



CAPE COD HEALTHCARE

Community Benefits Program Annual Strategic Grants FY2021 Request for Proposal (RFP)

Cape Cod Healthcare
Office of Community Benefits
Hyannis, MA



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021

OVERVIEW:

Cape Cod Healthcare (CCHC) is pleased to announce the FY2021 Annual Strategic Grant Request for Proposal (RFP). CCHC is committed to enhancing the quality of, and access to, comprehensive health care services for all the residents of Cape Cod.

The Annual Strategic Grant RFP focuses one major health priority in healthcare outlined in the 2020-2022 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report and Strategic Implementation Plan:¹ The priority area that FY21 Strategic Grant RFP focuses on is Physical Health Conditions.

PHYSICAL HEALTH CONDITIONS

Proposals must be designed to reduce and/or prevent the occurrences and severity of chronic and infectious diseases in Barnstable County through best practices and collaborative approaches. The following conditions are targeted:

- a. Cancer
- b. Chronic & Infectious Disease(s)
- c. Maternal Health
- d. Heart Failure
- e. Pulmonary Rehabilitation
- f. Diabetes
- g. Oral Health/Dental Services
- h. Nutrition
- i. Dementia and Alzheimer's Disease and other neurological health conditions
- j. Stroke

Social Determinates of Health

Proposals should address Social Determinates of Health. The 2018 Massachusetts Attorney General's Community Benefits Guidelines for Non-Profit Hospitals clearly states that social conditions in which people are born, grow, live, work, and age play a key role in determining health outcomes and health disparities. Accordingly, effective Community Benefits programs are critical in addressing unmet public health needs and promoting health equity. CCHC Community Benefits has addressed this in the 2020-2022 Community Health Needs Assessment Strategic Implementation Plan as a collaborative partnership approach with the Cape Cod community over the next three years.

¹ The FY20-22 CHNA Report, Strategic Implementation Plan and updates related to the Strategic Grant Process can be found on our website: www.capecodhealth.org/about/caring-for-our-community/

COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021**FUNDING GUIDELINES:**

- Applicants are **required** to (1) identify a physical health condition and a target population as specified below and (2) propose a program that features evidence-based strategies and collaboration that will demonstrate improved health outcomes for target populations.
- Applicants are **required** to demonstrate a change in condition that expands, improves or reduces a particular health status indicator or systems/operations process improvement with intentional impact to the community over a planned timeline.
- Applicants are **encouraged** to identify how AGING and ACCESS to healthcare will be addressed in the proposal.
- Applicants are **encouraged** to identify how any improvements to the social determinants of health (transportation, housing, healthcare workforce) will be linked to/or part of the proposal.

PROPOSAL SCORING ELEMENTS:

1. Health Priority
2. Health Indicators, Measurable Outcomes and Community Impact timeline
3. Organizational Strength & Collaborative partner roles
4. Budget & Sustainability post grant award
5. Focus on Cross Cutting themes of Aging and Access to Healthcare
6. Inclusion of social determinants of health
7. Build health equity by meeting the Needs of Vulnerable Populations
8. Feature evidence-based practices, promising practices or best practices

Please review **Attachment D** for detailed information related to this RFP scope, qualifications, review process, and technical assistance.

GRANT AWARDS:

Cape Cod Healthcare Community Benefits will award up to \$300,000 total for programs executed in FY21 (January 1, 2021 – September 30, 2021) through a competitive grant-making process as outlined in this RFP packet. Grant awards will range from \$15,000 to \$30,000 and are for one year only.



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RFP SUBMISSION REQUIREMENTS:

Please organize submitted proposals by the structure and content outlined below. Incomplete proposals will be disqualified.

1. **Cover Sheet** (Attachment A)
2. **Proposal Narrative** with a maximum length for the narrative of five (5) pages, excluding cover sheet and budget sheet. **See below for outline of proposal narrative elements.**
3. **Budget Worksheet** (Attachment B): Please note that no more than 10% of funds requested may be applied to administrative fees and or overhead expenses.
4. **Copy of IRS 501c3 determination letter** and/or Fiscal Agent Memorandum of Understanding.
5. **List of Board of Directors** or Steering Committee. If a fiscal agent will be used, also include list of their Board of Directors.
6. **Letters of Collaboration** from collaborating organizations that detail their involvement in proposed project. Letters of support not considered.
7. **Measurable Outcome Goals and Timeline of Expectations**
8. **Interim Summary & Outcomes Report.** All FY21 CCHC Community Benefits grantee organizations must submit an Interim Project Summary & Outcomes Report aligned with contract reporting requirements. NO new Grants will be awarded to FY20 Grantees that were not compliant with request for year-end outcome reports.

COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021**PROPOSAL NARRATIVE REQUIREMENTS:**

The proposal narrative should be submitted on white paper with 12-point type font with 1" margins on all sides. The narrative sections should include headers to reflect applying organization's name and date, and footer to reflect page number. Proposals must address all narrative elements in the order outlined on the following pages and include number and heading in narrative outline (example: 1. Organization 2. Alignment...).

All proposals must meet the outlined narrative requirements. **Proposals that do not include or adequately address all of the narrative requirements will be disqualified.**

1. Organization (125 words)

Provide the organization's Mission Statement and organizational experience related to like-sized program/project in proposal. Identify success or failure encountered that improves this proposal and staffing capacity to address the issue during this grant period.

2. Alignment with Community Benefits Priorities (500 words)

- Identify the physical health condition being addressed and incorporate Barnstable County demographic data (including available health indicator(s)) to define the scope and magnitude of the issue.
- Identify the specific target population(s) that will be impacted through activities.
- Identify if program addresses cross cutting themes of aging and/or access to healthcare.
- Identify how your organization works with community partners to address one or more of the following social determinants of health:
 - Transportation
 - Housing
 - Healthcare Workforce

3. Program Overview (500 words)

Describe the program and strategies that will be implemented to address the problem, including clearly defined goals, specific anticipated outcomes and evaluation activities to measure outcomes. If you are including strategies that address aging or access to healthcare, and/or any of the three social determinants of health, please describe in this section of the narrative.

COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021**4. Community Impact (250 words)**

Describe the impact that the program will have on vulnerable population(s) in Barnstable County. Applicant should reference all demographic, health indicator and assessment data that will demonstrate a measurable impact (behavior change). Include anticipated numbers of persons affected by health condition, locations changes, staffing changes, and/or changes to the system of care along with long-term benefits or expansion possibilities.

5. Collaboration and Innovation (250 words)

- a. Describe how this proposal features current or potential coordination with CCHC. Identify any collaborators and their specific roles. If the proposal does not feature collaboration with other organizations, explain why the applicant works alone.
- b. Identify if this program is an evidenced based practice or is based on a like best practice found elsewhere. Provide summary, source, location and date of development. For example, Healthy Aging 2020 best practice dated X or Stanford evidenced based program dated X.
- c. If your program is not evidenced based or a best practice is not available then explain how your innovation project could become such based on impact for the gap identified.
- d. Include information on community engagement and/or human centered design in your planning and implementation of the program and/or input into the proposal.

6. Budget and Sustainability (125 words)

- a. Provide a budget narrative with detailed descriptions of expenses and income for this project.
- b. Identify other prospective, pending or secured funding sources for this project.
- c. Describe the plans for future sustainability of the project through replication, funding sources, reimbursement, earned income and/or commitment and strength of collaborative partnerships.

Disclose all sources of funding for collaborative projects, including in-kind services such as volunteers, community resources, etc.

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OUTCOMES REPORTING REQUIREMENT:

If a proposed project is awarded funding, reporting to CCHC is required. CCHC will require an Annual Summary & Outcomes Report and reserves the right to request documentation of outcomes related to the proposed project at any time during the duration of the grant or if applicant submits a proposal in response to the Community Benefits Strategic Grant RFP FY2021.

Project elements that will be required on reports include, but are not limited to:

- Program goals
- Health indicators and measurable outcomes (behavior changes) and achievements
- Community impact and related short/long term timelines
- Collaboration and expansion possibilities
- Project sustainability

These reported outcomes will be submitted to the Massachusetts Attorney General’s Office as part of CCHC Community Benefits annual reporting requirements.

GRANT APPLICATION SUBMISSION REQUIREMENTS:

- **Submit one (1) SIGNED electronic copy** to communitybenefits@capecodhealth.org with “Response: Community Benefits Proposal” clearly identified in the subject line by **Thursday, October 29, 2020 at 4:00 pm.**
- **Submit two (2) SIGNED original copies** via U.S. Mail, FedEx, or UPS to Jennifer Cummings, Cape Cod Healthcare Foundation, 32 Main Street, Hyannis, MA 02601. All mailed documents must be postmarked by **Thursday, October 29, 2020.**

FY21 RFP TIMETABLE:

RFP Release	September 2020
Deadline for Proposal Submission	October 29, 2020
Notification of Awards	December 9, 2020
Grant Period	January 1 – September 30, 2021
Annual Summary & Outcomes Report Due	October 1, 2021



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021

Attachment A: Community Benefits Strategic Grant RFP Cover Sheet

Project Title: _____

Name of Organization or Collaborative: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Collaborative partner(s) for this grant: _____

Name and title of accounting contact for payment: _____

Telephone Number: _____

Email Address: _____

Total amount of funding requested from CCHC: \$_____

Does your organization have 501 (c) (3) status? Yes No

Will a fiscal agent be utilized for this project? Yes No (If yes, please submit Attachment C.)

Have you received funding in the past from Cape Cod Healthcare? Yes No

If applying as a multi-agency collaborative, please include the name(s) of any partner organizations that have received funding in the past from Cape Cod Healthcare:



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REQUIRED: Please check the primary CCHC FY20 -22 Community Health Needs Assessment physical health condition that best aligns with your proposal:

- Cancer
- Chronic & Infectious Disease(s)
- Maternal Health
- Heart Failure
- Pulmonary Rehabilitation
- Diabetes
- Oral Health/Dental Services
- Nutrition
- Dementia and Alzheimer's Disease and other neurological health conditions
- Stroke

Please check the **cross-cutting theme** in your proposal:

- Aging
- Access

EQUITY: Please check the vulnerable population(s) that your proposal addresses:

- >65
- 18-24
- Low Income Individuals
- Low Income Families
- Non-English Speaking

Social Determinants of Health addressed in proposal:

- Transportation
- Housing
- Healthcare Workforce

Signature of Applicant: _____ Date: _____



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021

Attachment B: Budget Worksheet

Name of Organization or Collaborative: _____

Name of Project: _____

TOTAL AMOUNT NEEDED FOR PROJECT: \$ _____

TOTAL AMOUNT REQUESTED FROM CCHC : \$ _____

Are you seeking or do you currently have other financial support for this program? Yes No

Will your organization/ partner agencies contribute financial support for this program? Yes No

Organizations should include all prospective, pending or secured sources of funding in the table below and in Section 6 in the proposal narrative.

Instructions:

- Do not allocate more than 10% of CCHC requested dollars to administrative fees and/or overhead expenses.
- All expenses and contribution categories below must reflect costs based on the nine-month grant term of January 2021– September 2021. Grantee will be required to utilize 100% of the grant awards by September 30, 2021.
- Include the financial contributions that the applicant organization(s) will allocate to the proposed project in column (D) in the detailed expense category. If the program is entirely dependent on outside funding, please leave column (D) blank.

DETAILED EXPENSE CATEGORIES	(A) TOTAL PROGRAM EXPENSE	(B) CCHC GRANT REQUEST	(C) REQUESTED/ RECEIVED FROM OTHER SOURCES	(D) OWN ORGANIZATION/ COLLABORATIVE CONTRIBUTION
Personnel Expenses:	\$ _____	\$ _____	\$ _____	\$ _____
Consultants/Contract Services:	\$ _____	\$ _____	\$ _____	\$ _____
Equipment/Supplies:	\$ _____	\$ _____	\$ _____	\$ _____
Travel:	\$ _____	\$ _____	\$ _____	\$ _____
Administrative Fees /Overhead Expenses:	\$ _____	\$ _____	\$ _____	\$ _____
Total Expenses:	\$ _____	\$ _____	\$ _____	\$ _____



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021

Attachment C: Fiscal Agent Worksheet (If applicable)

Name of fiscal agent: _____

Name of fiscal contact person: _____

Fiscal agent address: _____

Telephone number: _____ Fax: _____ E-mail address: _____

Name and title of contact for accounting invoicing if different from fiscal contact person:

Name of project manager: _____

Telephone number: _____ Fax: _____ E-mail address: _____

Please include a list of fiscal agent's directors with your proposal.

COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021**Attachment D: General Information**

- 1.1 **Purpose:** The purpose of this RFP is to solicit proposals under certain terms and conditions in support of CCHC's Community Benefits mission to enhance the quality of, and access to, comprehensive health care services for all the residents of Barnstable County.
- 1.2 **Background:** As a non-profit, tax exempt 501 (c) (3) organizations, CCHC provides benefits to the community commensurate with our tax exempt status. The provision of Community Benefits support is an important component of CCHC's mission. Strategic oversight is provided by the Community Health Committee, which in turn is responsible to the CCHC Board of Trustees. The Committee is comprised of individuals involved in the local health and human services arena that represent community-based organizations, community advocacy groups and county government, as well as two members of the CCHC Board of Trustees.
- 1.3 **Scope and Terms:** CCHC seeks to award funding to non-profit organizations offering programs and/or initiatives that align with CCHC's Community Benefits mission, and specific priorities. The contract term of the grant shall be for a period of nine (9) months upon receipt of a signed grant contract. Grant Recipients will be required to provide an Annual Summary & Outcomes Report no later than October 31, 2021, or upon request by CCHC at any time during the duration of the grant. If the Grant Recipient is unable to meet the contractual requirements or provide services per contract terms, the contract will be suspended or cancelled depending on circumstances and funding will be discontinued. Any funds not expended over the course of the contract must be returned to CCHC within 60 days of contract termination.
- 1.4 **Definition of Partners:** Cape Cod Healthcare will be referred to as "CCHC". Respondents to the RFP shall be referred to as "Applicants". The Applicants to whom the contract is awarded shall be referred to as the "Grant Recipient".
- 1.5 **CCHC Community Benefits will not fund the following requests through this process:**
- Programs outside of stated priorities
 - Programs serving areas outside Barnstable County
 - Duplicative programs in the same service area
 - Political or fundraising campaigns
 - Construction or renovation activities, leased property or property acquisitions
 - Event expenses or incentives including food, beverages, gifts, or tokens
 - For-profit ventures

COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021**Attachment D: General Information****1.6 Review Process**

- a) Proposals will be reviewed and evaluated by CCHC staff and the CCHC Community Health Committee.
- b) Grants will be awarded based on alignment with stated priorities and RFP requirements.
- c) Grant funding will not exceed \$30,000 per proposal.
- d) Awards are officially voted on and approved by the Community Health Committee and presented to the CCHC Board of Trustees. Committee members affiliated with any proposal will recuse themselves from voting on such.

1.7 Award of Proposal and Distribution of Funds

Applicants will be notified by December 9, 2020. Awards will be announced publicly in January 2021. CCHC and Grant Recipients will execute a formal Agreement. Grant Recipients will be required to submit invoice(s) to CCHC for the program. Funding is subject to compliance with the terms of the Agreement.

1.8 Confidentiality

Information contained in the proposals will be held in confidence until all evaluations are concluded and awards have been made. Funding and other information that is part of the offer cannot be considered confidential after an award has been made.

1.9 Technical Assistance

All communications related to the RFP shall go through the Office of Community Benefits. It is the responsibility of the Applicant to inquire about any requirement of this RFP that is not understood. A technical assistance session will be scheduled and information posted on our website. It is the Applicant's responsibility to check the website for up to date information regarding this RFP.

1.10 Communication

General inquiries about this RFP can directed to Jennifer Cummings, Associate Director of Development & Community Benefits, by email jrcummings@capecodhealth.org.



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2021

Attachment E: RFP Application Checklist

- Completed grant application cover sheet (Attachment A)
 - Project Narrative: five (5) page limit
 - Completed Budget Worksheet (Attachment B)
 - Attached proof of non-profit status
 - Attached current list of board members
 - Interim Summary & Outcomes Report (Applicable only if applicant organization is a FY2020 CCHC Community Benefits grantee)
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If applying with a partner organization or as a multi-agency collaborative, please include:

- Letter of Collaboration from partner(s)
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If using a Fiscal Agent, please include:

- Completed Fiscal Agent Worksheet (Attachment C)
- Fiscal Agent Memorandum of Understanding and Fiscal Agent list of board members