REQUEST FOR APPLICATIONS (RFA)

For

Community Benefit Initiative Reinvestments (CBIR)

Tribal Health Fund

PROPOSALS DUE:
August 29, 2025, by 12pm PT

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1. Application Information

1.1. Deadline: <mark>August 29, 2025, by 12pm PT</mark>

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

The Eastern Oregon Coordinated Care Organization (EOCCO) strives to provide high quality care to members across Oregon, including members of the federally recognized Tribes. Recognizing the value of culture and tradition among Tribal communities allows leaders to take a more responsive approach to addressing common health issues. EOCCO is committed to helping Tribes design and manage culturally appropriate services, strengthen local health initiatives and advance health equity for our shared members. The Tribal Health Fund provides an opportunity to address priority health needs among Tribal members who are also enrolled in EOCCO.

The Tribal Health Fund will be used to support projects led by Tribes or Tribal organizations (T/TO) of the Burns Paiute and/or Confederated Tribe of the Umatilla Indian Reservation (CTUIR) to improve the health and wellness of EOCCO tribal members and their communities. Proposals may be for projects that are implemented for one year.

1.3 Project Areas

Tribal Health Fund

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

- Improving the health and wellbeing of EOCCO members
- Addressing state-mandated incentive measures
- Addressing the roots of early childhood trauma and developing resiliency skills (e.g., parenting support, technological innovations, Ages and Stages Questionnaire screening, early intervention and referrals to 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.
- 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.

Grant Type	Funding Amount Available Per Grantee
Tribal Health Fund	Up to $30,000 per Tribe/Tribal Organization

1.4 Eligibility and Application Requirements

- **Applicants:** This application is reserved for projects submitted by Tribes or Tribal Organizations (T/TO) of the Burns Paiute Tribe or the Confederated Tribe or the Umatilla Indian Reservation (CTUIR). If your organization does not meet these criteria, please see other grant opportunities offered by EOCCO.

- **Population:** Preference will be given to projects that primarily benefit EOCCO members. Proposals that support a specific group of Tribal members should clearly be 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/SOGI information. The steps taken to collect this information will be reported within your final report. 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 for their projects.

    Recommendations
    o Contact eoccogrants@eocco.com for *1-on-1 technical assistance* to assist you in completing the Budget Table template provided within this application.
    o 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
    o Include detailed line items (for example, avoid "$30,000 for staff")

    Requirements - Budgets cannot include these items:
    o Medicaid-covered services.
    o Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10% of other allowed costs.
    o 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@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
- 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.

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

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.**_
  - 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:

- o   Application Coversheet
- o   Project Narrative
- o   Outcomes Data and Budget Tables
- o   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:
  - o   **Single consolidated PDF:** Application Coversheet and Project Narrative (only required for PDF application)
  - o   **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)
  - o   **Letters of Commitment** (only required if working with outside entities)

    Note: The EOCCO Grants team will provide an email receipt within five 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:** Applicants should hear about the status of their requests by December 2025. Projects will start on January 1, 2026, and can run for **up to one year** through December 31, 2026.

2. Community Benefit Initiative Reinvestments Application: Tribal 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: _____

    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: _____

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)

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Total Amount Requested ($30,000 limit for Tribal Health): $_____
    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 should answer questions A-G. 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. **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?

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 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 percentage 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 Letter of Commitment - *Optional*

Applicants of the Tribal Health Fund have the option of adding 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? _____

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

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