



**eoocco**

**EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION**

# **REQUEST FOR APPLICATIONS (RFA)**

For

Community Benefit Initiative Reinvestments (CBIR)

New Ideas Projects

**PROPOSALS DUE:**

**August 29, 2025, by 12pm PT**

for Jan 2026 – Dec 2026 funding cycle

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## 1. Application Information

### 1.1. Deadline:

1. **August 29, 2025, by 12pm PT** 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/8cd18149462149c2b4245b7007d8f3e1> 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 innovative ideas to improve the health and health care of EOCCO members. The Community Benefit Initiative Reinvestment (CBIR) grants fund one-year long projects that aim to improve access to quality care. The New Ideas Application allows applicants to propose meaningful innovation within the EOCCO service region by piloting approaches that are new to the EOCCO service region and offer transformative potential in care delivery. These projects must introduce models, strategies, or services that currently do not exist or are not well-established across EOCCO's communities. At their core, New Ideas projects should focus on delivering care to EOCCO members in novel, creative, and impactful ways that address existing gaps or barriers in the healthcare system.

To qualify as a New Idea, a proposal must clearly demonstrate how the project represents a departure from conventional practices and why it is a valuable addition to the region. Proposals should reflect a thoughtful response to local health needs while testing approaches that, if successful, could be scaled more broadly.

Please note that projects focused solely on telehealth expansion, staff or clinician training, attendance at conferences, the purchase of standard medical or clinic equipment, health fairs, or implementation of standard educational curricula for commonly addressed diseases or chronic conditions will not be considered under the New Ideas category. These activities, while important, do not meet the threshold for innovation defined in this funding opportunity.

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 indicate which cycle you are applying to.

### 1.3 Project Areas

#### New Ideas Projects

New Ideas projects should be targeted to benefit EOCCO members and serve as a model that can be replicated in other Eastern Oregon 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.

*Projects and services cannot be a billable/covered service.*

Grant Type	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](mailto:EOCCOGrants@eocco.com) for assistance populating the Data Table.
- **Overlapping Proposals:** Proposals that substantially overlap in purpose and budget will not be considered for funding.
- **Budget:** Proposals must define how funds will be spent on their projects.

### Recommendations

- Contact [EOCCOGrants@eocco.com](mailto: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.
  - Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS).
  - 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@eoocco.com](mailto:THW@eoocco.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@eoocco.com](mailto:EOCCOGrants@eoocco.com) if you would like to discuss specific training opportunities you are considering in your proposal.
  - 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.eoocco.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 good financial standing. See approved document types in Section 2.5.
  - **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@eoocco.com](mailto:EOCCOGrants@eoocco.com) for 1-on-1 technical assistance.**

- **Monday, July 14** at 12-1pm PST | [Register here](#)
- **Wednesday, July 30** at 12-1pm PST | [Register here](#)
- **Thursday, August 14** at 12-1pm PST | [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 an electronic application or a PDF application at <https://app.smartsheet.com/b/form/8cd18149462149c2b4245b7007d8f3e1> by **12pm PDT on August 29, 2025**. Please organize your application in the following manner:
  - **Single consolidated PDF:** Application Coversheet and Project Narrative (*for PDF applications only*)
  - **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)
  - **Financial Information Documentation and Letters of Commitment**

**Note:** The EOCCO Grants Team will confirm application submission within two weeks, via Smartsheet, as Eastern Oregon CCO via Smartsheet.
- **Funding Decision:** A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board.
- **Timeline:**
  - New Ideas Round 1 application deadline 12pm PDT on **August 29, 2025**
    - Award notification by December 2025
    - Project cycle January 2026 – December 2026
  - New Ideas Round 2 application deadline 12pm PDT on **March 31, 2026**
    - Award notification by May 2026
    - Project cycle July 2026 – June 2027

## 2. Community Benefit Initiative Reinvestments Application

### 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: \_\_\_\_\_

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

**Do you intend to collect personally identifiable demographic data for the clients served by this project?**

☐ Yes ☐ No ☐ Unsure

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

**Total Amount Requested** (\$50,000 limit for New Ideas): \$ \_\_\_\_\_

Is your organization open to partial funding?    ☐ Yes    ☐ No

*EOCCO may award less than the full amount requested. Partial funding will be considered for projects that indicate they are open to it and will be determined at EOCCO's sole discretion, based on the line items provided in the Budget Table.*

**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** must 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:**
- Describe the community need of your proposed project. When possible, use data showing this need.
  - How does your project align with the community priorities identified in [EOCCO's Regional Community Health Improvement Plan](#)?
- C. **Innovation:** What makes this project innovative? How is it a new idea?
- D. **Target Group:**
- Describe the target group of people who will benefit from your project.
  - 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 who is unfamiliar 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>.



2026 CBIR Budget  
Table.xlsx

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](mailto: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 [ECCOGrants@eocco.com](mailto:ECCOGrants@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](mailto: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.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White or Caucasian                  |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Hispanic and Latino/a/x           | <input type="checkbox"/> Prefer not to answer                |

## Language

What is your preferred language? \_\_\_\_\_

## Disability

**Are you deaf or do you have serious difficulty hearing?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Do you have serious difficulty walking or climbing stairs?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Because of a physical, mental or emotional condition do you have serious difficulty concentrating, remembering, or making decisions?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Do you have difficulty dressing or bathing?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Do you have serious difficulty learning how to do things most people your age can learn?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Do you have serious difficulty communicating (for example, understanding or being understood by others)?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefer not to answer |

**Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior or experiencing delusions or hallucinations?**

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> No  | <input type="checkbox"/> 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***