

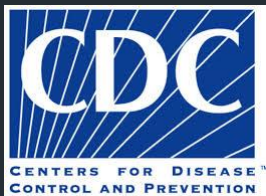


The Tao of Grant Writing

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Funders vary from national government organizations, large national organizations (profit, not-for-profit & foundations), thru state & regional to local organizations .

Generally the more local the funder, the looser the organizational requirements and the higher importance of a personal contact (e.g., a board member who will champion your proposal).

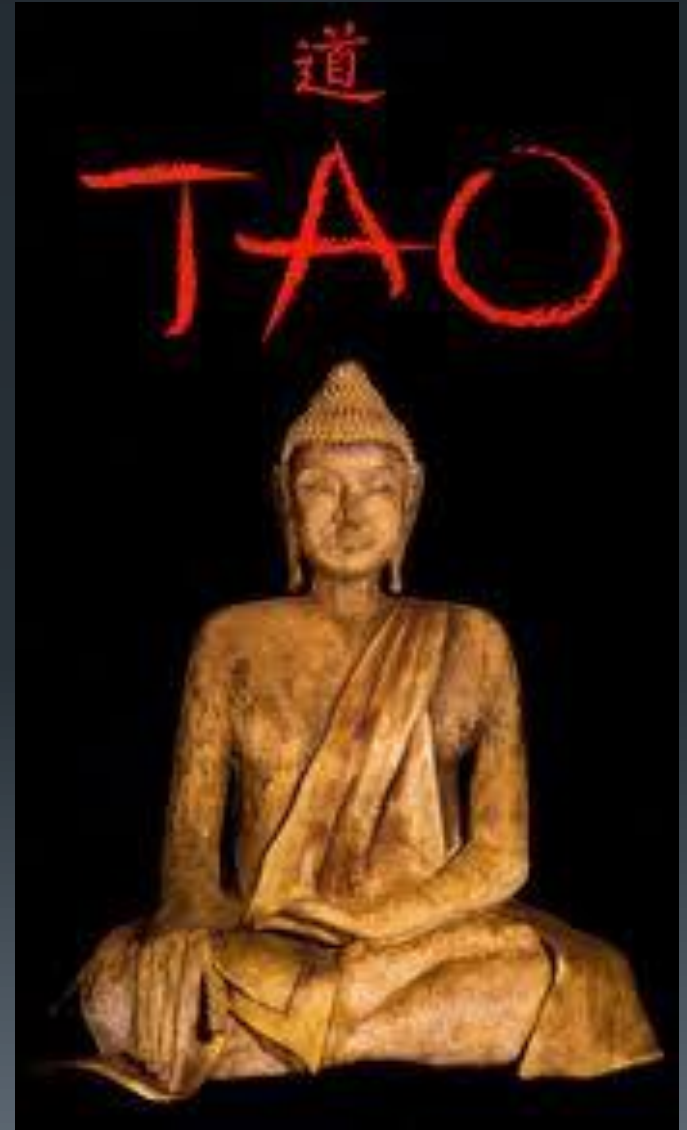
National → **Local**

Tight → **Looser**

**Personal
contact**

**Personal
contact**

*Clear &
compelling*



too much writing; too little planning

Typical Grant Proposal

Social norms interventions are widely used as a method to promote health and bring about positive change on a number of college campuses (Lederman, Stewart, Goodhart, & Laitman, 2004). Exploration of the social norms theory and approach first began with a study of college students' perceptions of alcohol use (Perkins & Berkowitz, 1986). It was observed that students consistently overestimated frequency and quantity of peer drinking and perceived that their peers had more permissive attitudes towards substance abuse than reality. Perkins and Berkowitz (1986) emphasize that individuals are influenced by their *perceptions* of norms which may or may not be accurate. When the perceptions of what important others think and do is different from what important others actually think and do there is a "misperception" of social norms. These perceived norms are more important than actual norms in influencing behaviors. Said another way, the social norms approach suggests that "behavior is influenced by incorrect perceptions of how other members of our social groups think and act" (Berkowitz, 2004, p. 12). Years of accumulated data in a variety of studies confirm that individuals often over-estimate the occurrence of unhealthy behaviors and underestimate the frequency of healthy behaviors (Berkowitz, 2004). Influenced by the misperception of social norms, individuals may be more likely to engage in unhealthy behaviors and less likely to engage in the healthy behaviors that are more normative. Perkins and Berkowitz (1986) propose a framework for understanding social influence that builds upon Ajzen and Fishbein's Theory of Reasoned Action (1980). The Theory of Reasoned Action and Planned Behavior theorizes that a person's behavior is determined by his/her intentions to perform the behavior. Intentions are a function of 1) a person's attitude toward the given behavior and 2) subjective norms, or beliefs about how others will view or perceive the behavior. The concept of perceived behavioral control, or individuals' perceptions about their ability to perform a given behavior, is also important. This model can be extended to describe a general help-seeking framework where one's attitude and perception of social norms are primary determinants of one's intention to seek help.

It is important to consider the relative importance of others' attitudes and behaviors in influencing the individual. We identify more with some groups than others; accordingly, the influence of the "other" can vary with the saliency of different group norms. The process by which we categorize ourselves as a member of a particular group is described by self-categorization theory (SCT; Terry, Hogg, & White, 1999). When we identify with a particular group, often, our social identity (vs. personal identity) is evoked and we act and think in ways that are consistent with the group norms rather than personal beliefs. The norms of the referent group influence intentions to engage in a behavior to the extent to which the group membership is a salient basis for self-definition. Social categorization theory assumes variability of social influences (Terry et al., 1999). In a given situation, those who identify highly with a particular group are more likely to act and think in ways that are consistent with that particular group norm.

In recent years, concerns about the changing nature of psychological distress among students who seek services from college or university counseling centers have increased. In a survey of college counseling directors, 95% of respondents reported observing a significant increase in the severity of problems experienced by students (Gallagher, 2008). Similarly, the National College Health Assessment (2008) found that more than one in three undergraduates reported "feeling so depressed it was difficult to function" at least once in the previous year, and results from the 2011 survey revealed that six percent of students reported "seriously considering attempting suicide" in the previous year. Furthermore, college students have been found to suffer social and academic consequences related to the experience of significant distress (Sharp, 2006). These data are somewhat alarming when one considers that emerging adults are the least likely group to receive mental health care and demonstrate the lowest rates of help-seeking behaviors (SAMSHA, 2005).

There are several factors that can deter individuals from seeking the help they need. One of the most widely documented barriers to seeking help is the perception of stigma (Corrigan, 2004). Within the help-seeking literature, two types of stigma are often described: self-stigma and public stigma (Corrigan, 2004; Corrigan & O'Shaughnessy, 2007). Public stigma has been defined as "the perception [held by others] that a person who seeks psychological treatment is undesirable or socially unacceptable" (Vogel, Wade, & Haake, 2006, p. 325). Self-stigma is the perception held by the individual that he or she is socially unacceptable (Vogel et al., 2006). Link and Phelan (2001) argue that people with mental health concerns often internalize society's stigmatizing messages about individuals with mental illness and, consequently, believe themselves to be of lesser value. This internalization of negative messages can lead to low self-esteem and a diminished sense of self-efficacy and shame. Individuals who experience self-stigma are less likely to ask for help from professional and nonprofessional sources, such as friends or family, particularly if they fear embarrassment, feelings of inferiority or incompetence by asking for help (Mayer & Timms, 1970; Nadler, 1991). Vogel and colleagues (2007) explored the mediating effects of self-stigma and attitudes toward seeking counseling on the relationship between perceived public stigma and willingness to seek counseling. Their results suggest that perceived public stigma is positively related to the experience of self-stigma. Further, self-stigma contributes to the negative attitudes individuals have toward counseling. These negative attitudes then strengthen one's reluctance to seek help for psychological and interpersonal concerns.

Sample and Procedure

This study employed a cross-sectional research design. Prior to the first week of classes, during the Fall semester, first-year students ($N = 3021$) at five colleges and universities in the Mid-Atlantic region (School A, $n = 596$; School B, $n = 260$; School C, $n = 1,273$; School D, $n = 470$; School E, $n = 422$) participated in a health and wellness talk presented by the same health educator (LH). The wellness talk was sponsored by each respective college or university. At the start of the wellness session, the health educator invited students to participate in a research study, using audience response technology ("clickers"; described below) to investigate help seeking attitudes and behaviors. Students were informed that their participation was voluntary, that responses were anonymous and that anyone could choose not to participate by simply refraining from using the clickers. In addition to demographic information, the key constructs assessed were personal attitudes and behaviors regarding seeking help from a mental health professional, and perceptions of others' attitudes and behaviors related to help seeking. Each construct was assessed by a single question, which is the standard in social norms research (Responses were collected using the TurningPoint audience response system. Questions are presented to the audience on PowerPoint slides; answers are keyed using small handheld wireless devices ("clickers"), and data is recorded in an Excel spreadsheet and stored by clicker id number. A numerical and graphical summary of real-time audience responses can be immediately displayed, if desired, on PowerPoint. Using clickers to collect data allows for easy storage and retrieval of information; provides a non-judgmental and non-threatening format for self-report; is relatively quick, easy, and inexpensive; reduces margin for data entry error, and allows one to access large amounts of data collected within a group context (LeBrice, Edgewise, Lamb, & Shalansky, 2006). In a study comparing electronic keypad responses to paper and pencil questionnaires administered in a group setting, LeBrice and colleagues

The next few slides offer a scheme for organizing any grant proposal.

Typical grant proposal components

- Overview/Specific Aims/Precis/Abstract
- Statement of the problem/Needs assessment
- Goals/Aims/Deliverables
- Previous grants/Preliminary work
- Environment/Existing resources
- Personnel/Team/Expertise
- Methods/Logistics/Plan
- Evaluation plan/Measurement strategy/Assessment
- Budget

Almost all funders will provide guidance as to how much each required section is worth in evaluation of the proposal.

Typical evaluation rubric

5% Overview/Specific Aims/Precis/Abstract

5% Statement of the problem/Needs assessment

10% Goals/Aims/Deliverables

5% Previous grants/Preliminary work

5% Environment/Existing resources

15% Personnel/Team/Expertise

30% Methods/Logistics/Plan

10% Evaluation plan/Measurement strategy/Assessment

15% Budget

That information should be used to plan how long each section of the grant proposal should be. It's a "zero sum game": if one section is too long, that length has to come from another section.

Grant Proposal Section	Evaluation value	Number of allowed pages		
		5 total	10 total	25 total
Overview	5%	$\frac{1}{4}$	$\frac{1}{2}$	$1 \frac{1}{4}$
Needs assessment	5%	$\frac{1}{4}$	$\frac{1}{2}$	$1 \frac{1}{4}$
Deliverables	10%	$\frac{1}{2}$	1	$2 \frac{1}{2}$
Previous grants	5%	$\frac{1}{4}$	$\frac{1}{2}$	$1 \frac{1}{4}$
Environment	5%	$\frac{1}{4}$	$\frac{1}{2}$	$1 \frac{1}{4}$
Personnel	15%	$\frac{3}{4}$	$1 \frac{1}{2}$	$3 \frac{3}{4}$
Methods	30%	$1 \frac{1}{2}$	3	$7 \frac{1}{2}$
Evaluation plan	10%	$\frac{1}{2}$	1	$2 \frac{1}{2}$
Budget	15%	$\frac{3}{4}$	$1 \frac{1}{2}$	$3 \frac{3}{4}$

Grant
Proposal
preparation
core team



Primary: writer, budget
preparation, scheduler

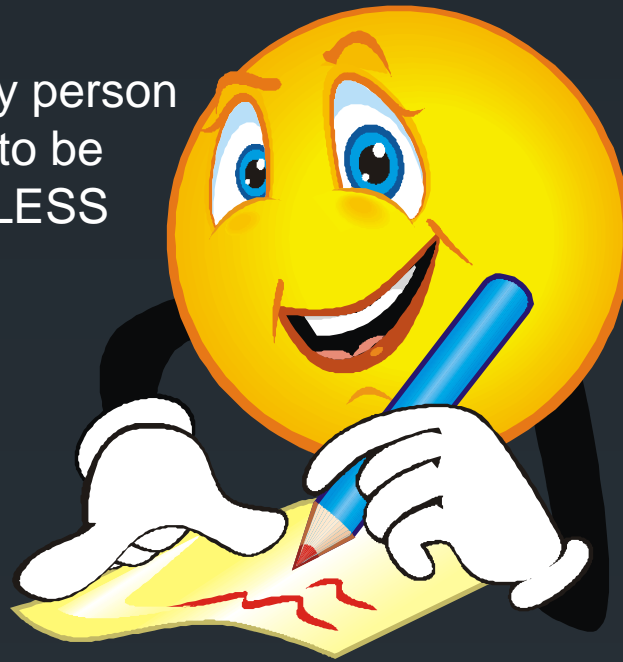


Assembler:
accompanying
information



Detailer: admin
asst, sec'y

Primary person
needs to be
RUTHLESS



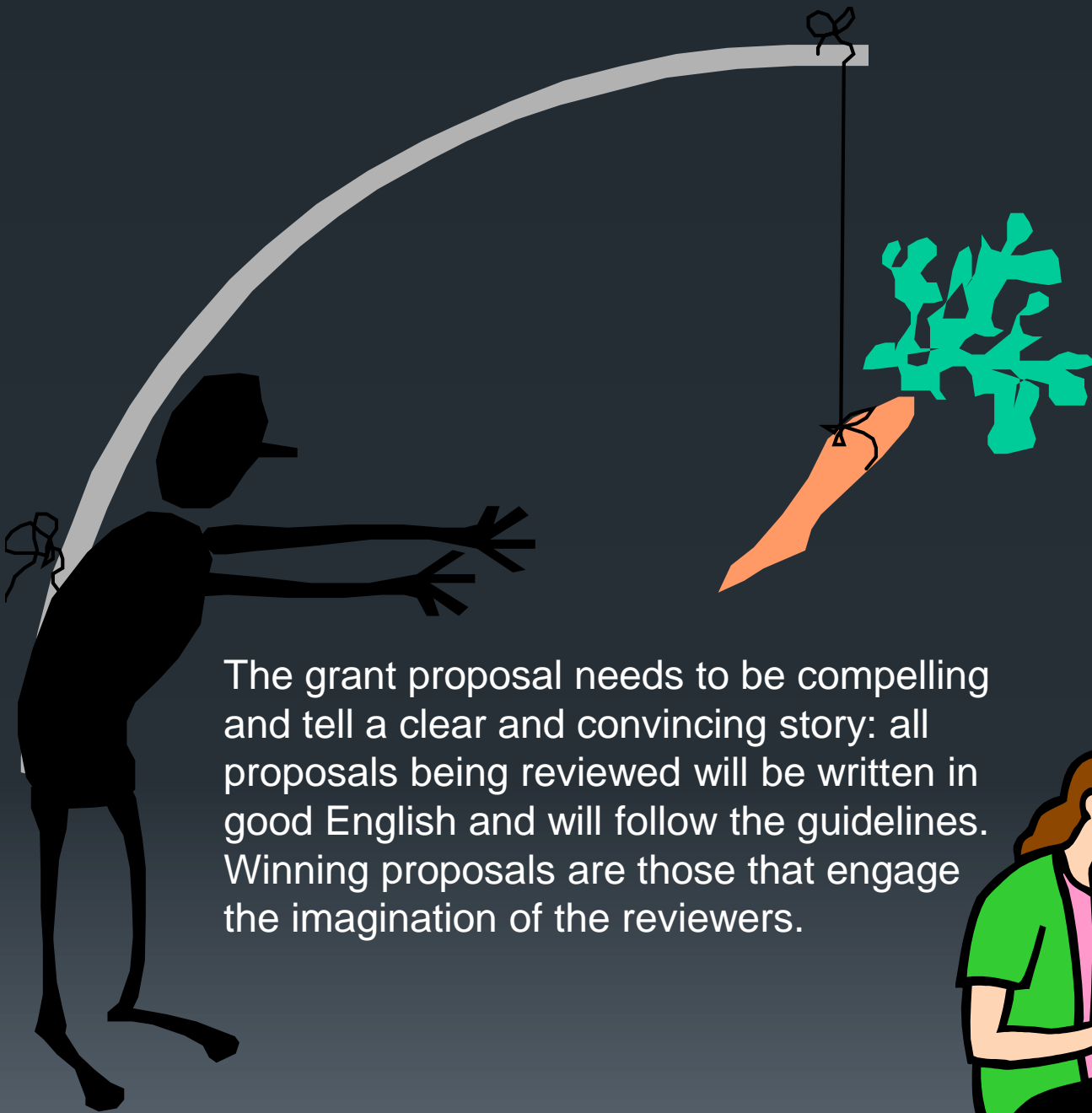
Has the final say



Enforce
deadlines



Pay attention
to details



The grant proposal needs to be compelling and tell a clear and convincing story: all proposals being reviewed will be written in good English and will follow the guidelines. Winning proposals are those that engage the imagination of the reviewers.



Proposed project needs to be a good fit with the funder's mandate and objectives. Demonstrate this by using the RFP's language, especially for headings and topic sentences.

