Providence Community Grants Council

Our Mission
As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

Our Core Values
*Respect   *Compassion   *Justice   *Excellence   *Stewardship

2011 SUMMER FUNDING PRIORITY

Providence Community Grants Council seeks to support projects in the following focus area:
LIVING WELL WITH CHRONIC CONDITIONS FOR DIVERSE AND VULNERABLE COMMUNITIES

1)   Area of Focus

This grant is focused on healthcare programs, projects or initiatives that impact minority communities living with chronic medical conditions. All programs, projects or initiatives **must be culturally competent and targeted toward diverse and vulnerable populations** or communities located in Oregon and Southwest Washington. Programs, projects or initiatives can be either service or education focused but must be accessible and affordable for diverse persons. In addition, programs should be focused on serving communities and persons that are economically vulnerable and experiencing barriers to care.

Services may include:
- Treatment of chronic conditions that may include medication access and management.
- Case management that extends or coordinates care or focuses on complex, high need persons
- Programs that build successful self-management skills for those living with chronic medical conditions.
- Education may include: Programs that address need for chronic condition self-management education, information and resources that engage patient's family and community.

2)   Eligible Projects

To be considered eligible for a Providence Community Benefits grant, projects will:
- Address **the above** focus areas,
- Demonstrate service delivery to well described diverse populations of need focusing on the uninsured and low-income experiencing significant barriers to care.
- Provide the service in a defined geographic area. Must be specific.
- In addition, projects must address:
    - Improving the health of the defined population through chronic condition management
    - Enhancing the experience of care (including quality, access, and reliability); and
    - Reducing, or controlling the per capita cost of care or returning a net savings to the community.
    - Only proposals addressing the identified focus area will be considered at this time.

3) Eligible Applicants

Tax-exempt organizations operating under section 501(c) 3 of the Internal Revenue Code, a tax-exempt public governmental agency or municipality operating in Oregon or Southwest Washington are eligible applicants. Strong preference is given to agencies that have not received grant funding from Providence in the past twenty four months.

4) Eligible Partners

Grant funding is designed to encourage agencies to work collaboratively to address community needs and create culturally competent systems of care for vulnerable communities. Grant applications may include partnerships by more than one community agency or not-for-profit organizations. Collaborations may include health systems, collateral agencies, and relevant others that have made significant resource commitments to support the initiative.

5) Eligible Funding

Applicants may request funds to cover multiple years. Applications to Providence Community Grants Council will be considered for projects from $10,000.00 to $25,000.00. Grant Proceeds will be disbursed in single allocations with reporting requirements extending for the use of funds. Grants are not renewable beyond the initial award. Capital grants and general operating grants will not be considered at this time.

6) Grant Selection Process

Providence Community Grants Council makes all final grant selections. Staff and senior leaders from Providence Health Plan and Providence facilities comprise the committee. The grant selection process is two phases:
- Preliminary Council Review – Completed applications will be reviewed, scored and ranked by Council members.
- Finalists - The Council will select finalists and may also request additional information, presentations and/or site visits.
- The Council will select the finalists and determine each grant's level of funding.
- Grant determination letters will be sent to all applicants.

7) 2011 Selection Criteria

Criteria used to assess projects will include:
- Presentation of a well defined population health need in the area of chronic condition management.
- Description of the specific population to be served and the *number of people to be served* by the project including how low income individuals will be identified.
- Description of how the project will improve the health of a population; enhance the experience of care (including quality, access, and reliability); and reduce, or at least control, the per capita cost of care.
- Demonstration of a focus on culturally competent care giving for the identified population.
- Demonstration of community support and/or collaboration.
- Evidence of a plan to assess the project's impact with measurable project outcomes and benefits to the community.
- Demonstration, with supporting financial analysis, of the return on investment or cost savings to the community created by the program.
- Evidence of lead agency's cultural competence and staff diversity to serve the identified population.

- Evidence of the lead agency's capacity to implement the proposed project and manage grant funds.
- Evidence of ability to leverage other funds.
- Presentation of a reasonable and cost effective budget.
- Presentation of a realistic plan to sustain funding post the PCGC grant.
- Agreement that all grant proceeds will be used for the exclusive purposes as stated in the grant and in compliance with the ethical and religious directives of Providence Health & Services Sponsors.
- Commitment to place study results or tools developed during the project in the —public domain.
- Evidence of financial stability by the lead agency.
- Evidence of liability coverage by all participating agencies.

How to Apply for a Providence Community Grants Council Grant

8) Application Guidelines

Please follow the instructions provided below in submitting your grant application. Providence Community Grants Council **will only consider complete** applications submitted in this format:

1) Font size — 12 point
2) Line spacing — single space
3) Margins — no smaller than 0.5 inch on all sides
4) Page size — no larger than 8.5 by 11 inches

5) Page numbers in the main body of the document
6) All documents (including budget) - PDF format

9) Key elements of a complete grant application

Below please find outlined the required sections for a complete grant application. Please refer back to the selection criteria when completing the application. Applications must follow the format and length guidelines established for each section. Each key element of the grant should be submitted under a separate page.

a) *Project Overview* – The project overview should include the following elements *in this order limited to one page:*
1) Focus Area – please identify only **one** focus area
2) Lead Agency Name (*Legal name of organization according to IRS*)
3) Project Name
4) Brief Project Purpose/Description
5) Community Served – please identify the diverse population(s), include the county and city/neighborhood being served by this project
6) Amount Requested
7) Number project will serve
8) Contact Information for Project Lead Agency
9) Name of Executive Director and Grant Contact (Include Salutation, First and Last Name)
10) Provide the following information for the both the Executive Director and Grant contact:
11) Street Address
12) Mailing Address
13) City/State/Zip Code
14) Phone Number(s)
15) Email addresses
16) Tax ID of Lead Agency/Organization

17) Collaborating Agencies – Provide the following information for any partner organization:
   - Organization's Names (specify *if other than nonprofit organizations)*
   - Executive Director's Name & Contact Information
   - Tax Identification Numbers – *EIN or equivalent if known*

b) ***Project Narrative*** – Submit under a separate heading with each section labeled. (*Limit to a maximum of 4 pages.*)
   1) Project Name
   2) Purpose Statement of Project – One-sentence description of what will be improved in the lives of those served as a result of the project and why this is important at this time.
   3) Amount Requested
   4) Target Population and Geographic Area – What is significant about this population's needs and this geographic area?
   5) Target Population – Please describe the diverse population or community to be served and why they are underserved and/or in need of these services.
   6) Background and History of the Project
   7) Project Goals – Impacts to be achieved
   8) Project Objectives and Key Benchmarks – Key achievements necessary for success.
   9) Project Activities – Activities that will be performed in order to accomplish the project objectives.
   10) Collaboration Plan (if more than one agency applying) that addresses the following:
   11) Rationale for collaboration – *Why is collaboration necessary for the success of this project?*
   12) Describe the plan and activities that will ensure agency collaboration.
   13) *Other organizations you are working with on the project and the role of each.*
   14) Project Timeline – please provide an implementation calendar and show key dates.
   15) Project Financial Performance Measures - number of persons to be served, cost per person served and any projected community savings per person served. Project evaluation plan.
   16) Project Evaluation Plan, including:
   17) Top 5 project success metrics and how often they will be reported.
   18) Persons served and cost per person served must be included in the metrics.
   19) Schedule for providing written project updates and performance measures.
   20) Lead Agency/Organization Financial Stability – Provide a brief overview of the current financial position of the lead agency.
   21) Charity Navigator Rating – If your agency has been rated by Charity Navigator, Guidestar or other nationally recognized NFP rating agencies, please provide that rating.
   22) Sustainability Plan – Ways the grantee, community, or other beneficiary will continue to address the work after this funding ends.
   23) Project Start Date
   24) Project End Date

c) ***Project Budget*** - Submit a complete project budget, budget narrative for all years of grant request along with the current agency annual budget. Please identify whether funding is secured or pending. (Providence Health & Services - OR facilities or departments may not receive/benefit from any grant funding.)

d) ***Current Year Agency/Organization Budget*** - Submit a copy of the lead agency's current annual budget. Please indicate the agency's fiscal calendar year. Please identify whether revenues/ funding is secured or pending. (Providence Health & Services - OR facilities or departments may not receive/benefit from any grant funding.)

e) ***Project Evaluation Plan*** - Describe the project evaluation plan with timelines and benchmarks.

f) ***Supporting Documentation*** – The following supporting documents should be submitted as appendix A.

1) Letters of commitment from the Chief Executive or Head of Agency for all partner agencies.
2) Verification of tax status, including copies of tax exempt status and a signed W-9.
3) Copies of the lead and partner agencies' commitment to serve diverse low income and uninsured.
4) Documentation of liability insurance.
5) Please list any Board members that are employed by Providence or are Providence Governing or Foundation Board members.
6) List all previous funding that you may have been received from Providence Health & Services or Providence Health Plan in the past three years. Please include amount and department/division that supplied the funding.
7) Please **do not** submit videos or marketing materials.

10) *Key Dates*

- **June 3, 2011** – Grants announced and community notification issued
- **July 15, 2011 -** Grants **due by 5:00 pm** PST to email noted below.
  - ✓ *Only complete applications will be considered*.
  - ✓ Applications must be submitted electronically in a single PDF.
- **August 31, 2011 - Approved grants will be funded** and all agencies will be notified of funding decisions.

11) *Submission of Complete Applications*

- Only *complete applications* will be considered. All complete applications must be received by July 15th, at 5:00 pm PST. Late applications will not be considered for funding. Applications must be submitted electronically in a **single** PDF including budget information. *If necessary an additional Excel document can be submitted to include budget information only.*

- **Complete applications must be emailed to the Providence Community Grants Council email address at: PCGC@providence.org**

- *Helpful websites to support grant applications: www.statehealthfacts.org, www.countyhealthrankings.org; http://www.chwhealth.org/Who We_Are/Community_Health/STGSS044508*