Strengthening the Oral Health



Advocacy Infrastructure

Request for Proposals (RFP) Oral Health Advocacy:

Strengthening the Advocacy Infrastructure to Sustain Improvements in Oral Health Access

For Low-Income Families

Application Deadline: Tuesday, July 22, 2014

The Connecticut Health Foundation (CT Health) is the state’s largest independent health philanthropy dedicated to improving lives by changing health systems. Since it was established in 1999, the foundation has supported innovative grant-making, public policy research, technical assistance and convening to achieve its mission – to improve the health of the people of Connecticut. Over the past 14 years, CT Health has awarded grants totaling $52,000,000 in 45 cities and towns throughout the state.

CT Health has demonstrated its significant commitment to improving access and quality of oral health care in the state for over ten years. There is evidence that these efforts have made a measureable difference in access and utilization of oral health care for low-income Connecticut residents, especially children. To insure that these positive developments are maintained in the current, rapidly evolving health care environment, vigilance and advocacy both in the policy arena and the regulatory arena are essential. This is a unique time to build a unified approach to health for low income residents that includes oral health as an essential component. Broadening the base of advocates will increase visibility

and the effectiveness of advocacy efforts. As a result, policy makers and legislators will feel more obliged to respond to concerns and address problems in oral health access and quality.

CT Health believes that the integration of oral health into overall health must be supported to elevate its status and increase the number and type of effective advocates who have credibility and influence.

This grant opportunity directly supports CT Health’s Strategic Plan for 2013-2017, available at [www.cthealth.org.](http://www.cthealth.org/) Successful grantees will be contributing to the success of the following two Plan objectives:

1. Foster the inclusion of mental, oral and physical health in an integrated health care system.

2. Bolster the leadership capacity of key stakeholders, organizations and coalitions to advocate for policies and regulations that maintain and improve oral health access for low-income families.

The successful grantee is expected to demonstrate sustainable enhancement of oral health advocacy that will educate decision makers and mobilize affected populations to have a strong voice.

GRANT FUNDING AVAILABLE

CT Health is pleased to announce the availability of funding to diversify and strengthen oral health advocacy. This diversification and strengthening will insure that the improvements in access and quality that have been achieved to date are sustained, and new opportunities for further improvements are embraced.

It is anticipated that up to three awards of up to $40,000 for a two-year project period will be made.

IMPORTANT DATES:

|  |  |
| --- | --- |
| Activity | Date |
| Webinar to Address Questions – **register** [**here**](http://ohadvocacyrfp.eventbrite.com) | July 8, 2014 at 1:00 p.m. |
| Applications Due | July 22, 2014 at 5:00 p.m. |
| Notification of Successful Award | September 24, 2014 |
| Grant Period | October 1, 2014 to September 30, 2016 |

ELIGIBILITY

This RFP is open to applicants with current expertise in health advocacy and capacity to develop oral health expertise and integrate oral health advocacy into their overall work. Current grantees of CT Health receiving funding for oral health advocacy are not eligible to apply.

Applicants must currently have:

 Specific capacity and a history of general health advocacy

 A track record of inclusion in key health-focused coalitions, groups, and opportunities that support policy and/or administrative changes to increase health care access

 Ability to mobilize stakeholders, including consumers, to strengthen impact

 Ability to take advantage of learning, opportunities and events to increase the visibility of oral health access challenges

Applicants must be 501(c)(3) organizations. Unincorporated organizations must identify a 501(c)(3)

organization that has agreed to function as its fiscal agent.

GRANT PROGRAM OBJECTIVES

The objectives of this grant opportunity, which support the Foundation’s strategic plan objectives noted above, are to:

1. Increase the level of coordination, collaboration and mission alignment among community and system partners, including nontraditional alliances in support of oral health access.

2. Increase the number of credible health advocates working for improved oral health access and quality, including legislators, consumers, and health care providers.

3. Increase responsiveness of new and existing health advocates to unique opportunities to bring attention to oral health access challenges and solve problems.

4. Create and implement an oral health advocacy agenda that is both defensive (protecting current levels of oral health access) and forward moving (setting incremental benchmarks towards a larger policy change goal).

It is expected that successful grantees will address all four of the objectives. Through this work the grantee will develop leadership in oral health and contribute to and increase the effectiveness and efficiency of existing oral health advocacy coalitions as well as increase pressure on state government and the legislature to monitor and continuously improve oral health access and quality.

THE GRANTS REVIEW PROCESS

CT Health utilizes a multi-step application review process. After an internal technical review to ensure that all required documentation is present and that each section of the application is complete, the application is reviewed by a panel of CT Health staff and external experts to assess responsiveness to the objectives of the initiative and the applicant’s capacity to successfully implement the project. CT Health then carefully considers the comments and recommendations of internal and external reviewers to make funding recommendations to the Program Committee of the CT Health Board. The Program Committee reviews applications and makes its recommendation to the full Board, which votes on applications quarterly.

DIRECTIONS FOR COMPLETING THE APPLICATION COMPLETING THIS APPLICATION USING YOUR COMPUTER:

1. Save this file to your computer using the naming convention: “your\_organization\_name\_2014 OHA RFP.doc”.

2. Proposals must be filled out using 11-pt, Arial font and have 1” margins. They are not to exceed the indicated page limits.

3. When you are finished, save the document and print a copy for your records.

4. By the proposal deadline please email both sections (the proposal and the attachments) as two separate PDF or MS Word documents: Section 1- Proposal including checklist, and Section 2: Attachments to [kelly@cthealth.org](mailto:kelly@cthealth.org). In the email subject line please say: Oral Health RFP Grant Proposal Submission – (Name of your organization). Only applications submitted by email will be accepted. Do not mail or fax a printed version.

5. Please contact Yolanda Caldera-Durant Senior Program Officer, at [yolandacd@cthealth.org](mailto:yolandacd@cthealth.org) or 860-

724-1580 with any questions.

\*\*Because email delivery may be interrupted or fail, we strongly suggest that you submit your application at least 3 business days in advance of the deadline to allow enough time for CT Health staff to reply to

your email and verify that your application was received.\*\*

|  |  |
| --- | --- |
| Applicant (Official Organization  Name): |  |
| Funding Request/Timeline: |  |

SECTION 1—Proposal:

|  |  |
| --- | --- |
|  | Cover Sheet |
|  | Executive Summary—One Page |
|  | Proposal Narrative |
|  | Budget Justification |
|  | Budget Worksheet |
|  | Organizational Diversity Chart |

SECTION 2—Attachments:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Financial Documentation | | |
|  |  | Operating Budget | |
|  | Most Recent Audit | |
|  | |  | Auditor’s Opinion Letter |
|  | Management Letter |
|  | Most recent 990 | | |
|  | List of Board of Directors including contact information | | |
|  |  | Frequency of meetings/attendance | |
|  | Fiscal oversight | |
|  | Description of Executive Director’s Evaluation | |
|  | Annual Report | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | IRS Letter of Determination 501 (c) (3) status, if applicable | | | | |  |
|  | Fiscal Agent Documentation, if applicable | | | | |
| Person completing this checklist: | | |  | | | |
| Legal Name of Organization | |  | | | | |
| Address | |  | | | | |
| City, State, Zip Code | |  | | | | |
| Email Address | |  | | | | |
| Telephone | |  | | | | |
| Fax | |  | | | | |
| Website Address | |  | | | | |
| PLEASE CHECK ONE: | |  | 501 (c)(3) |  | Other | |

Is there an organization acting as a fiscal agent for this project?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, please indicate below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Fiscal Agent |  | Telephone |  |
| Name of Executive Director |  | Telephone |  |
| Email Address |  | Fax |  |
| Name of Project Director |  | | |
| Email Address |  | | |
| Telephone |  | | |
| Fax |  | | |
| Project Title |  | | |
| Project Time Frame (Number  of Years) |  | | |
| Amount Requested |  | | |
| Budget |  | | |

Section 1. Proposal

Executive Summary: Please provide an overview of your project as it relates to CT Health’s focus on strengthening the oral health advocacy infrastructure and the specific RFP objectives. Include evidence that your organization meets the eligibility requirements noted previously and briefly describe its health advocacy track record. List the project’s objectives and amount of grant funds requested each year for two years (up to a total of $40,000). Include an “impact statement” that describes how oral health advocacy would be strengthened as a result of your work. (Not to exceed one page)

Proposal Narrative: Please address the five components listed and described below, in order. (Not to exceed

6 pages, including timeline)

A. The Need for Oral Health Advocacy

Summarize the current challenges and barriers to full access for Connecticut’s low-income residents to both preventive and treatment oriented oral health care as they relate to both children and adults. Identify any threats to current levels of oral health access. Emphasize those problems that may have

a policy or administrative solution that can be addressed through your project.

B. Applicant Qualifications

Please describe the applicant’s:

 Mission, brief history, and key programs/activities

 Capacity and history of general health advocacy

 Track record of inclusion in key coalitions, groups, and opportunities that support policy and/or administrative change

 History mobilizing stakeholders, including consumers, to strengthen impact

 Reasons for becoming interested in oral health and why it is important to them

C. Objectives and Outcomes

List at least three measureable objectives that the applicant expects to accomplish by the end of the two-year project period that will help accomplish the RFP’s overarching objectives. Both ‘defensive’ and ‘forward moving’ objectives should be considered. CT Health is aware that start-up advocacy activities take considerable time, but the applicant should quickly take advantage of infrastructure that is already in place. First year objectives may set the stage for subsequent more substantive accomplishments in the second year.

D. Proposed Methods

Explain the activities that the applicant will undertake to achieve the specific objectives noted in the previous section. The methods for year 1 will differ somewhat from those of year 2. Explain project methods in a logical sequence. CT Health understands that the advocacy environment is one of rapid and unpredictable change in terms of context and key players. The applicant must demonstrate how project methods recognize these challenges.

Project activities include resources to be secured, research to be completed, issues to be prioritized, integration of oral health advocacy into current advocacy activities, partners to be engaged, expertise to be identified, steps to be taken to engage consumers, legislative activities, networking efforts, etc. The methods section identifies those staff members and their qualifications who will be assigned to this project. Methods must be closely supported by the budget; any expense in the budget needs to be included in the methods section.

Include a quarterly timeline for each year as part of this section. E. Cultural and Linguistic Competence

Describe your organizational commitment to cultural and linguistic competence. B) Describe how, if funded, this project would be implemented with cultural and linguistic competence.

Please complete the organizational diversity chart.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organizational Diversity Chart  Show total number and percentage for each  (i.e. 25/10%) | | Board Members | Staff | Members  (if applicable) | People Served (if direct services provided) |
| Total Number | |  |  |  |  |
| Diversity by Race/Ethnicity | |  |  |  |  |
| African American/Black | |  |  |  |  |
| American Indian or Alaska Native | |  |  |  |  |
| Asian | |  |  |  |  |
| Hispanic/Latina/Latino | |  |  |  |  |
| Native Hawaiian or other Pacific Islander | |  |  |  |  |
| White | |  |  |  |  |
| Other: |  |  |  |  |  |

F. Evaluation

Explain the applicant’s plan to track progress towards meeting outcomes that includes who is responsible, what the frequency will be, how progress will be recorded and shared, and how progress will inform project activities. Evaluation strategies may include both subjective and objective data

and information, and some data sources may be outside of the applicant’s organization but accessible to the applicant.

Section 2. Budget and budget narrative: (1 page, maximum plus attached form)

Refer to the CT Health “Allowable Costs for Grant Proposals” guide when developing the budget.

CT Health grant funds cannot be used for legislative lobbying expenses. Grant funds should not be used to hire new staff.

Allowable expenses include support of current staff, travel/lodging, materials and supplies, meeting expenses, IT support, training, consumer incentives, and 15% for indirect costs. The budget should clearly support the methods described in the narrative. Describe any dollar amounts that need clarification and connect the budget specifics to appropriate elements of the application.

The prepared budget should outline the costs for the first year only.

Budget Worksheet



Use the lines that are relevant to your project and add more as needed. It is not necessary to have expenses in all budget lines. List funds requested from CHF and how they will be spent in Column A. List all other Grants & Contribution by foundation/organization name in Column B. List Fees for Service in Column B.

List In-Kind Contributions (valued) in Column B. Add more lines as needed. Show total of Column A & B in Column C.

A + B = C

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue & Support | CHF Funding | Other Fees & Support | Project  Budget |
| Funds Requested from CHF |  |  |  |
| Fees for Service |  |  |  |
| Other Grants/Contribution |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| In-Kind Contributions (valued) |  |  |  |
| Total Revenue & Support |  |  |  |

Expenses: Personnel Expenses:

|  |  |  |  |
| --- | --- | --- | --- |
| Full-Time Staff (#\_\_) Salary & Wages |  |  |  |
| Part-Time Staff (# and % F.T.E.) |  |  |  |
|  |  |  |  |
| Fringe (@ %) |  |  |  |
| Agency Sub-Contracts |  |  |  |
| Consultants |  |  |  |
|  |  |  |  |
| Total Personnel Expenses |  |  |  |

Other than Personnel Expenses (OTPE):

|  |  |  |  |
| --- | --- | --- | --- |
| Stipends |  |  |  |
| Rental Facilities |  |  |  |
| Equipment |  |  |  |
| Direct Postage/Telephone |  |  |  |
| Printing/Copying/Mailings |  |  |  |
| Supplies/Materials |  |  |  |
| Travel/Lodging |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Indirect Costs (15% of all projected  expenses) |  |  |  |
| Total OTPE |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TOTAL OPERATING EXPENSES |  |  |  |