**Request for Proposals (RFP)**

**Diverse Advocacy and Consumer Engagement in Health Reform**

**Application Deadline: Friday, July 15, 2016**

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 16 years, **CT Health has awarded grants totaling $54,000,000** in 45 cities and towns throughout the state.

In 2013, CT Health announced a strategic shift that made expanding health equity its central focus.  For CT Health, health equity means *helping more people gain access to better care*, especially people of color (PoC).  Better care includes physical, mental, and oral health care. Now that CT has successfully enrolled more people into health insurance coverage, 97 percent of the state’s population is insured. It is now critical to help the newly insured understand how to use their coverage and the health care system to achieve the promise of the Affordable Care Act.

CT Health believes trusted voices from within communities of color will more authentically represent the needs and preferences of their communities. By engaging more organizations led by and serving consumers of color in health reform, the state’s health care access and delivery system transformations will be better positioned to equitably serve all Connecticut residents.

**ANNOUNCEMENT**

CT Health is pleased to announce the availability of funding to continue to increase the diversity of consumers participating in health reform engagement and advocacy. Our theory is that including the voices of consumers of color in health reform means that:

* The needs, values, and preferences of consumers affected by inequities are represented in opportunities to change the health care system;
* Leaders of color become even more effective messengers for health equity in health reform
* Bridges between health care systems and consumers of color are built or strengthened

CT Health seeks to support PoC led nonprofits that work on advocacy and consumer engagement strategies to ensure health reform benefits populations of color. This is an opportunity to help deepen and/or expand your organization's consumer advocacy efforts and to partner with CT Health and a growing network of groups involved in advocacy and consumer engagement strategies in health reform.

**GRANT FUNDING AVAILABLE**

CT Health anticipates funding **2-4 grant** requests ranging in size from **$25,000 to $50,000.**

**IMPORTANT DATES**

|  |  |
| --- | --- |
| Activity | Date |
| Release of RFP Grant Application | June 7, 2016 |
| Informational RFP Webinar for Interested Applicants | June 23, 2016 - 2-3 PM |
| Application Deadline | **July 15, 2016 - 5:00 PM** |
| Notification of Successful Grant Award | Sept. 30, 2016 |
| Grant Period | Oct. 3, 2016-Sept. 30, 2017 |

**ELIGIBILITY**

CT Healthdefines a person of color (PoC) as someone who identifies as being from one or more of the following racial and ethnic backgrounds:

|  |  |
| --- | --- |
| * African-American/Black | * Hispanic/Latino |
| * Asian or Pacific Islander | * Native American |

An organization **must meet two or more** of the following criteria to be eligible to apply for this funding:

* Nonprofit is led (e.g., executive director, CEO) by a person of color; and/or
* Nonprofit is governed by a board composed of a majority (51%+) of people of color; and/or
* Nonprofit serves populations/communities of color

Applicants must be 501(c)(3) organizations to be eligible for this funding.

**GRANT PROGRAM OBJECTIVES**

In their proposals, applicants *must meet* *at least one (1) of the following objectives* that support the foundation’s strategic goal to **leverage opportunities to advance health equity in reforming health care**:

1. Advocate for increased and improved collection, stratification, reporting, and use of race, ethnicity and language (REL) data from existing commercial and public data systems (e.g. All Payers Claims Database, Access Health Connecticut, Medicaid, commercial carriers, state agencies, etc.) to identify and address inequities.
2. Commission high quality, credible policy analysis and use findings to do two or more of the following:
   1. Increase the knowledge base about a health issue amenable to policy solutions
   2. Evaluate outcomes or impact of current or future health policy
   3. Stimulate public debate about a health policy issue to raise its profile on the public agenda
   4. Equip advocates
   5. Provide decision support to decision-makers

Additionally, applicants must target one or more health systems important to health reform for advocacy and consumer engagement. The most competitive applications will be able to demonstrate one or more existing relationships, but CT Health is committed to helping grantees establish connections as well. Examples include, but are not limited to:

* Access Health CT (Connecticut’s health insurance marketplace)
* State Innovation Model Plan (Process to transform the way health care is delivered in the state)
* Department of Social Services (HUSKY/Medicaid)
* No Wrong Door (A system that will allow consumers to apply for health insurance through different mechanisms and agencies, and then seamlessly routes them to the health insurance program for which they qualify)
* Accountable Care Organizations (a health care provider system)

Grant funds can be used to educate and inform, but cannot be used to support lobbying activities, direct calls to action, or support specific candidates.

**APPLICATION PROCESS**

If you are interested in responding to this RFP, please follow these steps:

1. CT Health will host an optional informational webinar for interested applicants. Details and registration information are included below:

|  |  |
| --- | --- |
| **Webinar RFP Information Session for Interested Applicants** | |
| Thursday, June 23, 2016 at 2-3pm | To register for the informational webinar please click [**here**](https://www.eventbrite.com/e/informational-webinar-diverse-advocacy-and-consumer-engagement-rfp-tickets-25907954389)**.** |

1. Contact Tiffany Donelson, Vice President of Program, at [tiffany@cthealth.org](mailto:tiffany@cthealth.org) or at 860-724-1580, extension 18 with any questions about the RFP.
2. To obtain an electronic version of the Diverse Advocacy and Consumer Engagement RFP visit: <http://www.cthealth.org/grants/open-rfps/> and follow the application instructions.
3. The deadline to apply is **July 15, 2016 by 5:00 PM**

**Request for Proposals (RFP)**

**Diverse Advocacy and Consumer Engagement in Health Reform**

**APPLICATION DEADLINE: FRI., JULY 15, 2016**

**RFP OBJECTIVES: Grant project must meet at least one (1) of the following objectives that support the foundation’s strategic goal to leverage opportunities to advance health equity in reforming health care:**

|  |
| --- |
| 1. Advocate for increased and improved collection, stratification, reporting, and use of race, ethnicity and language (REL) data from existing commercial and public data systems (e.g. All Payers Claims Database, Access Health Connecticut, Medicaid, commercial carriers, state agencies, etc.) to identify and address inequities. |
| 1. Commission high quality, credible policy analysis and use findings to do two or more of the following: 2. Increase the knowledge base about a health issue amenable to policy solutions 3. Evaluate outcomes or impact of current or future health policy 4. Stimulate public debate about a health policy issue to raise its profile on the public agenda 5. Equip advocates 6. Provide decision support to decision-makers |

**eligibility criteria (Please Select at least two of the following options):**

**The organization applying for this funding is a 501(c)(3) that:**

|  |  |
| --- | --- |
|  | Is led (e.g., executive director, CEO) by a person from one or more of the following racial and ethnic backgrounds: African American/Black, Hispanic/Latino, Asian or Pacific Islander, or Native American. |
|  | Is governed by a board composed of a majority (51%) of people from one or more of the following racial and ethnic backgrounds: African American/Black, Hispanic/Latino, Asian or Pacific Islander, or Native American. |
|  | Serves populations/communities from one or more of the following racial and ethnic backgrounds: African American/Black, Hispanic/Latino, Asian or Pacific Islander, or Native American. |

**How to COMPLETE this APPLICATION using your computer:**

1. Save this file to your computer using the naming convention: “your\_organization\_name-2016\_HE\_RFP.doc”.
2. **Proposals must be filled out using 11-pt, Arial font and one-inch 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 the proposal and the attachments as two separate PDF or MS Word documents: Section 1: Proposal and the checklist, and Section 2: Attachments to [kelly@cthealth.org](mailto:kelly@cthealth.org). In the email subject line, please type: 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 Tiffany Donelson, Vice President of Program, at [tiffany@cthealth.org](mailto:tiffany@cthealth.org) or 860-724-1580, ext. 18 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.\*\**

**GRANT APPLICATION CHECKLIST**

|  |  |
| --- | --- |
| 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: | | | | | |  | | |
| **GRANT APPLICATION COVER SHEET** | | | | | | | | |
| 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 |  | | |

**PROPOSAL SUMMARY:** Please provide an overview of your project as it relates to CT Health’s focus on diverse advocacy and consumer engagement in health reform for people of color; a description of your nonprofit’s PoC leadership as outlined in the criteria; communities/populations of color you serve; health system(s) you seek to impact; proposed goals, objectives, and measureable outcomes; and grant funds requested. The Executive Summary must include an “impact statement” that briefly describes the end result of the project. *[Not to exceed 1 page]*

**PROPOSAL NARRATIVE:** In your proposal narrative, please explain your proposed work and illustrate how it will address the RFP objective to ensure that health reform benefits racially and ethnically for diverse populations in Connecticut. This section must include all of the listed elements as detailed below. *[Not to exceed 7 pages]*

1. Tell us about your organization’s mission, key initiatives, and strengths. How does your organization meet CT Health’s definition of a person/people of color led nonprofit organization? Tell us about the demographics and geographic distribution of the community in which your organization works.
2. What are your organization’s top health care priorities and concerns? Share why health equity in health reform is important to your organization and community.
3. Describe your organization’s experience (can, but does not have to be focused on a health issue) with consumer advocacy or consumer engagement to demonstrate your capacity for success. Provide a specific example, including results/what difference your involvement made.
4. To-date, what has your organization’s experience been related to the Affordable Care Act/health reform?
5. If you were to receive funding under this opportunity, what health reform related system or organization would be the target of your consumer advocacy/engagement? What would you want to be different by the end of the grant period?
6. Bullet out a timeline of major activities by quarter to show what approaches and activities you would propose to use to achieve your desired difference: Q1 (Oct. – Dec. 2016), Q2 (Jan. – Mar. 2017), Q3 (Apr. – Jun. 2017), Q4 (Jul. – Sept. 2017).
7. Complete the following chart, demonstrating how your project will achieve at least one (1) of the following objectives:

|  |  |
| --- | --- |
| **CT Health Foundation Objectives** | **Activities/Program Components** |
| 1. Advocate for increased and improved collection, stratification, reporting, and use of race, ethnicity and language (REL) data from existing commercial and public data systems (e.g. All Payers Claims Database, Access Health Connecticut, Medicaid, commercial carriers, state agencies, etc.) to identify and address inequities. |  |
| 1. Commission high quality, credible policy analysis and use findings to do two or more of the following:    1. Increase the knowledge base about a health issue amenable to policy solutions    2. Evaluate outcomes or impact of current or future health policy    3. Stimulate public debate about a health policy issue to raise its profile on the public agenda    4. Equip advocates    5. Provide decision support to decision-makers |  |

1. If you plan to commission policy analysis (objective 2), please respond to the following questions:
   1. What is the specific policy question in need of research or analysis?
   2. Why will having data or analysis be useful in advancing your related policy agenda?
   3. How will you plan to use the research findings in your advocacy?
   4. Please identify at least one prospective policy researcher or subject matter expert who you would commission to work with you. Grants funds should be used to commission a respected non-partisan policy subject matter expert or researcher to conduct the analysis. Grantees will be expected to produce a research brief or other publication.
2. What relationships will be necessary, both with the target system/organization, and with other external partners to achieve the desired difference? Indicate which relationships currently exist and which you would have to cultivate during the grant period.
3. What technical assistance would you need/want from CT Health or others as it relates to advocacy and consumer engagement in health reform for people of color?
4. A) Describe your organizational commitment to cultural and linguistic competence.   
   B) Describe how, if funded, this project would be implemented with cultural and linguistic competence.
5. 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: |  |  |  |  |  |

1. Please summarize the past grants that your organization has received, if applicable, from CT Health using the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant Period | Grant Amount | Description | Key Outcomes/Results | Key Lessons Learned |
|  | $ |  |  |  |
|  | $ |  |  |  |
|  | $ |  |  |  |

**PROPOSED GRANT BUDGET**

Please indicate funds requested from CT Health (request may range between $25,000-$50,000) and how they will be spent for personnel and other than personnel expenses in Column A. Include other Grants or Contributions specifying the name of each funding organization, Fees for Service and In-Kind Contributions and how they will be spent in Column B. Add Column A and B to show the total project budget in Column C. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Revenue** | **CT Health Funding** | **Other Support** | **Project Budget** |
| Funds Requested from CT Health |  |  |  |
| Fees for Service |  |  |  |
| Other Grants/Contributions |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| In-Kind Contributions (valued) |  |  |  |
| **Total Revenue & Support** |  |  |  |
| **Expenses** *Personnel Expenses:* | | | |
| Full-Time Staff (#     ) Salary & Wages |  |  |  |
| Full-Time Staff (#      and %      FTE) |  |  |  |
|  |  |  |  |
| Fringe (@      %) |  |  |  |
| Agency Sub-Contractors |  |  |  |
| Consultants |  |  |  |
|  |  |  |  |
| **I. Total Personnel Expenses** |  |  |  |
| *Other Than Personnel Expenses:* | | | |
| Stipends |  |  |  |
| Rental Facilities |  |  |  |
| Equipment |  |  |  |
| Direct Postage / Telephone |  |  |  |
| Printing / Copying / Mailing |  |  |  |
| Supplies / Materials |  |  |  |
| Travel / Lodging |  |  |  |
| **II. Total Other Than Personnel Expenses** |  |  |  |
| **III. Indirect Costs** (no more than 15% of all projected expenses) |  |  |  |
|  | | | |
| **Total Expenses (I + II + III)** |  |  |  |

**Budget Narrative:** Please use the space below to write your budget justification. The budget justification is a narrative explanation of the budget line items and their relationship to the goals and objectives of the project. If applicable, please indicate other sources of funding – both committed and pending.