais ceux-ci n'ont pas réalisé d'analyse formelle ou d'évaluation du programme. Ainsi, la qualité méthodologique de ces articles n'a pas été évaluée.

Environ le tiers des études incluses (n = 13 [37 %]) évaluent la mise en œuvre des programmes du point de vue du personnel ou des bénéficiaires du programme. Ces études ont recours à des entretiens ou à des enquêtes ouvertes pour explorer les expériences des personnes impliquées dans le programme. Une analyse qualitative explore les facteurs favorables, les obstacles et les leçons tirées au cours de la mise en œuvre du programme. Un de ces articles dit utiliser une méthode mixte (Sharpe), mais seul son volet qualitatif était pertinent pour la question de la présente revue. Pour cette raison, il a été analysé et évalué comme étant une étude qualitative. Parmi les études qualitatives, quatre ont été notées comme étant de grande qualité, neuf comme étant de qualité modérée et une comme étant de faible qualité.

Trois études utilisent une approche quantitative, y compris deux études avec essai avant après sur un seul groupe (Mayberry, Wyatt) et une étude transversale (Grossman). Une des études avec essai avant après sur un seul groupe a été notée comme étant de grande qualité, et l'autre a été notée comme étant de faible qualité. L'étude transversale a été jugée comme étant de qualité modérée.

Caractéristiques des programmes

Parmi les 35 programmes couverts dans les études incluses, 31 (89 %) étaient offerts aux États-Unis, 1 au Canada, 1 en Australie, 1 en Irlande et 1 aux Pays-Bas. Deux programmes, y compris celui du Canada, étaient mis en œuvre à l'échelle nationale. Environ les deux tiers des programmes (n = 23 [66 %]) étaient mis en œuvre à l'échelle d'un État ou dans une région couvrant plusieurs États, tandis que dix (29 %) étaient mis en œuvre à l'échelle locale ou municipale.

Dix (29 %) programmes étaient des partenariats universitaires ou de recherche qui offraient une subvention aux projets de recherche participative communautaires. Les types de projets communautaires financés par ces programmes de subventions étaient semblables aux autres programmes de subventions, mais ils comprenaient habituellement plus d'évaluations et une analyse en matière d'éthique.

La taille des subventions varie d'une étude à l'autre : certaines rapportent la taille des subventions individuelles, d'autres le montant total du fonds de financement, et d'autres encore mentionnent les deux. Parmi les études qui rapportent la taille des subventions individuelles, on observe une grande variation : certaines subventions n'étaient que de 200 € (environ 300 \$CA), tandis que d'autres atteignaient 25 000 \$US (environ 34 000 \$CA). Certains fonds de financement n'étaient que de 10 000 \$US (environ 13 000 \$CA). Les programmes dont le fonds de financement dépassait 500 000 \$CA ont été exclus de cette revue, car les programmes associés à un tel niveau de financement sont considérablement distincts, tant sur

le plan des processus et des ressources que de la complexité, des programmes dont les fonds de financement sont bien moindres.

Cadres de référence et modèles

Environ la moitié (n=19 [54 %]) des programmes de subventions à la communauté citent un cadre de référence ou un modèle qui guide l'élaboration et la mise en œuvre du programme. Il y a très peu d'uniformité entre les programmes : au total, 15 cadres de référence ou modèles différents sont cités dans les 19 articles. Trois cadres de référence ont été élaborés localement ou adaptés au contexte local (Baril, Crespo, Nieves). Les seuls cadres de référence ou modèles qui sont cités par plus d'une étude sont le Modèle socioécologique des Centers for Disease Control and Prevention, cité quatre fois (Camponeschi, Caperchione, Colchamiro, Tompkins), et le Modèle de recherche participative communautaire, cité deux fois (Allen, Coombe).

Admissibilité des projets

Objectifs des programmes

Les programmes de subventions à la communauté variaient en ce qui a trait à la manière, globale ou restreinte, dont ils se penchaient sur les priorités de santé communautaire. Vingt-cinq (71 %) programmes se concentraient sur un sujet de santé publique précis. Parmi ceux-ci, 8 (23 %) se concentraient sur la promotion de la santé, y compris l'activité physique et la nutrition (Abildso, Caperchione, Honeycutt, Ramanathan, Schmidt, Tamminen, Tompkins, Washington), 7 (20 %) se concentraient sur la prévention du cancer (Bounds, Kegler, McCracken, Thompson, Vanderpool, Vines, Wingfield), 4 (11 %) se concentraient sur la santé environnementale (Camponeschi, Grossman, Pearson, Smallwood), 2 (6 %) se concentraient sur la prévention du VIH (Mayberry, Wyatt), et 1 (3 %) se concentrait sur un des sujets suivants : l'allaitement (Colchamiro), l'éducation et la prévention en matière de diabète (Crespo), la santé mentale, le traumatisme, la sécurité et la violence (Dafilou), et l'environnement bâti (Sharpe). Les 10 programmes restants (29 %) acceptaient n'importe quelle proposition qui s'occupait de santé communautaire.

Propositions éclairées par des données probantes

Sept (20 %) programmes de subventions à la communauté exigeaient que les projets proposés soient éclairés par des données probantes. Ces programmes appliquaient cette exigence de différentes façons. Deux (6 %) programmes nécessitaient que les projets proposés répondent aux besoins prioritaires de la communauté tels qu'ils ont été établis par des données communautaires (Allen, Camponeschi). Le programme Community Health Innovation Awards acceptait les propositions de projets qui se penchaient sur l'une ou l'autre des 12 préoccupations communautaires établies au moyen d'un sondage réalisé auprès de la communauté (Allen). Le programme Environmental Public Health Tracking Network acceptait les propositions éclairées par les données accessibles dans son portail de données en ligne (Camponeschi). Cinq (14 %) programmes acceptaient les propositions éclairées par des données probantes issues de la recherche disponibles dans des bases de données d'interventions éclairées par des données probantes (Abildso, Kegler, McCracken, Vanderpool, Wingfield). En ce qui concerne les subventions dans le domaine de la promotion de la santé, ces bases de données incluent le *Community Guide to Preventive Services Creating or*

Improving Places for Physical Activity de la Community Preventive Services Task Force, ainsi que les *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* des Centers for Disease Control and Prevention. En ce qui concerne les subventions en prévention du cancer, les bases de données incluent le site Web *Cancer Control P.L.A.N.E.T.* et la base *Research Tested Intervention Programs* du National Cancer Institute.

Groupes communautaires admissibles

Les groupes communautaires admissibles à une subvention variaient d'un programme à l'autre. Les groupes admissibles comprenaient les associations de quartier, les organismes à but non lucratif locaux, les établissements d'enseignement, les organisations étudiantes, les centres de santé communautaire, les hôpitaux, les organisations confessionnelles, les directions de santé publique étatiques, locales ou de comté, et d'autres organismes non gouvernementaux.

Administration des programmes de subventions

Diffusion

L'offre de subventions a été diffusée auprès des organismes communautaires admissibles par différents moyens. Les appels de demandes ont été diffusés par voie électronique dans des listes de diffusion, sur les sites Web de l'organisme subventionnaire et de ses partenaires, ainsi qu'au moyen de brochures et d'affiches imprimées.

Critères des demandes

Les exigences concernant les demandes de financement variaient entre les programmes de subventions à la communauté, mais les éléments répandus étaient notamment les suivants : déclaration d'intention, déclaration au sujet des besoins de la communauté, description du projet ou plan de travail du projet, effets potentiels ou description des manières dont le projet répond aux besoins de la communauté, liste des partenaires et de leurs rôles, expérience de l'équipe et sa capacité à mettre en œuvre le projet, effets anticipés sur la santé, échéancier, plan d'évaluation, et budget avec justification.

Quatre (11 %) programmes de subventions exigeaient des demandeurs et des demandeuses qu'ils soumettent une lettre d'intention et qu'ils obtiennent l'approbation du programme avant de présenter une demande complète (Alexander, Allen, Sharpe, Smallwood).

Examen des demandes

Dix (29 %) programmes décrivent une rubrique formelle ou un système de notation formel pour chaque élément des demandes. Un programme utilisait l'échelle de notation à neuf points des National Institutes of Health (Paberzs), tandis que deux programmes indiquaient que cette échelle à neuf points ne répondait pas à leurs besoins et qu'ils l'avaient adaptée à leur contexte (Alexander, Vines).

En plus d'une demande écrite, un programme réalisait des entrevues avec les demandeurs (Sharpe), tandis qu'un autre exigeait que les demandeurs présentent leur proposition au comité de sélection (Allen).

Dans le cas de la plupart des programmes, la direction ou l'équipe du programme examinait les demandes avant la sélection. Pour les programmes de partenariat en recherche communautaire, les comités de sélection étaient composés de représentants et de représentantes de la communauté et du milieu de la recherche. Deux programmes recrutaient des membres de la communauté pour examiner les demandes (Dafilou, Nieves), y compris un programme pour lequel des membres de la communauté établissaient une courte liste de demandes sur lesquelles le public votait ensuite afin de déterminer le choix final (Nieves).

Trois programmes indiquent offrir des commentaires aux demandes non financées et les invitaient à réviser leur demande et à réessayer (Main, Paberzs, Wingfield).

Exigences en matière de reddition de comptes

Parmi les études qui décrivaient des exigences en matière de reddition de comptes, les plus courantes étaient des rapports de mi-projet et finaux au sujet des progrès réalisés en vue des objectifs du projet, ainsi que des mises à jour budgétaires. Les rapports de mi-projet étaient souvent l'occasion pour les bénéficiaires des subventions d'exprimer à l'équipe du programme leurs besoins en matière de soutien ou d'accompagnement. Trois programmes réunissaient tous les bénéficiaires à un événement où ils pouvaient présenter leurs projets terminés (Alexander, McCracken, Pearson).

Éléments des programmes

Sites Web

Seules 6 (17 %) études décrivaient un site Web de programme. Les sites Web servaient de carrefour en ligne facilitant l'administration du programme de subventions et/ou de collection en ligne de ressources au soutien des bénéficiaires des subventions. Le site Web du Women's Active Living Kits Community Grant Scheme incluait les détails du programme, les profils des projets et des mises à jour au sujet des projets en cours, des instructions concernant le processus de demande de subvention, ainsi qu'un forum de discussion destiné aux demandeurs et aux bénéficiaires des subventions (Caperchione). Le site Web du Community Access to Child Health Program facilitait la soumission des demandes et la collecte continue de données auprès des bénéficiaires des subventions (Soares). Le site Web du Teen Challenge Program contenait des outils et des ressources visant à soutenir la mise en œuvre des projets, comme des lignes directrices sur les manières d'impliquer les adolescents et les adolescentes, des documents infographiques et des affiches (Ramanathan). Le site Web du programme Appalachia Community Cancer Network offrait aux demandeurs des liens vers des sources d'interventions éclairées par des données probantes et des lignes directrices portant sur l'élaboration de programmes. Le site Web du programme de subventions de la direction de santé de l'État de Virginie-Occidentale administrait le processus de demande et offrait des ressources aux demandeurs et aux bénéficiaires des subventions (Tompkins). L'étude portant sur le Community Empowerment Center Funded Mini Grant Project mentionne un site Web, mais n'en décrit pas les fonctions (Smallwood).

Ateliers et formations

La plupart (n=22 [60 %]) des programmes offraient des ateliers ou de la formation aux demandeurs intéressés ou aux bénéficiaires des subventions. Les ateliers étaient souvent l'occasion, pour le personnel des programmes, de tisser des liens avec les bénéficiaires, et ils permettaient à ces derniers de réseauter.

Les ateliers soutenaient l'élaboration des demandes et la mise en œuvre des projets. Ils abordaient des sujets comme la planification des projets (Crespo, Mayberry, Sharpe), la mise en œuvre (Kegler, Mayberry, Pearson, Smallwood), l'évaluation (Baril, Coombe, Crespo, Mayberry, Pearson), la diffusion (Coombe), le développement de partenariats (Coombe, Tendulkar), la participation de la communauté (Main, Washington) et les budgets (Pearson). Deux programmes offraient des ateliers sur la recherche, le choix et l'adaptation d'interventions éclairées par des données probantes (Kegler, Vanderpool), y compris un atelier fondé sur le curriculum « Using what works » du National Cancer Institute (Vanderpool).

Certains programmes offraient de la formation au sujet de l'action sociale, abordant des sujets comme l'antiracisme et la diversité (Baril, Goodman) ainsi que les politiques publiques et le plaidoyer (Dafilou, Nieves, Sharpe).

Pour améliorer la durabilité des projets, certains programmes offraient de la formation visant spécifiquement la durabilité (Kegler, Sharpe) ou portant sur la rédaction de demandes de subventions afin d'aider les bénéficiaires à obtenir du financement additionnel (Allen, Goodman, Sharpe).

Tenant compte des habiletés variées des bénéficiaires des subventions, certains programmes offraient des ateliers sur des compétences non techniques, comme la participation à des réunions, le fait de siéger à des conseils d'administration, le leadership, la pensée novatrice et l'élaboration d'idées (Allen, Goodman, Sharpe).

Pour soutenir les partenariats entre la communauté et le milieu de la recherche, des programmes axés sur la recherche participative communautaire offraient des ateliers sur les principes de la recherche participative et sur l'éthique de la recherche (Coombe, Tendulkar).

Soutien technique

La plupart (n=25 [71 %]) des programmes offraient un soutien technique aux demandeurs ou aux bénéficiaires des subventions. Le soutien technique était généralement offert par le personnel du programme et répondait à divers besoins et défis : il s'agissait par exemple de consultations au sujet de l'élaboration d'une demande, de lignes directrices pour la planification et la mise en œuvre de programmes, ou de ressources au soutien de l'évaluation.

Plusieurs programmes (n=14 [40 %]) offraient un soutien technique aux demandeurs intéressés afin de soutenir l'élaboration de leur demande. Sept programmes organisaient des séances d'information au sujet du programme et du processus de demande (Main, McCracken, Smallwood, Tendulkar, Thompson, Vines, Wingfield), tandis que les sept autres offraient du soutien aux demandeurs sur une base ad hoc (Allen, Caperchione, Kegler, Paberzs, Pearson, Vanderpool, Washington).

Le personnel des programmes offrait un soutien technique à toutes les étapes de la planification, de la mise en œuvre et de l'évaluation des projets, que ce soit dans le cadre de rencontres régulières planifiées (Colchamiro, Kegler, Sharpe), sur une base ad hoc (Caperchione, Coombe, Mayberry, McCracken, Paberzs, Vanderpool, Wingfield), ou des deux manières (Baril, Honeycutt, Pearson). Un programme offrait du soutien technique aux bénéficiaires des subventions après que leur projet a été sélectionné, afin d'aborder les questions soulevées par le comité d'évaluation et pour orienter les bénéficiaires à travers les processus du programme (Vines). Quatre programmes mentionnaient offrir du soutien technique aux bénéficiaires des subventions, sans décrire les manières dont celui-ci était offert (Dafilou, Grossman, Soares, Tompkins).

Un programme décrivait le fait d'affecter du personnel aux projets comme étant du soutien technique dédié (Camponeschi). Quatre programmes envoyaient du personnel sur le site des projets pour réaliser des visites sur place et offrir du soutien technique (Colchamiro, Crespo, Mayberry, Pearson).

Facilitation du réseautage

Afin d'augmenter la collaboration et de réduire le dédoublement des efforts, deux (6 %) des programmes indiquaient que leur équipe facilitait les liens entre les bénéficiaires de subventions dont les projets étaient similaires (Camponeschi, Vines). Pour tirer profit des partenariats existants au sein de la communauté, quatre (11 %) programmes disaient mettre en relation les bénéficiaires et des partenaires communautaires pertinents pouvant soutenir des projets (Honeycutt, Pearson, Sharpe, Wingfield).

Éléments des programmes de subventions segmentés par taille des subventions

Les éléments des programmes de subventions à la communauté ont été explorés selon la taille des subventions. Cinq programmes ne précisaient pas le montant des subventions individuelles et ont été exclus de cette analyse.

	Taille maximale de la subvention (USD)			
	≤\$2500	\$2 501-5 000	\$5 001-\$15 000	≥\$15 0001
Nombre de programmes [n (%)]	5 (17)	8 (27)	8 (27)	9 (30)
Objectif des projets				
Portée étroite : un domaine précis	4 (80)	7 (88)	5 (63)	5 (56)
Projets admissibles				
Liste prescrite de projets admissibles, ou projet fondé sur une intervention éclairée par des données probantes	2 (40)	4 (50)	2 (25)	2 (22)
Éléments				
Soutien technique aux demandeurs et demandeuses	2 (40)	3 (38)	5 (63)	4 (44)
Soutien technique aux bénéficiaires des subventions	2 (40)	3 (38)	3 (38)	5 (56)
Ateliers	3 (60)	3 (38)	5 (63)	7 (78)

Dans l'ensemble, les programmes remettant de plus petites subventions étaient plus susceptibles d'avoir une portée plus étroite. Ils se concentraient la plupart du temps sur un sujet précis de santé publique, comme la promotion de la santé ou la prévention du cancer. Ils étaient également plus susceptibles d'exiger que les projets proposés soient choisis à partir d'une liste préétablie ou fondés sur des interventions éclairées par des données probantes.

En ce qui concerne les éléments des programmes, les programmes remettant des subventions plus importantes étaient plus susceptibles d'offrir du soutien technique aux demandeurs potentiels pour l'élaboration de leur demande de subvention, et un peu plus susceptibles d'offrir du soutien technique aux bénéficiaires des subventions. Ils étaient également plus susceptibles de leur offrir des ateliers d'acquisition de compétences.

Résultats

Viabilité

La viabilité des projets était habituellement évaluée à la fin des projets. Les résultats reflètent donc le fait que la poursuite des projets est attendue. Un seul programme a réalisé un suivi auprès des bénéficiaires après la fin des projets. Le programme Community Access to Child Health a communiqué avec les bénéficiaires deux ans après la fin de leur projet (Soares).

Les projets qui concernaient la mise en œuvre de changements à l'environnement bâti (comme la construction ou l'amélioration de sentiers ou de parcs) ou l'achat de matériel continuaient d'être à la disposition de la communauté.

Certains (n=6 [17 %]) programmes rapportent que les bénéficiaires avaient réussi à obtenir d'autre financement pour continuer leurs projets (Abildso, Coombe, Dafilou, Main, Pearson, Vines). Deux programmes rapportent que des bénéficiaires avaient demandé des fonds additionnels, mais ils ne précisent pas si ces demandes ont été satisfaites (Tompkins, Wingfield). Un programme indique que les bénéficiaires ont mentionné que les données préliminaires recueillies durant leur projet avaient renforcé leurs demandes subséquentes de financement (Alexander), tandis qu'un autre rapporte que la brièveté du projet n'avait pas offert aux bénéficiaires suffisamment de temps pour amasser des données permettant de renforcer leurs demandes (Grossman). Un programme note qu'un des projets a pu utiliser sa bourse pour mettre en œuvre une activité et qu'il a pu la faire durer en recourant à des frais de participation permanents (Schmidt).

Certains bénéficiaires de subventions ont noté que l'expérience qu'ils avaient acquise grâce à la mise en œuvre de leur projet et les nouvelles compétences développées dans les ateliers seraient applicables à d'autres demandes de financement et à la mise en œuvre de nouveaux projets (Goodman, Mayberry).

Les partenariats ont été mentionnés le plus souvent comme étant des indicateurs de la viabilité des projets, dans 8 cas (23 %). Plusieurs programmes notent que les projets ont entraîné la création de partenariats durables entre les bénéficiaires des subventions et des partenaires de la communauté. Les répondants s'attendaient à ce que ces partenariats permettent de pérenniser les projets et de générer de nouveaux projets (Alexander, Colchamiro, Coombe, Kegler, Nieves, Pearson, Soares, Washington).

Facteurs favorables

Le personnel des programmes et les bénéficiaires des subventions ont mentionné des facteurs favorables liés aux éléments des programmes et à leur mise en œuvre.

En ce qui concerne les éléments des programmes, le soutien technique et les ateliers sont souvent cités comme étant essentiels à la réussite des projets (Abildso, Camponeschi, Colchamiro, Coombe, Goodman, Honeycutt, Pearson, Soares, Vanderpool, Wingfield). Deux programmes notent qu'il est essentiel de solliciter la rétroaction continue des bénéficiaires des subventions pour éclairer le soutien technique et les ateliers qui leur sont offerts (Mayberry, Tendulkar). Le site Web des programmes a été considéré comme un atout précieux pour

faciliter la présentation des demandes et le réseautage entre les bénéficiaires, ainsi qu'entre les bénéficiaires et l'administration des programmes (Caperchione). Les discussions entre les bénéficiaires, qui se produisaient souvent au cours des ateliers, sont mentionnées comme étant des occasions précieuses d'échange au sujet des leçons tirées et des défis rencontrés (Colchamiro, Coombe, Pearson, Sharpe, Smallwood). On observe également que les interactions en personne lors des ateliers facilitaient l'instauration de la confiance entre le personnel des programmes et les bénéficiaires des subventions (Wingfield).

Les processus de financement influençaient également le succès des projets. Les bénéficiaires notent qu'il était utile de recevoir le montant complet de la subvention au début du projet (Crespo). La souplesse dans l'affectation des fonds a également été notée comme étant un facteur favorable (Ramanathan).

La participation de la communauté et le fait de répondre aux besoins de la communauté ont été notés comme étant des facteurs essentiels de succès. Un projet souligne l'importance d'impliquer la communauté dans la planification du programme de subventions pour faire en sorte qu'il réponde aux besoins de la communauté (Dafilou). Un autre note qu'il était utile d'avoir fait correspondre les projets admissibles aux énoncés de mission des organisations admissibles (Honeycutt). L'inclusion de membres de la communauté dans les comités consultatifs des programmes a aidé à faciliter l'accès à des membres de la communauté qu'il est autrement difficile de rejoindre (Schmidt).

Obstacles

Le personnel des programmes et les bénéficiaires des subventions ont nommé des obstacles qui empêchent le succès des programmes et des projets.

Il a souvent été mentionné que les échéanciers constituent une difficulté. Le délai alloué entre l'appel de demandes et l'échéance de présentation de celles-ci a souvent été noté comme étant trop court pour permettre aux demandeurs de répondre aux exigences (Bounds, Colchamiro, Main, Nieves). Certains bénéficiaires considéraient que la période de financement était trop brève pour qu'ils puissent dépenser l'entièreté des fonds obtenus (Abildso, Wingfield).

Les exigences sur le plan des demandes étaient également difficiles; les obstacles relatifs à la langue et au niveau d'éducation des demandeurs potentiels ont été soulevés (Thompson). Les bénéficiaires d'un programme de subventions particulier ont noté qu'en raison d'un manque de communication de la part du personnel du programme, ils ignoraient les types de soutien technique offerts (Pearson).

Dans le cas d'un programme qui exigeait que les projets soient éclairés par des données probantes, les bénéficiaires ont noté que les interventions éclairées par des données probantes publiées ne correspondaient pas aux contextes de leurs communautés et qu'ils nécessitaient des adaptations importantes, ce qui soulevait des doutes sur leur efficacité (Vanderpool).

Effets sur la communauté

Dans l'ensemble, on observe que les programmes de subventions à la communauté ont des effets positifs sur leurs communautés. Ces programmes augmentent la cohésion sociale et la participation de la communauté à des activités de promotion de la santé (Abildso, McCracken). Les projets communautaires ont réussi à mobiliser des groupes communautaires prioritaires (Caperchione) et ont renforcé les liens entre les organisations subventionnaires et les communautés qu'elles soutiennent (Camponeschi, Colchamiro, McCracken, Nieves, Washington).

Pour les bénéficiaires des subventions, les avantages sont notamment l'amélioration des compétences en matière de planification et de mise en œuvre de projets et d'obtention de financement (Alexander, Goodman, Grossman, Hickey), ainsi que le développement de partenariats précieux au soutien de leurs objectifs (Alexander, Bounds, Colchamiro, Coombe, Kegler, Nieves, Pearson, Soares, Washington).

Les études ne rapportent pas souvent les effets sur la santé, mais le programme de financement Environmental Public Health Tracking Network rapporte des améliorations sur le plan des effets sur la santé publique, tandis que le programme Somos Fuertes: Strong Women Making Healthy Choices rapporte une amélioration des connaissances des participantes et de leurs comportements prévus en matière de sécurité sur le plan de la prévention du VIH (Wyatt).

Tableau 1: Études incluses

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. <i>BMC Public Health</i> , 19(1), 779.	<p>Program: The Growing Healthy Community (GHC) Collaborative Grant Program</p> <p>Organization: Claude Worthington Benedum Foundation and the West Virginia Department of Health and Human Resources</p> <p>Location: West Virginia, USA</p> <p>Grant size: Max. \$25 000 USD</p>	None	<p>Focus area: Health promotion.</p> <p>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.</p> <p>Eligible recipients: Community organizations recognized by state economic development programs (Main Street West Virginia and West Virginia Organization, Training, Revitalization, and Capacity</p>	Not described.	Not described.	<p>38 projects funded across 24 communities.</p> <p>Limited time to spend funds was a barrier.</p> <p>Centralized resources and technical assistance recommended.</p> <p>Program led to social cohesion within community and increased activity at local businesses.</p>	Several project leaders secured additional funding to sustain projects.	<p>Study design: Qualitative</p> <p>Quality rating: High</p>
Alexander, L., Sullivan, C., Joosten, Y., Lipham, L., Adams, S., Coleman, P., ...	<p>Program: Meharry-Vanderbilt Community Engaged Research</p>	Patient Centered Outcomes Research Institute (PCORI)	<p>Focus area: Public health (general).</p> <p>Eligible projects: Projects that address community-</p>	<p>Dissemination: Calls for applications circulated biannually to community-based organizations.</p>	Not described.	<p>56 projects funded 2008-2018.</p> <p>In response to participant feedback,</p>	Nearly 20 projects resulted in ongoing research partnerships. Preliminary data from granted	<p>Study design: Descriptive</p>

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. <i>Progress in Community Health Partnerships: Research, Education, and Action, 14(3)</i> , 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.		<ul style="list-style-type: none"> 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. <p>Program increased skills for awardees, such as evaluation, funding acquisition.</p>	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. <i>Ethnicity & Disease,</i>	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, <ul style="list-style-type: none"> 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. <i>Family & Community Health, 34 Suppl 1</i> , S23-43.	<p>Program: No formal name</p> <p>Organization: Boston Public Health Commission's Center for Health Equity and Social Justice</p> <p>Location: Massachusetts, Vermont, Connecticut, Rhode Island, and New Hampshire, USA</p> <p>Grant size: \$25-30 000 USD annually for 3 years</p>	Boston Public Health Commission's health equity framework and theory of change	<p>Focus area: Social determinants of health.</p> <p>Eligible projects: Projects that address social determinants of health, e.g., improving food environments, employment opportunities in health for youth of colour.</p> <p>Eligible recipients: community-based organizations, educational institutions, community health centres, hospitals, neighbourhood associations, faith-based organizations, public health departments.</p>	<p>Dissemination: Not described.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p>	<p>15 projects funded 2008-2012.</p> <p>Outcomes not available at time of writing.</p>		<p>Study design: Descriptive</p> <p>Quality rating: Not appraised</p>
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. <i>Preventing Chronic</i>	<p>Program: Community Cancer Control in Appalachia Forum</p> <p>Organization: National Comprehensive Cancer Control Program</p> <p>Location: Appalachian regions and Tennessee, USA</p>	Coalition theory	<p>Focus area: Cancer prevention.</p> <p>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.</p>	<p>Dissemination: Call for applications distributed through partner organizations.</p> <p>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</p>	Not described.	<p>9 forums and 19 roundtables funded.</p> <p>Short deadline for applications resulted in few applications. The deadline was extended.</p> <p>Program facilitated identification of local partners for cancer coalitions.</p>	Some coalitions obtained additional funding to conduct further forums.	<p>Study design: Descriptive</p> <p>Quality rating: Not appraised</p>

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:
<i>Disease, 8(4), A89.</i>	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. <i>Journal of Public Health Management and Practice</i> , 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. <i>Journal of Human Lactation, 31(4), 631–640.</i>	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. <i>Journal of Clinical and Translational Science</i> , 7(1), e2.	<p>Program: Small Planning Grant program and the Community-Academic Research Partnerships Grant Program</p> <p>Organization: Detroit Community-Academic Urban Research Center</p> <p>Location: Detroit, Michigan, USA</p> <p>Grant size: \$2000-5000 USD, average \$4200 USD</p>	Community Based Participatory Research Approach	<p>Focus area: Health, public health and social issues (general).</p> <p>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.</p> <p>Eligible recipients: Community partners, in partnerships with academic researchers.</p>	<p>Dissemination: Shared with community and research mailing lists, University and Community-Academic Research Network and community organization networks.</p> <p>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.</p> <p>Reporting: Mid-year report provided opportunity to share needs for assistance, and a final report.</p>	<p>Technical Assistance: Provided on request by program staff.</p> <p>Training: Workshops providing introduction to community based participatory research, program overview, partnership development and evaluation, and dissemination.</p> <p>Conferencing: Introductory meetings to convene all awardees. Final meeting to share findings and next steps for sustaining efforts.</p>	<p>50 projects funded.</p> <p>Facilitators:</p> <ul style="list-style-type: none"> • Conferencing time valuable for partnership development, learning from experts, shared learning with other project teams. • Ongoing technical assistance was helpful. <p>Keys to building inclusive, equitable partnerships include providing time and capacity building support to build relationships and power-sharing processes.</p>	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.	<p>Study design: Qualitative</p> <p>Quality rating: Moderate</p>
Crespo, R., Shrewsberry, M., Cornelius-Averhart, D., & King, H.B. (2011). Appalachian regional model for organizing and sustaining county-level diabetes coalitions.	<p>Program: Appalachian Coalition</p> <p>Organization: Appalachian Regional Commission</p> <p>Location: Appalachian counties, USA</p>	Rural Appalachian Model, adapted from Model for coalition development	<p>Focus area: Diabetes prevention and management.</p> <p>Eligible projects: Promoting healthy eating, physical activity, chronic disease self-management and awareness building.</p> <p>Eligible recipients: Members of Appalachian communities.</p>	<p>Dissemination: Not described.</p> <p>Application: Description of diabetes issues in community. Applications ranked based on applicant group diversity and understanding of public health approach to diabetes.</p> <p>Reporting: Quarterly reports of numbers of participants.</p>	<p>Training: 2-day workshop to develop measurable objectives and action plan.</p> <p>Conferencing: Awardees gather annually to present on their projects.</p> <p>Site Visits: Program staff visited project sites.</p>	<p>66 projects funded.</p> <p>Facilitators:</p> <ul style="list-style-type: none"> • 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.	<p>Study design: Descriptive</p> <p>Quality rating: Not appraised</p>

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:
<i>Health Promotion Practice, 12(4), 544–550.</i>	Grant size: \$10 000 USD					<ul style="list-style-type: none"> 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. <i>Health Promotion Practice, 23(2), 338–344.</i>	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. <i>Journal of Community</i>	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:
<i>Practice, 26(3), 358–376.</i>								
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. <i>Journal of Public Health Management and Practice: JPHMP, 25(2), 113–120.</i>	<p>Program: No formal name</p> <p>Organization: State health departments, funded by Centers for Disease Control and Prevention</p> <p>Location: California, Florida, Illinois, New Hampshire, Oregon and Wisconsin, USA</p> <p>Grant size: \$7700-28 500 USD annually</p>	Centers for Disease Control and Prevention’s (CDC’s) Building Resilience Against Climate Effects (BRACE) framework	<p>Focus area: Environmental health (climate change preparedness).</p> <p>Eligible projects: Improving community resilience to climate change, extreme weather; response to health consequences of climate change.</p> <p>Eligible recipients: Local health departments.</p>	<p>Dissemination: Request for proposals shared with local health departments.</p> <p>Application: Requirements not described. Selection based on capability to implement proposed projects.</p> <p>Reporting: Quarterly and final reports of successes, challenges and recommendations for future programs.</p>	<p>Technical Assistance: Guidance for accessing and summarizing data on health, social vulnerability and health.</p> <p>Training: Webinars and in-person workshops were provided.</p>	<p>18 projects were funded.</p> <p>Awardees reported that training increased knowledge and skill for partnership development, planning and vulnerability assessment.</p> <p>Barriers:</p> <ul style="list-style-type: none"> • 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.	<p>Study design: Cross-sectional</p> <p>Quality rating: Moderate</p>
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	<p>Program: Literacivic</p> <p>Organization: Youngballymun</p> <p>Location: Ballymun, Northern Dublin, Ireland</p> <p>Grant size: €200-4000 EUR, depending on project type</p>	None	<p>Focus area: Youth wellbeing and learning.</p> <p>Eligible projects: Capacity building for leadership, communications, advocacy; community celebrations or events.</p> <p>Eligible recipients: Neighbourhood groups, services and organizations.</p>	<p>Dissemination: Posters and brochures distributed locally.</p> <p>Application: Written proposal, reviewed by an independent committee.</p> <p>Reporting: Not described.</p>	Not described.	<p>42 proposals received; 24 projects were funded.</p> <p>Awardees reported that funding developed personal skills, community involvement and helped increase access to available services.</p> <p>Barriers:</p> <ul style="list-style-type: none"> • Funding likely inaccessible to some potential applicants. • Lack of guidance for application. 	Not described.	<p>Study design: Qualitative</p> <p>Quality rating: Moderate</p>

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. <i>Evaluation and Program Planning, 52, 61–69.</i>								
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. <i>Journal of Public Health Management and Practice: JPHMP, 18(5), 431–439.</i>	<p>Program: Nutrition Programs that Work</p> <p>Organization: The Emory Cancer Prevention and Control Research Network (CPCRN)</p> <p>Location: Georgia, USA</p> <p>Grant size: \$4000 USD</p>	RE-AIM (Reach, Efficacy, Adoption, Implementation, Maintenance)	<p>Focus area: Health promotion (nutrition).</p> <p>Eligible projects: 1 of 2 programs, Body & Soul for churches and Treatwell 5-a-Day for workplaces.</p> <p>Eligible recipients: Churches and workplaces</p>	<p>Dissemination: Distributed to eligible organizations locally.</p> <p>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.</p> <p>Reporting: Not described.</p>	<p>Technical Assistance: Bi-monthly teleconferences between program staff and awardees. Email and telephone support provided as requested.</p> <p>Networking Facilitation: Partnerships with Community Advisory Board members.</p>	<p>17 proposals received; 7 projects were funded.</p> <p>Facilitators:</p> <ul style="list-style-type: none"> • Technical assistance was necessary and found helpful by awardees. • Aligning projects to eligible organizations' mission statements. 	<p>All awardees reported intent to continue at least some activities. Several were interested in expanding.</p> <p>Sustainability was associated with adaptability of projects, having project champions, alignment with organization's mission, perceived benefits and stakeholder support.</p>	<p>Study design: Qualitative</p> <p>Quality rating: High</p>
Kegler, M.C., Carvalho, M.L., Ory, M., Kellstedt, D., Friedman, D.B., McCracken, J. L., ... Fernandez, M. (2015). Use of mini-grant to	<p>Program: Cancer Prevention and Control Research Networks (CPCRN) Mini-Grants Program</p> <p>Organization: Centers for Disease Control and</p>	Interactive Systems Framework	<p>Focus area: Cancer prevention.</p> <p>Eligible projects: Adaptations of evidence-based interventions for cancer prevention listed on Research-Tested Intervention Programs</p>	<p>Dissemination: Not described.</p> <p>Application: Included organizational capacity to implement project, including leadership and experience. Proposals assessed according to fidelity of work plan to original evidence-</p>	<p>Technical Assistance: Research fellows supported application development. Fellows convened with awardees monthly for guidance with administrative of budget challenges and implementing and adapting interventions.</p>	<p>105 proposals received; 44 projects were funded 2007-2014.</p> <p>Most proposals were based on selected interventions featured on the Research-Tested Intervention Programs database, rather than</p>	<p>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.</p>	<p>Study design: Descriptive</p> <p>Quality rating: Not appraised</p>

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. <i>Journal of Public Health Management and Practice: JPHMP, 21(5), 487–495.</i>	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. <i>Progress in Community Health Partnerships: Research, Education, and Action, 6(3), 381–387.</i>	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 plans. 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. <i>Evaluation and Program Planning, 32</i> (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: <ul style="list-style-type: none">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. <i>Journal of Cancer Education: The</i>	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: <ul style="list-style-type: none">Collaboration, communication and trust between program staff and awardees.Community engagement. Barriers: <ul style="list-style-type: none">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:
<i>Official Journal of the American Association for Cancer Education, 28(3), 412–419.</i>				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 . <i>Health Promotion Practice, 21(6)</i> , 910–917.	<p>Program: Health in Action Project</p> <p>Organization: New York State Health Foundation and Mount Sinai Health System</p> <p>Location: East Harlem, New York, USA</p> <p>Grant size: \$25 000 USD</p>	Health Department's framework for community engagement framework	<p>Focus area: Health, public health and social issues (general).</p> <p>Eligible projects: Designed to improve community health.</p> <p>Eligible recipients: Non-profit and community organizations.</p>	<p>Dissemination: Request for proposals shared with local non-profit and community organizations.</p> <p>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.</p> <p>Reporting: Mid-year and final reports of project metrics, successes, challenges, lessons learned, partnerships.</p>	<p>Training: Workshops on community advocacy, civic engagement. Quarterly capacity building activities.</p> <p>Conferencing: Awardees convened quarterly to network, share successes and challenges.</p>	<p>20 proposals were received, 16 were selected for short list, 11 projects were funded.</p> <p>Barriers:</p> <ul style="list-style-type: none"> • 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. <p>Establishing new and strengthening existing partnerships facilitated connection to communities. Funding to support organizational capacity building expanded awardees' reach within communities.</p>	Partnerships between awardees and other organizations expected to help sustain projects.	<p>Study design: Qualitative</p> <p>Quality rating: High</p>
Paberzs, A., Piechowski, P., Warrick, D., Grawi, C., Choate, C., Sneed, G., ...	<p>Program: Community–University Research Partnership (CURES) Award</p>	None	<p>Focus area: Health (general).</p> <p>Eligible projects: Projects designed to improve</p>	<p>Dissemination: Not described.</p> <p>Application: Research plan outlining objectives, study design, methods and potential significance, as</p>	<p>Technical Assistance: Potential applications could receive consultations to support application development. Program staff available to awardees to guide</p>	<p>50 proposals received; 16 projects were funded.</p> <p>Application review procedures were adjusted over time. Changes included</p>	A description of project sustainability was required for the application and	<p>Study design: Descriptive</p>

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:
Sampsel, C. (2014). Strengthening community involvement in grant review: Insights from the Community-University Research Partnership (CURES) pilot review process. <i>Clinical and Translational Science</i> , 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. <i>Local Environment</i> , 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 microgrants: The participaction teen challenge program. <i>Health Promotion Practice, 19</i> (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. <i>BMC Public Health, 14</i> , 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: <ul style="list-style-type: none"> Flexibility of funding allocation Funded status increased perceived credibility and facilitated partnerships. Barriers: <ul style="list-style-type: none"> 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., Ploch, 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: <ul style="list-style-type: none"> 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. <i>Health Promotion International</i> , 24(3), 234–242.	<p>Organization: The Hague Municipal Health Services</p> <p>Location: The Hague, Netherlands</p> <p>Grant size: €500-3500 EUR</p>		<p>to physical activity or nutrition.</p> <p>Eligible recipients: Community organizations, resident groups.</p>	<p>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.</p> <p>Reporting: Standardized report describing the project, its progress and outcomes.</p>		<p>“hard-to-reach” community members.</p> <ul style="list-style-type: none"> Experienced moderators chaired panel discussions. <p>Barriers:</p> <ul style="list-style-type: none"> 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. <p>Public participation in projects was limited.</p>		<p>Quality rating: Moderate</p>
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. <i>Progress in Community Health Partnerships:</i>	<p>Program: Community Advocacy and Leadership Program</p> <p>Organization: Prevention Research Center</p> <p>Location: South Carolina, USA</p> <p>Grant size: \$5000 USD</p>	None	<p>Focus area: Built environment.</p> <p>Eligible projects: Changes to build environment to support physical activity, e.g., building walking track or playground.</p> <p>Eligible recipients: Community organizations in priority areas.</p>	<p>Dissemination: Call for proposals shared with community organizations in priority areas.</p> <p>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.</p> <p>Reporting: Documentation of spending and final report that included photos.</p>	<p>Technical assistance: Program staff met with awardees monthly to problem solve, identify resources or referrals.</p> <p>Training: 8 workshops for applicants and awardees. Topics included grant writing, leadership, advocacy sustainability, strategic planning.</p> <p>Networking facilitation: Awardees were connected with community organizations.</p>	<p>2 projects were funded.</p> <p>Workshops provided networking opportunities for applicants and awardees.</p> <p>Applicants and awardees had limited writing and computer skills. Facilitators accommodated limitations in discreet manner.</p>		<p>Study design: Mixed methods</p> <p>Quality rating: Low</p>

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:
<i>Research, Education, and Action, 9(1), 113–127.</i>								
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. <i>Journal of Community Health, 40(6), 1122–1129.</i>	<p>Program: Community Empowerment Center Funded Mini Grant Project</p> <p>Organization: Community Empowerment Center</p> <p>Location: Columbia, South Carolina, USA</p> <p>Grant size: Max. \$12 000 USD</p>	None	<p>Focus area: Social issues.</p> <p>Eligible projects: Any projects that address community social issues.</p> <p>Eligible recipients: Local public health units, residents.</p>	<p>Dissemination: Not described.</p> <p>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.</p> <p>Reporting: Weekly progress updates, monthly reflection on successes and barriers, monthly financial report, and final report.</p>	<p>Technical assistance: Two sessions for applicants to receive help developing application.</p> <p>Training: Workshops on implementation of community change interventions. Additional “power up” skill-building sessions on specific topics.</p> <p>Conferencing: Program staff met monthly with awardees to discuss strategies for community engagement.</p> <p>Website: Mentioned as tool to establish community presence, but not described further.</p>	<p>10 letters of intent received, 6 full proposals received, 3 projects were funded.</p> <p>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.</p> <p>Additional training for project management and evaluation needed.</p>	1 project continued past the funding period, although at a reduced capacity. Awardees reported difficulty sustaining project when funding ended.	<p>Study design: Descriptive</p> <p>Quality rating: Not appraised</p>
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.	<p>Program: Community Access to Child Health (CATCH) Program</p> <p>Organization: American Association of Pediatrics Division of Community-based Initiatives</p> <p>Location: USA</p>	None	<p>Focus area: Health (general).</p> <p>Eligible projects: Planning or implementation of projects to improve child health at community level.</p> <p>Eligible recipients: Pediatricians.</p>	<p>Dissemination: Not described.</p> <p>Application: Description of community and proposed intervention. Applications scored by 3 program staff.</p> <p>Reporting: Routine progress updates and follow-up to assess sustainment at 2-years post-award.</p>	<p>Technical Assistance: Guidance provided on to conducting a needs assessment, community asset mapping, developing resources, community coalition building, and project evaluation.</p> <p>Website: Web-based application facilitated application process and ongoing data collection. A public-facing site provides</p>	<p>731 proposals received; 201 projects were funded.</p> <p>87% of awardees obtained technical assistance. Most (63% received grant writing support or obtained information/materials (44%).</p>	Many partnerships were sustained 2 years after funding period, and many new partnerships had been formed.	<p>Study design: Qualitative</p> <p>Quality rating: Moderate</p>

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:
<i>Pediatrics</i> , 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 . <i>Progress in Community Health Partnerships: Research, Education, and Action</i> , 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 . <i>Journal of Community Health</i> , 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. <i>Health Promotion Practice, 23</i> (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. <i>Rural and Remote Health</i> , 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. <i>Progress in Community Health Partnerships: Research, Education, and Action</i> , 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. <i>Journal of Communication in Healthcare, 15(4), 313–315.</i>	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. <i>Journal of Health Care for the Poor and Underserved, 23(2 Suppl), 62–76.</i>	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. <i>Health Promotion Practice, 12</i> (3), 414–424.	<p>Program: Somos Fuertes: Strong Women Making Healthy Choices</p> <p>Organization: Not described</p> <p>Location: Southwestern USA</p> <p>Grant size: \$600 USD</p>	Social Learning Theory, Role Theory, and Diffusion of Innovations	<p>Focus area: HIV prevention.</p> <p>Eligible projects: HIV education events.</p> <p>Eligible recipients: Registered university student organizations.</p>	<p>Dissemination: Applications distributed to student organization mailboxes and e-mail addresses. Ad posted in student newsletter.</p> <p>Application: Proposed activities, signed agreements to fulfill grant requirements, answers to questions about HIV knowledge and education on campus. Applications reviewed by program directors.</p> <p>Reporting: Results of survey of project participants' pre- and post-activity HIV knowledge.</p>	<p>Training: Train-the-trainer workshop on effective HIV education, HIV characteristics.</p> <p>Materials: Evidence-based fact sheets and hand-outs on HIV statistics, condom effectiveness and usage.</p>	<p>5 proposals were selected, 4 completed requirements to receive full funding amount.</p> <p>Some positive increases in participants' HIV knowledge and planned safe behaviours.</p>	Not described.	<p>Study design: Single group pre-post</p> <p>Quality rating: Low</p>

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