



More than medicine.

**Community Benefit Impact Opportunity
Request for Proposals**

Guidelines for Applicants

FY 2019

**Deadline for Submission:
Proposals must be received no later than 11:59 p.m. on Sunday, March 31, 2019**

Send questions to:

**Southcoast Health
Community Benefits**

**Rachel Davis
Phone: 508-973-5273
Email: davisra@southcoast.org**

Southcoast Health

Southcoast Health (Southcoast) is a non-profit, community-based provider serving the people of Southeastern Massachusetts and East Bay, Rhode Island through an integrated continuum of care. As a leader in delivering clinical and maternity services, a safety net provider for diverse patient populations, and a major regional employer, Southcoast fulfills multiple critical roles for the communities we serve. Aware of the many factors required for the care and wellness of individuals and populations, we identify the priority health needs of the community, to ensure that our services are aligned with these needs, and to cultivate partnerships in support of our mission.

Southcoast is pleased to announce this Request for Proposals, seeking opportunities for Southcoast to fund both proven and innovative projects that benefit communities in our service area, through Southcoast's Community Benefits Program.

Please note that these guidelines apply only to the 2019 Community Benefits Program and to this Request for Proposals (RFP). Southcoast reserves the right to change the Community Benefit Program requirements at any time.

Community Benefits Priority Areas for 2019 Funding

Southcoast's Community Benefits Program invites proposals seeking funding for projects that support our mission to ***promote the optimal health and well-being of individuals in the communities we serve***. We are especially interested in initiatives that align with the following priority areas identified in our most recent 2016 Community Benefits Report.) <https://www.southcoast.org/communitybenefits/>.

1. **Reduction of the high rate of chronic disease in our region**, including disease, diabetes, asthma, cancer and other diseases.
2. **Reducing Health Disparities**, including racial and ethnic disparities, income-based disparities, and education-based disparities. One other aspect of this is increasing access to health care for vulnerable populations through insurance enrollment and outreach.
3. The development of programs and services that support **the reduction of homelessness** in our region including strategies for increased collaboration among agencies serving homeless residents.
4. **Innovative approaches to population health**, i.e. Improving health and wellness for defined populations such as specific demographic or geographic groups.
5. **Reduction in the incidence of youth risk behaviors** such as teen violence, high rates of teen pregnancy and substance abuse.
6. **Behavioral health issues that include substance abuse and mental health**, including improved coordination of behavioral health providers and systems.
7. **Development of healthy "System and Environment" change**, including healthy food options, increased access to free and low-cost opportunities for active living, such as public parks, bike trails etc., and reduction in the high rate of smoking in our communities.
8. **Maternal and Children's Health**, including fetal and infant health, abuse and neglect, hospitalizations, substance abuse, healthy weight, and mortality.
9. **Increasing Emergency Preparedness** in our cities and towns, including basic infrastructure equipment.

Collaborative approaches and/or programs that address multiple priorities are welcome. Compelling, innovative, or high need programs that may fall outside the scope of these priorities may still be considered, and we recommend that you contact us for more information.

Funding Available

This year's RFP program will devote a total of up to \$150,000 for project funding and will be awarded to 18 recipients as follows:

5 grants will be awarded in the amount of \$20,000

7 grants will be awarded in the amount of \$5,000

6 grants will be awarded in the amount of \$2,500

Applicants must indicate which level of funding they are applying for and may only apply for one level per project.

Who May Apply

Community non-profits that are recognized as tax-exempt charities under Section 501(c)(3) of the Internal Revenue Code (Charities) and Municipalities located within Southcoast's primary service area (Service Area)¹ may apply for a grant. Proposals from projects that are fiscally-sponsored by a recognized charity will also be considered. All applicants must be working actively in Southcoast's Service Area.

Southcoast welcomes proposals to fund existing programs that can present evidence of meeting a demonstrated community need, or new projects that propose to pilot an innovative approach. Southcoast will consider repeat funding for programs that have received prior support from Southcoast directly or through the Community Benefits Program in the past. New projects, new collaborative efforts, and innovative programs are also strongly encouraged to apply. Reviewers will look for evidence of an applicant's prior history of positively impacting community health if the proposed project is in a pilot phase.

Proposal Deadline and Award Dates

Applications must be received by 11:59 p.m. on March 31, 2019 with an anticipated award announcement by May 1, 2019. A question period, from March 1 through March 15, 2019, will provide an opportunity for those interested to submit written or oral questions about the RFP process to the Southcoast Health Community Benefits Department and receive a prompt response. Once proposals are submitted by March 31, a Review Committee may have further questions and will contact applicants as needed for clarification.

How to Apply

Application packages **must** include the following components:

¹ Southcoast's primary service area includes the cities of Fall River and New Bedford, and the towns of Swansea, Somerset, Westport, Freetown, Dartmouth, Acushnet, Fairhaven, Rochester, Marion, Mattapoisett, Wareham in Massachusetts; and the towns of Portsmouth, Little Compton and Tiverton in Rhode Island.

1. Completed Cover Sheet (provided at the end of this document)
2. Proposal Narrative (3-5 pages)
3. Budget Narrative (up to 1 page)
4. Program/Project Budget
5. A copy of the applying charity's IRS determination letter
6. If the proposal relates to a project with a charity serving as a fiscal sponsor, the application must include the fiscal sponsor's IRS determination letter and a cover letter from the fiscal sponsor indicating that the fiscal sponsor has reviewed the application and this RFP and is prepared to receive any funds granted by Southcoast in response to the proposal and to comply with all terms of the grant.

Instructions for the Proposal Narrative

In 3-5 pages (single spaced with 12-point standard font), please address the following:

- ❖ **Community Need for the Program/Project:** Please present a strong and compelling description of a particular community health need(s), drawing on statistical data and any other pertinent qualitative and quantitative evidence.
- ❖ **Description of the Program/Project:** Please provide a concise description of the program or project for which funding is requested. You may wish to substantiate the promise of your model by citing prior impact (if it is a continuing effort), evidence in the public health literature, or otherwise help reviewers to understand why this intervention will successfully address the stated need(s).
- ❖ **Program/Project Timeline:** Please indicate whether the program or project is new or continuing. Using the anticipated award dates as a guide, provide an outline of key activities and milestones across the period for which grants are requested. Please include any key planning and evaluation activities.
- ❖ **Key Goals and Evaluation Strategies:** Please identify a minimum of two SMART Goals (Specific, Measurable, Actionable, Realistic, Time-bound). An example of a SMART Goal is: *By February, 2016, the Program Coordinator will work with three care managers at a partnering hospital to identify, follow up with, and successfully enroll a minimum of 25 diabetic adults in a Peer-to-Peer Support Group.* We recommend that at least one SMART Goal relate to the short-term phase of the grant-funded period, but you may also develop long-term goals that reflect your ambitions for the program or project. Please briefly describe any qualitative or quantitative evaluation methods you will use to gauge progress towards reaching your goals, as well as any metrics you will track. If you are proposing to continue an existing project or program, you may present your current goals and evaluation plan with an explanation of why your approach may differ from the SMART framework introduced here.
- ❖ **Organizational Preparedness:** Please explain why your organization is well positioned to complete this project or program, with emphasis on any evidence of prior impact on community health. You may wish to include information of prior grant funded projects and provide brief biographical information (or job requirements) for key personnel (e.g. Program Coordinator).
- ❖ **Promotion:** How are you planning to promote the project to the community and your target audience?

Instructions for the Budget Narrative

In 1 page or less (single spaced with 12-point standard font), please provide a brief narrative that substantiates how budget item costs (corresponding to line items in the budget provided) have been determined and why expenses are important to the success of the program or project. Allowable costs for this grant include salary and fringe support for key program/project personnel that directly impact the project, equipment, supplies, and travel. Administrative fees that do not directly impact the grant will not be allowed. In addition to explaining costs, please:

- ❖ Explain any matching or in kind contributions you expect to receive through internal funds, partner commitments, and/or pending or secured grants.
- ❖ Provide a brief **Sustainability Plan** explaining how the program or project will continue beyond the grant funded period.
- ❖ Please attach a summary of your organization's most recent annual financial statements.
- ❖ For applications submitted by a charity on behalf of itself or in relation to a proposal with a fiscal sponsor, please attach the charity's most recently filed IRS Form 990.

Program/Project Budget Template

Please provide a line item expense budget that includes the total cost of the program or project over the 12-month period for which grant funds are requested. For each item, include the portion of funds requested from Southcoast. You may use the below template/sample if desired.

Expense Item	Total Cost	Portion Requested of Southcoast
Staff time	\$10,000	\$5,000
Training materials	\$1,000	\$0
Evaluation expenses	\$500	\$500
TOTAL	\$11,500	\$5,500

Review Process

Following receipt by the due date, applicants will be screened for technical completion. Applications that are in compliance with the requirements outlined in this RFP will be forwarded to a grant committee for review and final award decision.

Reviewers will favor applications that provide a strong demonstration of community need for a program or project. For projects in the pilot phase, reviewers will look for evidence of an organization's prior history of positively impacting community health. For both continuing and new programs, proposals should demonstrate evidence of promise as

well as the organization's proven track record of community impact. Reviewers will prioritize proposals that present a feasible sustainability plan to help ensure that there is not long term dependency on outside grant funding.

Reviewers will refer to the priorities and requirements outlined in this RFP when evaluating applications. However, Southcoast retains full discretion to consider additional factors or to propose amendments to submitted proposals as needed to advance Southcoast's Community Benefits Program priorities.

Reporting Obligations

Funds awarded under the Community Benefits Program may only be used for the purpose for which they are awarded, as described in the project proposal. Southcoast may require that any funds unexpended at the end of the grant period be returned to Southcoast.

Grantees are required to submit written annual reports within 30 days of the completion of the grant cycle or as requested. Grantees are encouraged to provide more frequent progress reports or updates to Southcoast via brief electronic or verbal communications. Please find an example of a grant reporting template in this package.

Written reports should describe progress towards meeting the project's stated goals and objectives, the measurements that reflect this progress (with special concern for impact on target populations), any unforeseen challenges or unexpected outcomes, and any positive outgrowths of the funding (such as new community collaborations). Grantees shall provide any additional information requested by Southcoast, including without limitation a full accounting of granted funds. Southcoast may, in its sole discretion, suspend, withhold or terminate grant payments if Southcoast is not reasonably satisfied with the progress reflected in the grantee's reports or if a grantee fails to comply with the grant terms. **Grantees who do not meet reporting requirements will not be considered for subsequent funding cycles.**

Additional detail about reporting guidelines will be supplied upon award.

Proposal Development or Submission Questions

We welcome questions about the fit of the proposed project and the guidelines outlined in this RFP. Please contact **Southcoast Community Benefits Department:**

Rachel Davis
508-973-5273
davisra@southcoast.org

Submitting the Proposal

Please submit proposals electronically by 11:59 pm on March 31, 2019 to **davisra@southcoast.org**. Please compose the subject line of your email to include the RFP title and applicant name.

Southcoast Health Community Benefits Program

FY 2019 Applicant Cover Sheet (REQUIRED)

Name of Applicant Organization:

Name of Fiscal Sponsor (if applicable):

Key Contact Information:

Name:

Title:

Mailing Address:

Phone:

Fax:

Email:

Website (if applicable):

Grant Request Amount:

Please note, grantees must indicate which level of funding they are applying for and will only be considered for one level of funding per project.

\$2,500

\$5,000

\$20,000

Proposal Abstract (up to 250-word description):