



eoocco

**EASTERN OREGON
COORDINATED CARE
ORGANIZATION**

REQUEST FOR APPLICATIONS (RFA)

For

Community Benefit Initiative Reinvestments (CBIR)

Public Health Funds

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

Eastern Oregon's local public health departments (PHDs) play an important role in the health, equity and security of EOCCO members. PHDs are integrated into their communities vertically and horizontally, understand the root causes of health/social problems and the effect they have on local communities' ability to thrive. Recognizing their ability to collaborate with varied partners to address gaps in care, facilitate prevention efforts, and address equity issues including the social determinants of health, Eastern Oregon Coordinated Care Organization (EOCCO) has created a Public Health Fund.

The Public Health Fund will be used to support projects led by the PHDs to improve the health and wellness of EOCCO members and their communities. PHDs in the 12 EOCCO service areas are invited to submit one or more proposal. These proposals may be for projects that are implemented **up to two years**.

1.3 Project Areas

Public Health Fund

Projects may focus on one or more of the following focus areas:

- Addressing state-mandated incentive measures
- Addressing the roots of early childhood trauma and develop resiliency skills (e.g., parenting support, technological innovations, Ages and Stages Questionnaire screening, early intervention and referrals wraparound support for families, and bringing to scale effective interventions.)
- Providing non-billable pre- and post-partum care with a focus on at risk and vulnerable populations.
- Collecting baseline data, population-based metrics, and/or data demonstrating impact, including implementing new technologies such as electronic health records or data tracking and visualization software (e.g., Tableau, GIS, Power BI)
- Aligning the service area's Community Health Assessment with the State Health Improvement Plan and Community Health Plans.
- Developing partnerships and collaborative efforts with primary care practices, hospitals, behavioral health, and other key stakeholders.
- Building or developing collaborations and infrastructure including but not limited to emergency preparedness, Public Health Accreditation, hiring external consultants to support capacity building, and expanding

collaborations with school-based health centers.

Grant Type	Funding Amount Available Per Grantee
Public Health Fund	Awards to successful applicants will be no less than \$8,000/county and no more than \$50,000/county. Counties may join together and request higher amounts (e.g. two counties may request a minimum of \$16,000 and a maximum of \$100,000.)

1.4 Eligibility and Application Requirements

- **Applicants:** Only Eastern Oregon public health departments are eligible to apply.
- **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@eoocco.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@eoocco.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@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 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.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 financial good standing. See approved document types in Section 2.5. Tribes and Tribal Organizations applying for Tribal Health Funds do not need to provide financial documents.
 - **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 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
 - Outcomes Data and Budget Tables
 - Financial Information
 - Letters of Commitment (if any)
- **Submission:** Submit your 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, 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 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:**
 - Application deadline 12pm PDT on **August 29, 2025**
 - Award notification by December 2025
- Project cycle January 2026 – December 2026

2. Community Benefit Initiative Reinvestments Application: Public Health Fund

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 (note funding limits on page 4): \$ _____

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-G. Public Health Fund 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. **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?
- D. **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

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

- | | |
|--|--|
| <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?

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

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

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

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

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

Do you have difficulty dressing or bathing?

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

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

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

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

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

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

☐ Yes

☐ No

☐ I don't know

☐ Prefer not to answer

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

☐ Yes

☐ No

☐ I don't know

☐ 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