

**Request for Applications**

**LCAC Community Benefit Initiative Reinvestments**

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Application Deadline**: January 15, 2021**

# Background

Thanks to successful efforts in 2020 to improve care, Eastern Oregon Coordinated Care Organization (EOCCO) met 14 of the 19 CCO quality measures enabling the Board of Directors to reinvest $710,000 in Local Community Advisory Council projects (see Appendix 2 for allocated amounts by county). Your LCAC can use this funding to develop and implement an innovative project to improve the health of your community.

**Projects must focus on CHP plan components and be consistent with Oregon Health Authority social determinants of health and health equity guideline requirements. Projects must be distinct from all other CBIR applications.** A collaborative approach should be used to develop these proposals with the LCAC working together using the LCAC Charter as a guideline.

**Timeline:** The earliest start date for projects is March 15, 2021 and all projects should end by March 11, 2022.

# Application Instructions

**Requirements for all Applications**

1. Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.
2. Proposals that substantially overlap in purpose and budget will not be considered for funding. A committee appointed by the EOCCO Board will make the final funding decisions, subject to Board approval.
3. Funds can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative, with the exception of administrative support of LCAC activities. Grantees will be required to request decreasing amounts of funds over time and funds will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.

**Submission Process:**

1. **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the Application Coversheet, a Project Narrative covering all questions described in the RFA, a Budget and a Budget Justification, and any required Letters of Commitment.
2. **Submission:** Send your full application in a **single** PDF to CBIR@ohsu.edu **by 5 pm PDT on January 15, 2021**. **Important Note:** You will receive an email receipt. If you do not receive that email within two business days, please contact this email again.
3. **Timeline:** Applicants should hear about the status of their requests in March 2021.
4. **Technical Assistance:** You are encouraged to obtain technical assistance when needed as you develop your proposal. OHSU staff members are available to answer questions and to provide feedback on your project design and evaluation plan. Please contact CBIR@ohsu.edu and the technical assistance team will provide help or find the best person to provide assistance.

# LCAC Community Benefit Initiative Project Application Coversheet

**Name of LCAC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Director (person who will be responsible for the overall project):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount Requested** (can be less than the amount allocated, but not more): **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Project Purpose (do not exceed space below):**

**Signatures:**

I hereby certify that this proposal has been developed and fully approved by our LCAC for submission to the EOCCO. The statements contained in this application are true and complete to the best of the applicant’s knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of LCAC Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# LCAC Community Benefit Initiative Project Narrative

*Please follow the instructions below to complete your project narrative, providing complete answers to each question. Project narratives may be* ***up to 5 pages (not including tables)****.*

1. Provide a detailed description of the project plan, including:
	1. Project goals
	2. Targeted CHIP goals, social determinants of health and/or health equity areas
	3. A detailed description of the planned activities
2. Provide a detailed timeline of activities. Please describe the major steps or events for each of your sub-grantees and the month(s) when you expect each activity will happen. Be detailed enough so that someone not familiar to the project can understand what will happen.

|  |
| --- |
| **Sub-grantee # 1 Activities** |
|  | *Mar* | *April* | *May* | *June* | *July* | *Aug* | *Sept* | *Oct* | *Nov* | *Dec* | *Jan* | *Feb* | *Mar* |
| *Example: Health Fair Planning and Promotion* |  |  |  | *X* | *X* | *X* | *X* | *X* |  |  |  |  |  |
| *Example: Health Fair* |  |  |  |  |  |  |  | *X* |  |  |  |  |  |
| **Sub-grantee #2 Activities** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Complete the table below, including baseline data and goals you will use to measure success. All projects can select the process and outcome measures they feel are most appropriate to monitoring and evaluating the impact of their project. Please indicate the numerator, denominator, and percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goals can include but are not limited to your county’s prior year EOCCO incentive measure rate, EOCCO incentive targets, and the estimated number of members needed to reach the EOCCO incentive target. The metrics you select should be relevant to your specific project. For example, you wouldn’t provide a county rate for a program that only will impact one clinical site. If an activity does not have discrete EOCCO and non-EOCCO member data, please explain steps take to either collect this data or other approaches to measuring your project’s baseline and working toward goals.

**Note:** If funded, you will be required to report on the data and activities proposed in this table through interim progress reports and a year-end final report. Please contact CBIR@ohsu.edu if you would like free technical assistance in the development of your application to refine measuring the reach and impact of your project.

|  |
| --- |
| **EOCCO member Reach of Intervention/Activity** |
| **Target metric/goal** | **Activity planned** | **Baseline**  | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Adolescent Immunizations* | *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Non-EOCCO member Reach of Intervention/Activity** |
| **Target metric/goal** | **Activity planned** | **Baseline** | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Adolescent Immunizations* | *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Please list each member of the project team, their organization (if applicable), and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. What could cause your organization to have trouble with the project and how could you reduce this risk? Please address any COVID-19 specific barriers that may affect project delivery and how your project will seek to mitigate them.
3. Please list any collaborating organizations involved in your project and submit a Letter of Commitment from each collaborating organization. Any organization that is listed must submit a letter (see Appendix 3 for a template).
4. Describe a detailed plan for sustaining this effort once the project ends.

# Appendix 1: LCAC Community Benefit Initiative Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to billable health services, enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

***Start date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***End date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Budget Table

|  |  |  |
| --- | --- | --- |
| **Budget** |  |  |
| **Personnel:** | **In-Kind Cash Contribution** | **In-Kind non-Cash Contribution** |
| **Name** | **Role** | **FTE** | **Salary Requested** | **Benefits Requested** | **Total Requested** |  |  |
| *Example: Jane Smith* | *MA* | ***.****10* | *$5000* |  | *$5000* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Equipment and Supplies:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Travel:**  |  |  |
| **Location** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Expenses:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **GRAND TOTAL** |  | **$** | **$** | **$** |

## Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

# Appendix 2: 2021 LCAC Funding Amounts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County** | **Membership as of 6/1/20** | **40% Distributed Equally** | **60% Membership Distribution** | **Totals** |
| Baker | 4,587 | $23,667 | $43,779.19 | **$67,446** |
| Gilliam | 399 | $23,667 | $3,808.13 | **$27,475** |
| Grant | 1,657 | $23,667 | $15,814.72 | **$39,481** |
| Harney | 2,304 | $23,667 | $21,989.81 | **$45,656** |
| Lake | 1,650 | $23,667 | $15,747.91 | **$39,415** |
| Malheur | 11,588 | $23,667 | $101,333.00 | **$125,000** |
| Morrow | 3,195 | $23,667 | $30,493.68 | **$54,160** |
| Sherman | 401 | $23,667 | $3,827.22 | **$27,494** |
| Umatilla | 20,383 | $23,667 | $101,333.00 | **$125,000** |
| Union | 6,907 | $23,667 | $65,921.71 | **$89,588** |
| Wallowa | 1,934 | $23,667 | $18,458.46 | **$42,125** |
| Wheeler | 366 | $23,667 | $3,493.17 | **$27,160** |
| **TOTALS** | **55,371** | **$284,000** | **$426,000** | **$710,000** |

# Appendix 3: Letter of Commitment Template

**Agreement to Participate in EOCCO Project**

Dear ***Name of project director***,

We look forward to participating in the ***Project Name*** starting ***date*** and ending ***date****.*

Our organization agrees to ***describe what the collaborating organization is expected to do including any staff responsibilities****.* We understand that we will receive ***list any funds being provided to the collaborating organization.***

Thank you for including us in this important project.

Sincerely,

***Signature***

***Name spelled out***

***Organization name***

***Email address***

***Phone number***