REQUEST FOR APPLICATIONS (RFA)

For

Community Benefit Initiative Reinvestments (CBIR)

2025 New Ideas Projects

PROPOSALS DUE:
March 31, 2025, by 5pm PT
for Jul 2025 – Jun 2026 funding cycle

Or

August 29, 2025, by 5pm PT
for Jan 2026 – Dec 2026 funding cycle

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1. Application Information

1.1. Deadline:

1. <mark>March 31, 2025, by 5pm PT</mark> for July 2025 – June 2026 projects
2. <mark>August 29, 2025, by 5pm PT</mark> for Feb 2025 – Jan 2026 projects

> **All grant applications must be submitted through Smartsheet, a HIPAA compliant platform, at**
> **https://app.smartsheet.com/b/form/6ec5502c138147d2b4630b3c60f51b6f**
> **or via the QR code.**
>
> EOCCO will not accept or review applications submitted via email.

1.2 Background

EOCCO is pleased to announce the availability of funds to support proposals that test novel and innovative ideas to improve the health and health care of EOCCO members. Applications for New Ideas funding are accepted every six months. The next two cycle deadlines and their corresponding project years are below under Timeline. When completing your application, please provide details for the project year you are applying to.

1.3 Project Areas

New Ideas Projects

Projects should be ones that benefit EOCCO members or could be applied in other EOCCO service area regions should they prove to be successful. Areas of focus include but are not limited to:

- **Collaborations:** Projects to create new collaborations across organizations, such as public health and primary care collaborations to improve challenging Incentive Measures.
- **Telehealth and Broadband Capacity:** Projects to expand access to care through telemedicine, new care modalities or other approaches.
- **Workforce Strategies:** Projects focused on recruitment, retention, and workforce efficiency.
- **Assessing and Addressing Health Disparities:** Projects focused on increasing access to care to populations facing disparate health outcomes, e.g., LGBTQIA2S+, Latino/a/x, and immigrant and refugee communities
- **EMT and SUD Collaborations:** Projects to create new collaborations between EMT and SUD treatment services, e.g., supporting members accessing NEMT services for transport to SUD treatment
- **Coordination of Care for Pregnant Women:** Projects to expand collaborations and support for non-covered services for pregnant women, e.g., temporary housing near medical facilities, NEMT, referrals to doula hubs or teams within a hospital/clinic. Note services cannot be a billable/covered service.

Project	Funding Amount Available Per Grantee
New Ideas	Up to $50,000

1.4 Eligibility and Application Requirements

- **Applicants:** Eligible applicants include any interested Eastern Oregon organization demonstrating the ability to successfully complete their proposed project within the grant period specified.

- **Population:** Preference will be given to projects that primarily benefit EOCCO members. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined.

REALD/GI: Projects that collect personally identifiable demographics information, e.g., name, date of birth, age, gender, race/ethnicity, will need to collect REALD/GI information. If awarded funding, your grant funding contract will provide details on how to report REALD/GI information on the EOCCO members your project served at the end of your grant funding period. If your organization currently has a process in place for collecting this information, that may be used. A sample form is included in the **Appendix A REALD/GI Demographics Survey Questions** for those who do not have a data collection process in place.

- **Outcomes Measurement:** Proposals must define how progress towards the goals will be measured. All proposals **must** demonstrate the ability to quantify and/or track the number of EOCCO and non-EOCCO members impacted by the project. Please utilize the Outcomes Data Table template provided within this application. Contact EOCCOGrants@eocco.com for assistance populating the Data Table.

- **Proposals:** 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.

- **Budget**: Proposals must define how funds will be spent on their projects.

  Recommendations
  - Contact EOCCOGrants@eocco.com for *1-on-1 technical assistance* to assist you in completing the Budget Table template provided within this application.
  - Budgets will be more likely to be funded if the personnel and supervisory staff budget is low in comparison to the rest of the budget.
  - Include specific, detailed line items (for example, avoid "$30,000 for staff"). Vague or incomplete budget tables will not be considered and may be returned for revision.

  Requirements - Budgets cannot include these items:
  - Medicaid-covered services;
  - Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10% of other allowed costs.
  - Items or activities fully funded from another source.
  - Staff positions funded by this project should not be primarily administrative. However, grant 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.
  - Generally, funds will not be provided for individual provider, Community Health Worker (CHW), or Traditional Health Worker (THW) trainings. Please contact THW@eocco.com if interested in learning about EOCCO sponsored training opportunities dedicated to CHW and THW trainings. Proposals requesting training intended to assist communities achieve CHIP plan priorities, health equity, healthcare interpreter, and incentive measure targets will be considered. Please contact EOCCOGrants@eocco.com if you would like to discuss specific training opportunities you are considering in your proposal.
  - Current Projects grantees will be required to request decreasing amounts of funds over time and will not be awarded beyond three grant cycles. Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS)
  - Proposals cannot include requests for capital construction, building renovations, or major non-medical equipment like vehicles. Proposals cannot include expanding SDOH services like food, housing, and transportation. If your organization would like to apply for funding to cover these items, please apply

through the Supporting Health for All through Reinvestments (SHARE) application found here: https://www.eocco.com/providers/grants

- o Any covered services or benefits in Oregon's Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver, including Health-Related Social Needs (HRSN) covered services and Community Capacity-Building Funds (CCBF) for eligible members (beginning in 2024).

- **Sustainability:** Projects must provide a comprehensive and robust plan for sustainability beyond the end of the proposed grant period.

- **Financial Information:** Proposals must include one of the approved documentations of financial good standing.

- **Community Involvement:** Priority will be given to projects that demonstrate documented support from community partners. See **Appendix B: Letter of Commitment Template**.

1.5 Application Process

- **Technical Assistance:** The EOCCO Grants Team is available to answer questions about the application process and to provide feedback on your project design. Applicants are ___required___ to obtain free technical assistance as they develop their proposal. Technical assistance will improve the quality of the applications and the likelihood of being selected for funding.

  Applicants that do not receive technical assistance are automatically NOT considered. You must receive technical assistance to apply.

  The following Technical Assistance webinars are scheduled to learn more about this RFA and answer general questions. ___Please contact EOCCOGrants@eocco.com for 1-on-1 technical assistance.___
  - **Tuesday, March 18, 2025 @12-1pm** Register here

- **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the following:
  - Application Coversheet
  - Project Narrative
    - Application Questions for All Projects
    - Opt-In Specific or Continuing Current Projects Questions
  - Outcomes Data and Budget Tables
  - Financial Information
  - Letters of Commitment (if any)

- **Submission:** Submit your application at https://app.smartsheet.com/b/form/6ec5502c138147d2b4630b3c60f51b6f by **5pm PDT on March 31, 2025**. Please organize your application in the following manner:
  - **Single consolidated PDF:** Application Coversheet, Project Narrative, Financial Information and Letters of Commitment
  - **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)

Note: The EOCCO Grants Team will provide an email receipt within two business days of submission

- **Funding Decision:** A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board.

- **Timeline:**
    - Application deadline <mark>March 31, 2025</mark>
        - Award notification by May 2025
        - Project cycle July 2025 – June 2026

    - Application deadline <mark>August 29, 2025</mark>
        - Award notification by December 2025
    - Project cycle January 2026 – December 2026

2. Community Benefit Initiative Reinvestments Application: New Ideas

2.1 Application Coversheet

Legal Name of Applicant Organization: _____

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

    Title: _____

    Organization: _____

    Address: _____

    Phone Number: _____   Email: _____

    Has your organization submitted a grant application before? ☐ Yes ☐ No

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

    Address: _____

    Name of Employee Managing Funds: _____

    Phone Number: _____   Email: _____

Total Amount Requested (note funding limits on page 3-4): $_____
    If your organization will accept partial funding for this project, please enter the total amount of funding required, specified in Column E of line 55 of the RFA Outcome and Budget Table. $_____

    If your organization is open to partial funding, <u>briefly</u> explain how partial funding will impact the project's scope, activities, outcomes, and/or FTE involvement:

    ┌───┐
    │   │
    │   │
    │   │
    └───┘

Project Title: _____

Do you intend to collect identifiable demographic data for the clients served by this project?
☐ Yes   ☐ No   ☐ Unsure

Which New Ideas application deadline are you submitting this application to?
☐ March 31, 2025   ☐ August 28, 2025

Project Summary (3-8 sentences)

Signatures:

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my 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 Organization Official: _____

Name: _____ Date: _____

Phone: _____ Email: _____

2.2 Project Narrative

For the Project Narrative, all applicants should answer questions A-H. Project Narratives may be **up to 5 pages**, excluding tables and graphs.

A. **Project Description:** Include a brief description of your organization and the services it provides, and a 3-8 sentence summary of your project (copy from application coversheet).

B. **Need for Project**:
   a. Describe the community need of your proposed project? When possible, use data showing this need.
   b. How does your project align with the community priorities identified in the [EOCCO's Regional Community Health Improvement Plan](?)?

C. **Innovation:** What makes this project innovative? How is it a new idea?

D. **Target Group:**
   a. Describe the target group of people who will benefit from your project.
   b. How many EOCCO members will benefit from your project. How do you identify the EOCCO members that receive these benefits?

E. **Project Plan**: Provide a detailed description of the project plan and major activities. What will you do, when will you do it, and who will do it?
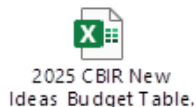
   Please use the table below to outline the months you expect to achieve major steps or events in your project. Be detailed enough so that someone not familiar with the project can understand what will happen. Please add rows as needed.

Month(s)	Activity	Who Will Complete Activity

F. **Personnel:** Please provide a bulleted list of the names and job title with a brief description of the qualifications of your project team. Any names in the Project Plan should be included here.

G. **Barriers and risks**: What could cause your organization to have trouble with the project, and how could you reduce these risks?

H. **Sustainability:** Describe how this project will be sustained after the funding period ends.

2.3 Outcomes and Budget Tables

The Excel templates to complete your Outcomes and Budget Tables can be found embedded below or on the EOCCO website at https://www.eocco.com/-/media/EOCCO/PDFs/grants/2025-Outcomes-and-Budget-Table-CBIR-New-Ideas.xlsx.

[Excel icon: 2025 CBIR New Ideas_Budget Table.]

Save a copy of the Excel document and submit separately with the rest of your PDF application.

Applicants are ***required*** to obtain free technical assistance. We strongly recommend contacting EOCCOGrants@eocco.com to review and improve Outcomes and Budget tables. Applications that receive technical assistance will improve the quality of their applications and their likelihood of being selected for funding.

Excel Tab 1 - Outcomes Table

In the first tab of the Excel document, please indicate the number of EOCCO and non-EOCCO members you currently serve and the number you hope to reach through your proposed project.

Include baseline data and goals you will use to measure success. Please indicate the numerator, denominator, and percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goal measures 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 taken to either collect this data or other approaches to measuring your project's baseline and working toward goals.

Excel Tab 2 - Budget Table and Budget Justification

In the second tab of the Excel document, include the proposed budget for your project. Please provide a brief narrative budget justification for each line item included in your budget. For personnel, describe any grant-related duties. For other expenses, describe what they will be used for and who will use them. 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.).

2.4 Financial Information

Please include one of the examples below with your application. Contact EOCCOGrants@eocco.com if your organization is unable to provide this financial information.

a. A copy of the applicant's letter of tax-exemption determination from the Internal Revenue Service under sections 501(c)(3) or a statement explaining the organization's exemption status under 170(c)(1) as a public entity;
b. A copy of the applicant's 501(c)(3) fiscal sponsor;
c. A copy of the balance sheet and income statement from previous fiscal year;
d. A copy of Form 990 or previous year audit history.

2.5 Letter of Commitment

Add a letter of support from organizations that have agreed to help with your project or are in support of your project. See example in Appendix B: Letter of Commitment Template.

Appendix A: REALD/GI Demographics Survey Questions

Demographic Data Collection Sample Form

REALD data stands for race, ethnicity, language, and disability. GI stands for gender identity. REALD and GI data collection is the preferred way to collect demographic information by the Oregon Department of Human Services and the Oregon Health Authority.

Your answers will help us understand who we are serving and how we can improve our program.

The survey will take about 10 minutes to complete. If you prefer, you can also access the digital version of the survey at https://app.smartsheet.com/b/form/ed811cefdcd545c8b21c98fb3354cc60 and the following QR code:

If you have any questions or concerns, please contact EOCCOGrants@eocco.com.

All questions are optional.

Member Information

Name: _____

Date of Birth: _____

Do you receive Oregon Health Plan benefits? _____

If yes, what is your ID number? _____

Who is completing this form?
☐ Self
☐ Parent, guardian or other family member
☐ Interpreter or other support person
☐ Other (please identify) _____

Race and Ethnicity
How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?
_____

Which of the following describes your racial or ethnic identity? Please check all that apply.

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic and Latino/a/x

☐ Native Hawaiian or Pacific Islander
☐ White or Caucasian
☐ Other
☐ Prefer not to answer

Language
What is your preferred language? _____

Disability
Are you deaf or do you have serious difficulty hearing?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Are you blind or do you have serious difficulty seeing, even when wearing glasses?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Because of a physical, mental or emotional condition do you have serious difficulty concentrating, remembering, or making decisions?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Do you have difficulty dressing or bathing?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Do you have serious difficulty learning how to do things most people your age can learn?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Do you have serious difficulty communicating (for example, understanding or being understood by others)?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior or experiencing delusions or hallucinations?
☐ Yes   ☐ I don't know
☐ No   ☐ Prefer not to answer

> Not required if patient is under twelve years old.

Gender Identity

What is your gender? _____

What pronouns do you want us to use?

☐ He/Him
☐ She/Her
☐ They/Them
☐ Other _____
☐ I don't know what this question is asking
☐ Prefer not to answer

Nondiscrimination notice:

We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

Appendix B: 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