**Oregon Health Authority**

**Office of Multicultural Health and Services**

**Small Grants for Health Programs and Policy Activities or Projects To Promote Health Equity and Eliminate Disparities in Communities of Color**

**Funding Announcement**

**Total available: $25,000. Maximum single award: up to $5,000.**

**Office of Multicultural Health and Services**

The Office of Multicultural Health and Services (OMHS) serves as a leader and catalyst in helping to promote equitable health and human services for communities of color, immigrants and refugees, Indian tribal governments, and other multicultural groups. The Office works with state and local government and community partners to improve health and human services programs and policies for underrepresented populations in Oregon through culturally specific and culturally competent approaches.

OMHS will fund **up to five** Small Grants in the amount of up to **$5,000 each** to support and advance this mission.

**Who is eligible to apply?**

* 501(c)(3) organizations, or groups that are fiscally sponsored by a 501(c)(3) organization.
* Organizations that have a minimum of one year experience conducting activities described in this Announcement.
* Organizations that demonstrate a minimum of 50% board leadership and staffing (can be combined) representative of the communities of color they serve.

**What activities are allowable?**

The following list includes *examples* of allowable activities. Other activities not described will also be considered. Proposals must demonstrate that the project described is achievable, given the small grant size.

**Health Disparity and Health Equity Community Education**

* Increase awareness of health disparities
* Development of culturally-specific materials
* Build/enhance a library of health equity tools and resources
* Plan and implement educational events focused on improving health equity
* Develop a media outreach and education plan

**Collaboration/Community Partnerships**

* Improve coordination and collaboration with OMHS and/or state entities
* Establish or enhance multicultural coalition-building efforts within communities of color to collaboratively address health issues impacting minority communities
* Establish or enhance partnerships with local health departments and community-based health care providers

**Organizational Capacity Building and Program Development**

* Strengthen leadership at all levels to more effectively address health disparities
* Improve coordination and utilization of research and outcome evaluations
* Enhanced staffing for existing health equity programs
* Develop strategies that contribute to promotion of health equity policies and programs

**Policy Development**

* Partner with state entities to improve state policy planning focused on decreasing health disparities and promoting health equity
* Establish or enhance relationships with policy makers at local, regional and/or state levels
* Develop organizational health equity policy platform or frameworks
* Mobilize community around policy issues that increase health equity

**What activities/projects/purchases are *NOT* allowable?**

* Research projects
* On-going operational costs (rent, normal staffing costs)
* Requests to continue/renew existing grants
* Travel expenses and per diem costs
* Educational Scholarships for individuals
* Payment of loans or debt service
* Support of capital projects (building/land acquisition)

**To be considered for a grant applicants must:**

* Address each section of the application, including providing the Organizational Leadership Composition Sheet, Project Budget and Organization Budget.

**How much money is available?**

Five small grant awards of up to $5,000 will be awarded. Organizations may not submit more than one grant application.

**What is the application process?**

**Applications must be received by February 25, 2011.** Incomplete applications will not be accepted.

**Applications Must Include:**

1. Completed Small Grant Application Form (Appendix A)
2. Project Narrative and Organization Capacity describing activities proposed, target population, community engagement and/or key partnerships, and organizational capacity and key personnel (Appendix B).
3. Project Workplan, describing overall goals of the project, activities to achieve goals, evaluation measures, lead staff and timeline (Appendix C).
4. Composition of Organization Leadership, including Board and Staff as appropriate (Appendix D).
5. Project Budget (Appendix E).

**APPLICATION SUBMISSION:**

**E-mail or mail application to:**

Alexis Asihene, Community Engagement Coordinator

Email: Alexis Asihene to [alexis.m.asihene@state.or.us](mailto:alexis.m.asihene@state.or.us)

Address:

Oregon Health Authority

Office of Multicultural Health & Services

800 NE Oregon St. #550

Portland, OR 97232

Electronic submission is encouraged. An electronic version of this application can be found at [**http://www.oregon.gov/OHA/omhs/grants.shtml**](http://www.oregon.gov/OHA/omhs/grants.shtml)**.**

**APPLICATION TIMELINE:**

Monday, January 31, 2011  Funding Announcement

Friday, February 25, 2011 5:00 pm Application due date

February 28 – March 7, 2011 Application Review

Friday, March 7, 2011 Notification of Awards

**GRANTEE COMMITMENT:**

* Funds must be spent by in a timeline negotiated with the Office of Multicultural Health & Services.
* Grantees agree to acknowledge “OHA Office of Multicultural Health & Services” in all marketing materials. This includes the use of our logo, which will be provided to grantees, along with style guidelines.
* All Grantees are required to submit a final narrative to OMHS describing the outcome of the funded project, including a demographic summary of participants and/or communities that were reached. **This report is due within thirty days of completion of the grant activity**.
* Grantees will be listed on the OMHS website, announced to other OHA partners, and named in the OMHS Annual Report.
* Grant activities may be highlighted in other OHA publications and events.

**GRANT PROPOSAL REVIEW PROCESS**

Applications must be complete at the time of submission and demonstrate how the proposed project will strengthen existing or develop new local health outreach projects, and/or demonstrate how this will improve health outcomes among Oregon’s diverse, racial and ethnic populations.

A Grant Review Panel will conduct a comprehensive and impartial evaluation of the proposals received. The Grant Review Panel will rank the qualified proposals according to the scoring system described below. Applicants must provide a concise description of their ability to satisfy the requirements of the proposed activity or project with emphasis on completeness and clarity of content. Evaluation will consider brevity and clarity of responses in scoring proposals. Proposals will be scored on a scale of 0 to 100 points. The maximum point values and evaluation is described below. Points will be awarded not only on completion of the requirement, but also on the extent to which the response aligns with Office of Multicultural Health & Services’ program goals and objectives.

Five Small Grants of up to $5,000 each will be awarded beginning with the highest ranked responsive applicant and down through the list in order of all applicants who meet the requirements.

**Scoring (evaluation factors checklist):**

Applications will be scored and ranked by the OMHS Grant Review Panel.

Each application must clearly meet the pass/fail criteria and address the scored criteria.

|  |  |
| --- | --- |
| **PASS OR FAIL CRITERIA** |  |
| * Complete Application submitted | Pass/Fail |
| **SCORED CRITERIA** |  |
| **Evaluation Criteria** | Maximum Points |
| * Project Narrative describing organizational capacity, project activities, target population, demonstration of community engagement and partnership(s), and key personnel | 40 |
| * Project Workplan and Timeline | 30 |
| * Project Budget (includes In-Kind Contributions) | 20 |
| * Board and Staff Leadership Demographic Composition | 10 |
| **Maximum Score** | **100** |

**Project Narrative and Organizational Capacity (40 points)**

Applicant describes experience and demonstrates capacity to perform the work described in this application, including:

1. Knowledge, understanding and experience working with the targeted population(s);
2. A description of the applicant’s ability to provide staff that are representative of the cultural and language diversity within the targeted population;
3. Key person identified or designated lead staff person, who will be principally responsible for performing the services under this grant, including a paragraph describing experience relevant to the work funding by this grant.

**Project Workplan and Timeline (30 points):**

Applicant provides a clear and complete workplan using the template provided that demonstrates the following:

1. Project objective/s are clearly described and are
   1. Specific, measurable, achievable, reasonable and time-specific (SMART).
2. Anticipated activities clearly relate to the outcomes described.
3. Evaluation methods are reasonable and will help assess outcomes.

Applicant demonstrates that the timeline provided is:

1. Reasonable and realistic to achieve goals and objectives

**Project Budget (20 points)**

Applicant must provide a detailed line item program budget, using the Budget Form in Appendix C. In addition, the Project Budget must demonstrate:

1. All proposed budget expenditures are tied to project activities
2. Personnel line items describe the titles of all positions for staff that will perform the work, list the percentage full-time equivalent (FTE) to be spent on the work, the annual salary for each listed position, the number of months the percentage of salary is budgeted.

**Composition of Advisory Board/Planning Committee (10 points):**

Applicant demonstrates that the applicant’s board or event planning committee is representative of community it plans to engage through the Community Listening Session(s). See Appendix C for example.

**REPORTING REQUIREMENTS**

A Final Narrative Report, including a description of project outcomes and populations reached, and a Budget Report must be submitted to OMHS, no later than **thirty days after completion** of the grant activity.

**GRANT PROPOSAL DOCUMENTS**

The attached documents are designed to simplify and expedite the grant application and approval process. Upon approval of the grant applications, DHS/OHA makes initial distributions of grant funds, subject to approval of the overall process.

Small Grant Applications shall be signed and dated by the submitting organization or individual and sent to DHS/OHA for approval at the following address:

Alexis Asihene

Community Engagement Coordinator

Oregon Health Authority

Office of Multicultural Health & Services

800 NE Oregon St. #550

Portland, OR 97232

Email: [alexis.m.asihene@state.or.us](mailto:alexis.m.asihene@state.or.us)

All questions regarding the small grant application process should be directed to: Alexis Asihene via phone (971) 673-1283, or email [alexis.m.asihene@state.or.us](mailto:alexis.m.asihene@state.or.us)

The OMHS is committed to equal opportunity and does not discriminate against any group, regardless of: disability, economic or citizenship status, age, religion, race or ethnicity, political affiliation, sexual or gender minorities, or any group protected by law.

**\*\*If this information is needed in a different format, please call 971-673-1283 for accommodations\*\***

**Appendix A: Small Grant Application Form**

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| --- | --- |
| **Send completed application to:** | |
| **By Mail:**  **Alexis Asihene**  **OHA Office of Multicultural Health & Services**  **800 NE Oregon Street, Suite 550**  **Portland, OR 97232** | **By Email:**  [**alexis.m.asihene@state.or.us**](mailto:alexis.m.asihene@state.or.us) |
| 1. **Name of Organization or Individual** | |
|  | |
| 1. **Organization Address, City, State, Zip** | |
|  | |
| 1. **Organization Tax ID or Personal SSN** | |
|  | |
| 1. **Contact Name** | 1. **Contact Email** |
|  |  |
| 1. **Contact Phone or Cell #** | 1. **Contact Fax#** |
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| 1. **Amount of Request** | |
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| 1. If awarded grant funds by OHA, recipient agrees to use the grant funds provided, only to perform the specific proposed activities:   **🗹 Initial here\_\_\_\_\_.** | |
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| 1. **Grant requests must include a proposed budget for the project:**   Complete the provided Proposed Budget sheet (Appendix E). | |
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| 1. **Application Submission Checklist:** | |
| **Incomplete applications will not be reviewed.** Use this checklist to ensure that this application is complete. **Documents must be submitted in this order**.   * Completed Small Grant Application Form * Small Grant Agreement Signature Page * Proof of 501(c)(3) Status * Project Narrative and Organizational Capacity * Project Workplan and Timeline * Project Budget * Composition of Advisory Board/Planning Committee | |

**Small Grant Agreement Signature Page**

The Oregon Health Authority, Office of Multicultural Health and Services (OHA-OMHS), has developed the program being implemented by the grants, and has determined that all recipients of funds to be issued under this grant are grantees assisting in the implementation of the program.

The recipient of grant funds, pursuant to this agreement with OHA-OMHS, shall assume sole liability for recipient's breach of the conditions of the grant, and shall, upon recipient's breach of grant conditions that causes or requires OHA-OMHS to return funds to the grantor, hold harmless and indemnify the State of Oregon for an amount equal to the funds which DHS/OHA-OMHS is required to pay to grantor.

If awarded grant funds, I agree and understand that it is the responsibility of my agency to provide all necessary documents to OMHS upon request.

I agree to submit a Final Small Grant Activity Report, including a listing of expenses covered, by the deadline negotiated by both Grantor and Grantee at time of grant award.

**Organization Name:**

**By:**

(Signature) (Date)

(Printed Name & Title)

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| **For DHS/OHA Use Only** |
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| 1. **Prepayment Request form** |
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| 1. **PCA /Index & Object Codes** |
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**Appendix B: Small Grant Application Project Narrative and Organizational Capacity**

**Name of Organization**:

Please briefly describe your project, including intended participants or target population(s), outreach and community engagement activities, location of activity(ies), and anything else you feel would help us understand your project.

**Appendix B, cont: Small Grant Application Project Narrative and Organizational Capacity**

Please describe your organization’s experienceand capacity to perform the work described above, including:

1. Knowledge, understanding and experience working with the targeted population(s);
2. A description of the applicant’s ability to provide staff that are representative of the cultural and language diversity within the targeted population;
3. Key person(s) identified or designated lead staff person, who will be principally responsible for performing the services under this grant, including a paragraph describing experience relevant to the work funding by this grant.

**Appendix C: Project Workplan and Timeline**

Please use the template below to outline your workplan and timeline for your project.

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| **Goal:** | | | | |
| **Objectives**  What do you hope to achieve? | **Activities to Achieve Objectives**  What will do to achieve your goals? | **Lead Staff**  Who will be responsible? | **Timeframe**  When will this activity be completed? | **Evaluation Methods**  How will you measure or know that you’ve reached your objectives? |
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**Appendix: D Composition of Board and Staff Leadership**

**Name of Organization**:

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| --- | --- | --- | --- |
| **Name of Board or Planning Committee Member/Staff** | **Organization Represented**  (if different than applicant) | **Position Title** | **Race/Ethnicity** |
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**Appendix E: Project Budget**

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| **Description of Budget Items** | **Requested**  **Amount** |
| Personnel |  |
| Fringe Benefits |  |
| Project Supplies |  |
| Promotional/education materials |  |
| Advertising/community outreach expenses |  |
| Other (please describe): |  |
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| **Total Budget** | **$** |