**Request for Proposals (RFP)**

**Communities Advocating for Health Reform in Connecticut**

Application Deadline: Friday, April 7, 2017

The Connecticut Health Foundation (CT Health) is the state’s largest independent health philanthropy dedicated to improving lives by changing health systems.  Since establishment 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 17 years, **CT Health has awarded grants totaling close to $60,000,000** 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.

With the passage of the Affordable Care Act (ACA), CT has successfully enrolled more people into health coverage than ever before with 97 percent of the state’s population insured. However, with significant challenges at both the state and federal levels, there are mounting threats to the gains made in coverage and access. The foundation believes it is critical that communities across the state mobilize and take action to ensure that health reform in CT continues to move forward.

Authentic voices from within communities best represent the needs and preferences of their communities and are essential to ensure that health equity is embedded in all health reform activities. These voices should be elevated to state and federal policymakers as critical decisions are being made. Our theory of change is that by engaging community based organizations to activate their constituencies in organizing and advocacy efforts, specifically around HUSKY (Medicaid) and the ACA, decisions affecting health care access and the delivery system will more equitably serve all CT residents.

The goal of this RFP is to strengthen the advocacy infrastructure in CT by supporting community based advocacy and organizing efforts, and linking those efforts with state level advocates who are working to address health policy and health equity issues at the state and federal levels.

**ANNOUNCEMENT**

CT Health announces the availability of funding to support community based organizations to engage their constituencies/membership in organizing and grassroots advocacy efforts that defend and advance health reform in CT and respond to attempts to repeal and replace the ACA. Communities have a critical role to play in advancing health reform by collecting and sharing personal stories, identifying compelling spokespeople, building coalitions, and mobilizing members of the community. The foundation seeks to increase the number of community based organizations throughout the state engaged in organizing and grassroots advocacy efforts.

This is an opportunity to initiate, deepen, and/or expand your organization's organizing and grassroots advocacy efforts around health equity and partner with CT Health and a growing network of groups involved in advocacy and community engagement strategies. In addition to grant funding, the organizations selected for this RFP will receive technical assistance to help them achieve their goals. CT Health has specifically identified immigrant rights organizations and faith based groups as strong candidates for this RFP.

**GRANT FUNDING AVAILABLE**

CT Health anticipates awarding three grants of up to $25,000 each for a 12-month project period.

**IMPORTANT DATES**

|  |  |
| --- | --- |
| Activity | Date |
| Application Deadline | **April 7, 2017 - 5:00 PM** |
| Notification of Successful Grant Award | June 16, 2017 |
| Grant Period | July 1, 2017-June 30, 2018 |

**ELIGIBILITY**

The RFP is open to community based organizations that primarily serve immigrants and/or people of color. CT Healthdefines people of color as being from one or more of the following racial and ethnic backgrounds:

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

As mentioned, CT Health has identified immigrant rights organizations and faith based groups as strong candidates for this RFP. In an effort to attract community based organizations, state level organizations will not be considered for this funding opportunity.

Applicants must currently have:

* Ability to mobilize community members and local stakeholders to advocate against harmful changes or cuts to HUSKY and/or the ACA, and advocate for the advancement of health reform initiatives such as community health workers, etc.
* Ability to take advantage of technical assistance, learning opportunities, and events to increase the visibility and import of health reform activities in the state.

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

1. Increase organizations’ capacity to respond to threats and opportunities related to health care coverage and access.
2. Ensure that health policy reflects community interests, particularly for people of color, by elevating the voice of affected community members to policy makers.
3. Advance health equity in health reform through community organizing and advocacy to drive policy and practice improvements.

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

**GRANTEE EXPECTATIONS**

Organizations selected for this RFP will be expected to:

* Participate in regular technical assistance calls.
* Participate in a learning community with other grantees.
* Complete an interim (at 6 months) and final report (at conclusion of the grant period).
* Participate in evaluation efforts to gauge effectiveness of the project.

**APPLICATION PROCESS**

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

1. To obtain an electronic version of the Communities Advocating for Health Reform in Connecticut RFP visit: <http://www.cthealth.org/grants/open-rfps/> and follow the application instructions.
2. Contact Garrick Wong, Senior Program Officer, at [garrick@cthealth.org](mailto:garrick@cthealth.org) or at 860-724-1580 with any questions about the RFP.
3. The deadline to apply is **April 7, 2017 by 5:00 PM**

**Request for Proposals (RFP)**

**Communities Advocating for Health Reform in Connecticut**

**APPLICATION DEADLINE: FRIDAY, APRIL 7, 2017**

**RFP OBJECTIVES: Grant projects must address the following objectives:**

|  |
| --- |
| 1. Increase organizations’ capacity to respond to threats and opportunities related to health care coverage and access. |
| 1. Ensure that health policy reflects community interests, particularly for people of color, by elevating the voice of affected community members to policy makers. |
| 1. Advance health equity in health reform through community organizing and advocacy to drive policy and practice improvements. |

**eligibility criteria**

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

|  |
| --- |
| Primarily serves immigrants and/or communities from one or more of the following racial and ethnic backgrounds: African American/Black, Hispanic/Latino, Asian or Pacific Islander, or Native American. |
| Has the ability to mobilize community members and local stakeholders to advocate against harmful changes or cuts to HUSKY and/or the ACA, and advocate for the advancement of health reform initiatives such as community health workers, etc. |
| Has the ability to take advantage of technical assistance, learning opportunities, and events to increase the visibility and import of health reform activities in the state. |

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

1. Save this file to your computer using the naming convention: “your\_organization\_name-2017\_CAFHR\_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 [grants@cthealth.org](mailto:grants@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 Garrick Wong, Senior Program Officer, at [garrick@cthealth.org](mailto:garrick@cthealth.org) or 860-724-1580, with any questions.

**GRANT APPLICATION CHECKLIST**

|  |  |
| --- | --- |
| Applicant (Official Organization Name): |  |
| Funding Request/Timeline: | July 1, 2017-June 30, 2018 |

**SECTION 1—Proposal:**

|  |  |
| --- | --- |
|  | Cover Sheet |
|  | Executive Summary—One Page |
|  | Proposal Narrative |
|  | Proposed Grant Budget |
|  | Budget Narrative |

**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) | July 1, 2017-June 30, 2018 (1 Year) | | |
| Amount Requested |  | | |
| Budget |  | | |

**EXECUTIVE SUMMARY:** Please provide an overview of your project as it relates to CT Health’s focus on strengthening the advocacy infrastructure in CT and the specific RFP objectives. Please include a description of your organization’s mission; evidence that your organization meets the eligibility requirements noted previously; proposed goals, objectives, and measurable 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 objectives stated in the RFP. This section must include all of the listed elements detailed below. *[Not to exceed 7 pages]*

1. Tell us about your organization’s mission, membership/constituency, key initiatives, and strengths. What are the demographics and geographic distribution of the community/population that your organization serves?
2. Describe your organization’s experience (can, but does not have to be focused on a health issue) with organizing and grassroots advocacy? Provide a specific example, including results and what difference your organization’s involvement made.
3. How will your project activate (or build) a grassroots base and engage that base in advocacy activities that result in policy and/or administrative victories?
4. To-date, what has your organization’s experience been related to the Affordable Care Act/health reform?
5. Summarize the current challenges and barriers to health care reform and/or full access to health care for Connecticut’s low-income residents. Emphasize those issues that may have a policy or administrative solution. What policy or administrative issues would your project prioritize?
6. List at least three measurable objectives that you expect to accomplish by the end of the project period. Both ‘defensive’ and ‘proactive’ objectives should be considered. For each objective, explain the activities that you will undertake to achieve the specific objective.
7. Bullet out a timeline of major activities by quarter to show what approaches and activities you would propose to use to achieve your desired outcome: Q1 (Jul. – Sept. 2017), Q2 (Oct. – Dec. 2017), Q3 (Jan. – Mar. 2018), Q4 (Apr. – Jun. 2018).
8. What technical assistance would you need/want from CT Health or others as it relates to organizing and grassroots advocacy around health reform?
9. 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.
10. What is the overall goal of this project? What impact do you expect to make after 12 months?
11. 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 (up to $25,000) 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:** The budget narrative is an 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.