



**eoocco**

**EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION**

# **REQUEST FOR APPLICATIONS (RFA)**

For

Community Benefit Initiative Reinvestments (CBIR)

New Ideas Projects

**PROPOSALS DUE:**

**September 30, 2024 by 5pm PT**

for Feb 2025 – Jan 2026 funding cycle

Or

**March 31, 2025 by 5pm PT**

for Jul 2025 – Jun 2026 funding cycle

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# 1. Application Information

## 1.1. Deadline:

1. **September 30, 2024 by 5pm PT** for Feb 2025 – January 2026 projects
2. **March 15, 2025 by 5pm PT** for July 2025 – June 2026 projects

## 1.2 Background

Thanks to successful efforts in 2023 to improve quality, Eastern Oregon Coordinated Care Organization (EOCCO) met 11 out of 15 CCO incentive measures and met three of four challenge pool measures. This resulted in EOCCO earning over 100% of their 2023 Quality Pool funds, which can now be reinvested into projects that address priority health needs in Eastern Oregon communities.

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

## Opt-In Projects

Projects with themes listed below should NOT apply for the Public Health Fund. If your project covers one of these themes, please complete the Transformation Application found here:

<https://www.eocco.com/providers/grants>

<b>Project</b>	<b>Funding Amount Available Per Grantee</b>
Health Information Technology (IT)	Up to \$50,000
Social Needs Screening Implementation	Up to \$50,000
Access to Primary Care Services	Up to \$30,000
Kindergarten Readiness for 0-6 Year Olds	Up to \$50,000 base funding plus \$15 per attributed EOCCO member  Optional additional \$15,000 stipend to address health disparities
Wellness and Preventive Care for 7-21 Year Olds	Up to \$50,000 base funding plus \$15 per attributed EOCCO member  Optional additional \$15,000 stipend to address health disparities

## Continuing Current Projects

Funding is available to organizations proposing to continue successful, previously funded 2024 EOCCO projects. To reapply to Continuing Current Projects, find applications to apply here:

<https://www.eocco.com/providers/grants>.

<b>Project</b>	<b>Funding Amount Available Per Grantee</b>
Continuing Current Projects	Up to \$20,000

## Public Health Fund

Public Health Departments can apply for this funding by completing the Public Health Fund Request for Applications here: <https://www.eocco.com/providers/grants>

<b>Project</b>	<b>Funding Amount Available Per Grantee</b>
Public Health Fund	Up to \$50,000 per county

## 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 [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) 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 for their projects.

### Recommendations

- Contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) 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 detailed line items (for example, avoid "\$30,000 for staff")

### 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 Healthcare Worker (CHW), or Traditional Healthcare Worker (THW) trainings. Please contact [THW@eooco.com](mailto:THW@eooco.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 [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) 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>
  - 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 Community Benefit Initiative Reinvestments (CBIR) 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.

**In previous years, 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 [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) for 1-on-1 technical assistance.***

- **Tuesday, August 27, 2024 @12-1pm** [Register here](#)
  - **Wednesday, September 11, 2024 @12-1pm** [Register here](#)
  - **Friday, September 20, 2024 @12-1pm** [Register here](#)
  - **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:** Send your application to [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) by **5pm PDT on September 30, 2024**. Please organize your application in the follow 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 Community Benefit Initiative Reinvestments (CBIR) 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 **September 30, 2024**
    - Award notification by December 2024
    - Project cycle February 2025 – January 2026
  - Application deadline **March 31, 2025**
    - Award notification by May 2025
    - Project cycle July 2025 – June 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: \_\_\_\_\_

Ever 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 you are willing to accept partial funding, what is the minimum you will accept? \$ \_\_\_\_\_

**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?**

September 30, 2024  March 31, 2025

**Project Summary (3-8 sentences)**



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 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.

## 2.4 Outcomes and Budget Tables

Please use the embedded Excel document below to fill out your outcomes and budget tables. 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 [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) 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.

Here are the Excel templates to complete your Outcomes and Budget tables:



CBIR RFA Outcome  
and Budget Tables.x

### Excel Tab 1 - Outcomes Table

In the first tab of the embedded 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 embedded Excel document, include the proposed budget for your project. Please provide a one to three sentence 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 [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) 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 have any questions or concerns please contact [EasternOregonSDOH@ohsu.edu](mailto:EasternOregonSDOH@ohsu.edu).

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***