

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 SPRING FUNDING PRIORITY

Providence Community Grants Council seeks to support projects in the following focus area (only proposals addressing this focus area will be considered at this time):

- ✪ ***Behavioral Health services for low-income, vulnerable, underserved and diverse communities in Oregon and Southwest Washington.***

I. Area of Focus

- Behavioral Health (Mental Health and Substance Use) services that are community-based, accessible, affordable, culturally competent and may include medication access and management.
 - Projects will address the need for behavioral health services among low-income, vulnerable and underserved persons living in Oregon and Southwest Washington. Special priority is given to programs for diverse populations, programs or services located in defined, low-income and/or isolated communities.
 - Potential Services/Programs: Services can include mental health treatment and/or counseling and substance use treatment and/or counseling. Case management that extends or coordinates treatment programs or focuses on complex, high need persons will also be considered. Programs should be accessible and affordable for diverse or low-income persons and may address medication access and management.

II. 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 geographic communities of need and with uninsured, low-income or diverse populations experiencing significant barriers to care.
 - Provide the service in a defined geographic area.
 - In addition, projects must address:
 - Improving the health of the population;
 - 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.

III. Eligible Project Communities

- Communities served by Providence Health Plans and Providence Health & Services in OR and Southwest Washington are eligible to apply. Projects must demonstrate service delivery to well

defined and documented geographic communities of need with significant, uninsured, low-income or diverse populations experiencing barriers to care.

IV. **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.

V. **Eligible Partners**

- Grant funding is designed to encourage agencies to work collaboratively to address community needs. Grant applications may include partnerships by more than one community agency or not-for-profit organizations. Collaborations may include health systems that have made significant commitments to support the initiative.

VI. **Eligible Funding**

- Applicants may request funds to cover multiple years. Operational grants and capital requests will be considered. Grant proceeds will be disbursed in single allocations with reporting requirements extending for the use of funds. Applications to Providence Community Grants Council will be for projects from \$10,000.00 to \$25,000.00. Grants are not renewable beyond the initial award.

VII. **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.
 - Decline letters will be sent to those applicants that will not be considered for funding.

VIII. **2011 Selection Criteria**

- Criteria used to assess projects will include:
 - Presentation of a well defined community health need in the focus area(s).
 - 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 service delivery to diverse, uninsured, low-income or populations experiencing significant barriers to care.
 - 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 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

Application Guidelines

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

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| 1) Font size — 12 point | 4) Page size — no larger than 8.5 by 11 inches |
| 2) Line spacing — single space | 5) Page numbers in the main body of the document |
| 3) Margins — no smaller than 0.5 inch on all sides | 6) All documents (including budget) - PDF format |

Seven key elements of a complete grant application

Below please find outlined the required sections for a complete grant 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.

1. **Project Overview** — The project overview should include the following elements *in this order*:
 - a. Focus Area — please identify only **One** focus area
 - b. Lead Agency Name (*Legal name of organization according to IRS*)
 - c. Project Name
 - d. Purpose Statement of Project — no more than one sentence
 - e. Community Served — please identify the county and city/neighborhood being served
 - f. Amount Requested
 - g. Brief Project Description
 - h. Number served
 - i. Contact Information for Project Lead Agency
 - j. Name of Executive Director and Grant Contact (Include Salutation, First and Last Name)
 - k. Provide the following information for the both the Executive Director and Grant contact:
 1. Street Address
 2. Mailing Address
 3. City/State/Zip Code
 4. Phone Number(s)
 5. Email addresses
 - l. Tax ID of Lead Agency/Organization
 - m. Collaborating Agencies — Provide the following information for any partner organization:
 1. Organization's Names (specify *if other than nonprofit organizations*)
 2. Executive Director's Name & Contact Information
 3. Tax Identification Numbers — *EIN or equivalent if known*
2. **Project Narrative** — Submit under a separate heading with each section labeled. (*Limit to a maximum of 5 pages.*)
 - a. Project Name
 - b. Purpose Statement — 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.
 - c. Amount Requested
 - d. Target Geographic Area — What is significant about this area?
 - e. Target Population — Please describe the population or community to be served and why they are underserved and/or in need of these services.
 - f. Background and History of the project
 - g. Project Goals — Impacts to be achieved
 - h. Project Objectives and key benchmarks — Key achievements necessary for success.
 - i. Project Activities — Activities that will be performed in order to accomplish the project objectives.

- j. Collaboration Plan (if more than one agency applying) that addresses the following:
 - i. Rationale for collaboration – *Why is collaboration necessary for the success of this project?*
 - ii. Describe the plan and activities that will ensure agency collaboration.
 - iii. *Other organizations you are working with on the project and the role of each.*
 - k. Project Timeline
 - l. Project financial performance measures - number of persons to be served, cost per person served and any projected community savings per person served.
 - m. Lead Agency/Organization Financial Stability – Provide a brief overview of the current financial stability of the lead agency.
 - n. Sustainability Plan – Ways the grantee, community, or other beneficiary will continue to address the work after this funding ends.
 - o. Project Start Date
 - p. Project End Date
3. **Project Budget and Current Year Agency/Organization 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.)
4. **Project Evaluation Plan** - Describe the project evaluation plan.
5. **Supporting Documentation** – The following supporting documents should be submitted as appendix A.
- a. Letters of commitment from the Chief Executive or Head of Agency for all partner agencies.
 - b. Verification of tax status, including copies of tax exempt status and a signed W-9.
 - c. Copies of the lead and partner agencies' commitment to serve low-income and uninsured.
 - d. 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.
 - e. Please **do not** submit videos or marketing materials.

Key Dates

- **March 11, 2011** – Grants announced and community notification issued
- **April 12, 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.
- **July 1, 2011** - **Approved grants will be funded.**

Submission of Full Applications

Only complete applications will be considered. 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.*

Helpful websites to support grant applications: www.statehealthfacts.org, www.countyhealthrankings.org;
http://www.chwhealth.org/Who_We_Are/Community_Health/STGSS044508

Applications must be emailed to the Providence Community Grants Council email address at:
PCGC@providence.org