

**Request for Applications**

**Community Benefit Initiative Reinvestment**

**Supporting Health for All through REinvesment (SHARE)**

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# **Application Information**

Deadline**: Wednesday, Aug 31, 2022**

## **Background**

Last year Eastern Oregon Coordinated Care Organization (EOCCO) was pleased to announce a new grant opportunity focused on housing. The Supporting Health for All through REinvesment (SHARE) Initiative aims to address social determinants of health while improving housing in Eastern Oregon. After a successful grant period, EOCCO is pleased to offer this opportunity again. This year, EOCCO is expanding the SHARE Initiative to include all projects that address Social Determinants Of Health and Equity (SDOH-E), not just housing. Up to $1.5 million is available in total funding. Applications can propose funding between $15,000 to $250,000.

This grant opportunity allows applicants to propose projects that can launch quickly once awarded funds and project goals can be completed within the 36-month funding period. Projects may cover four domains of SDOH listed below. Each category has example project ideas. Applications may include these ideas or can propose alternative ideas not listed but fall within one or multiple SDOH-E domains. While EOCCO aims to fund projects across the four SDOH-E domains, housing remains a priority focus area for the SHARE program and preference will be given to projects that primarily address housing-related services and supports. This includes services and supports that help people find and maintain stable and safe housing.

1. **Economic Stability**
	1. Income/poverty
	2. Employment
	3. Food security/insecurity
	4. Diaper security/insecurity
	5. Access to quality childcare
	6. Housing stability/instability (including houselessness)
	7. Access to banking/credit
2. **Education**
	1. Early childhood education and development
	2. Language and literacy
	3. High school graduation
	4. Enrollment in higher education
3. **Neighborhood and built environment**
	1. Access to healthy foods
	2. Access to transportation (non-medical)
	3. Quality, availability and affordability of housing
	4. Crime and violence (including intimate partner violence)
	5. Environmental conditions, such as clean air and water
	6. Access to outdoors, parks
4. **Social and community health**
	1. Social integration
	2. Civic participation/community engagement
	3. Meaningful social role
	4. Citizenship/immigration
	5. Corrections
	6. Discrimination (for example, race, ethnicity, culture, gender, sexual orientation, disability)
	7. Trauma (for example, adverse childhood experiences)

## **Eligibility Requirements**

1. **Applicants:** Eligible applicants include any interested SDOH-E partner[[1]](#footnote-1) organization with the ability to successfully complete their proposed project in Eastern Oregon **within 36-months** of the award start date. Project start dates will be in January 2023 and are contingent on approval from the Oregon Health Authority.
2. **Project Focus:** Projects should target at least one of the four domains of SDOH-E; economic stability, neighborhood and built environment, education, and social and community health. Proposals must focus on providing SDOH-E services and/or supports for EOCCO members within the community. Projects that help EOCCO members find, access, and maintain safe and affordable housing can be project based (at the community level) or tenant based (at the individual member level). Project goals should align with the priorities of the EOCCO [Regional Community Health Improvement Plan](https://www.eocco.com/-/media/EOCCO/PDFs/CHIP/chip_eocco.pdf).
3. **Population:** Projects should 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.
4. **Outcomes Measurement:** Proposals must define how progress to the goals will be measured.
5. **Budget**:
	1. Proposed projects are not currently or expected to receive full funding from another source.
	2. Budget must directly relate to the proposed activities.
	3. Indirect costs are not allowable.
	4. Medicaid covered services are not allowable.
6. **Community Involvement:** Project benefits and/or has documented support from community partners.
7. **Sustainability:** Project should provide a plan for sustainability beyond the end of the proposed grant period.

## Application Process

1. **Application Forms:** Please follow the directions in this Request for Applications (RFA). Proposals should include the Application Coversheet, a Project Narrative covering all questions described, a Data Table, a Budget Table and a Budget Justification, and any Letters of Commitment. Applicants should provide a signature on the last page of the SHARE contract (Appendix 3) and include a redlined version of the contract, should changes be proposed, with their proposal submission.
2. **Submission to Local Community Health Partnership (LCHP):** **Applicants are required to submit their completed proposals to** **eoccocommunities@gobhi.org** **and** **CBIR@ohsu.edu** **by 5:00pm PDT on Wednesday, August 31, 2022**. Identify the primary county in which their project would take place on the Application Coversheet. The LCHP associated with the county identified will use the scoring rubric in Appendix 2.

**Note:** The Community Benefit Initiative Reinvestments (CBIR) team will provide an email receipt within two business days of submission.

## Review Process

1. **LCHP Review:** Each LCHP will review and score the proposals they receive. LCHPs will submit these applications and scoring rubric to the EOCCO Community Advisory Council (CAC) for second review by **5:00pm PDT on Friday, Sept 30, 2022**. For more details on the LCHP review process and scoring rubric, please see Appendix 2.
2. **CAC Review:** After all applications and LCHP scores have been reviewed, the CAC will provide their recommendations on which projects to fund. The CAC will submit all applications, LCHP scoring rubric, and their recommendations to the CBIR team at CBIR@ohsu.edu by **5:00 pm PDT on Monday, October 17, 2022**.

**Note:** The CBIR Team will provide an email receipt within two business days of submission.

## Funding Decisions

A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board. Given the complex nature of SDOH-E projects and limited number of awards, not all projects may be selected for funding. Applicants should hear about the status of their requests by December 2022.

## Funding Amount

Up to $1.5 million is available in total funding. Applicants are expected to propose feasible and realistic budgets for the proposed project. While EOCCO aims to fund projects across the four SDOH-E domains, housing remains a priority focus area for the SHARE program and preference will be given to projects that primarily address housing-related services and supports.

## Technical Assistance

The CBIR Team at OHSU is available to answer questions about the application process and to provide feedback on your project design and evaluation plan. Applicants are encouraged to obtain technical assistance when needed as they develop their proposal. Please contact CBIR@ohsu.edu for technical assistance in the development of your application.

# Transformation Community Benefit Initiative Reinvestments: SHARE Initiative Application

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

**Legal Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Requested**:$\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Start Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Does the applicant organization meet the SDOH-E Partner criteria?** [ ]  Yes [ ]  No

[**SHARE Initiative SDOH-E Domain**](https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE.aspx) **(check all that apply to the proposed project):**

[ ]  Housing related services and support [ ]  Economic stability [ ]  Education

[ ]  Neighborhood and built environment [ ]  Social and community health

**Primary county in which project would take place (select one):**

[ ]  Baker [ ]  Gilliam [ ]  Grant [ ]  Harney [ ]  Lake [ ]  Malheur

[ ]  Morrow [ ]  Sherman [ ]  Umatilla [ ]  Union [ ]  Wallowa [ ]  Wheeler

**Project Purpose (do not exceed space below):**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Project Narrative

Project Narratives may be **up to 5 pages,** excluding tables and graphs.

1. Background and project goals
	1. Include a brief description of your organization and the services it provides. Please specify how many EOCCO and non-EOCCO members are currently served.
	2. What are the goals of your project? Please use the SMART framework (Specific, Measurable, Achievable, Relevant, and Time-based) to outline your objectives.
	3. Why are these goals important to your EOCCO population?
	4. How do goals align with community priorities identified in EOCCO’s Regional Community Health Improvement Plan (CHP)?
2. Describe the target population for this project. Please include how many EOCCO and non-EOCCO members are anticipated to benefit or be served by this project.
3. Describe any preliminary or past data that support the need for the implementation of this project idea.
4. Provide a detailed description of the project plan, including a detailed description of the planned activities- What will you do, how will you do it?
5. Project Timeline: Describe the major steps or events in your project and the month(s) when you expect each step will happen. Be detailed enough so that someone not familiar with the project can understand what will happen.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Year** | **Month(s)** | **Who Will Complete Activity** |
|  |  |  |  |
|  |  |  |  |

1. List each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?
3. What could cause your organization to have trouble with the project, and how could you reduce these risks?
4. List any collaborating organizations involved in your project and submit a Letter of Commitment from each collaborating organization. Any organization that is listed must submit a letter (see Appendix 3 for template).
5. Describe a detailed plan for sustaining this effort once the project ends.

## Data and Budget Tables

Please use the embedded Excel document below to fill out your data and budget tables. Save a copy of the Excel document and submit separately with the rest of your PDF application.

If funded, this Excel file will serve as your template to report on data and budget items through interim progress reports every six months and a final report. The progress and final report narrative templates can be found in Exhibits B and C of the SHARE Contract (Appendix 3). Progress reports will be shared with LCHPs.



### **Data Tables**

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.

### **Budget Tables**

In the second tab of the embedded Excel document, include the proposed budget for your project. Funded activities may include, but are not limited to: personnel, travel expenses, supplies, and consultants. Indirect costs are not allowable.

## Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. 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.)

# Appendix 1: 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***

# Appendix 2: Local Community Health Partnership (LCHP) Review Process

## LCHP Review Process

**Applicants are required to submit their completed proposals to** **eoccocommunities@gobhi.org** **and** **CBIR@ohsu.edu** **by 5:00pm PDT on Wednesday, August 31, 2022**. The Local Community Health Partnership (LCHP) associated with the county identified on the Application Coversheet will use the scoring rubric below and recommend up to three projects for funding. LCHPs are not responsible for completing applications.

LCHPs will then submit all the proposals they received and their scores to the EOCCO Community Advisory Council (CAC) by 5:00pm PDT on Friday, September 30, 2022. The CAC will be responsible for submitting all proposals and completed scoring rubrics to with their funding recommendations to CBIR@ohsu.edu by 5:00pm PDT on Monday, Oct 17, 2022. Final funding decisions will be made by the EOCCO Board of Directors.

If applicants have county specific questions, please email the county specific LCHP contacts below.

## GOBHI LCHP Contacts

|  |  |  |
| --- | --- | --- |
| County | GOBHI Contact | Email |
| Malheur | Jill Boyd | jboyd@gobhi.org |
| Union | Jill Boyd | jboyd@gobhi.org |
| Wallowa | Jill Boyd | jboyd@gobhi.org |
| Grant | Linda Watson | lwatson@gobhi.org |
| Lake | Linda Watson | lwatson@gobhi.org |
| Gilliam | Marci McMurphy | mmcmurphy@gobhi.org |
| Harney | Marci McMurphy | mmcmurphy@gobhi.org |
| Morrow | Marci McMurphy | mmcmurphy@gobhi.org |
| Sherman | Marci McMurphy | mmcmurphy@gobhi.org |
| Umatilla | Marci McMurphy | mmcmurphy@gobhi.org |
| Baker | Tracey Blood | tblood@gobhi.org |
| Wheeler | Tracey Blood | tblood@gobhi.org |

## LCHP Scoring Rubric

**Local Community Health Partnership**

**2022 SHARE Funding Application- Scoring Rubric**

**Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary county in which project would take place (select one):**

[ ]  Baker [ ]  Gilliam [ ]  Grant [ ]  Harney [ ]  Lake [ ]  Malheur

[ ]  Morrow [ ]  Sherman [ ]  Umatilla [ ]  Union [ ]  Wallowa [ ]  Wheeler

**Name(s) of Reviewer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Please select the SHARE Social Determinants of Health and Equity (SDoH-E) Domain this project supports** |
| Select all that apply:[ ]  Housing related services and support [ ]  Education[ ]  Neighborhood & built environment [ ]  Social and Community Health[ ]  Economic stability |

|  |  |
| --- | --- |
| **Pre-Screening Criteria** | **Please circle/highlight application statements that are true** |
| Does the applicant fit the definition of a Social Determinants of Health-Equity (SDoH-E) partner? \* | **YES** | **NO** |
| Do goals align with the Regional Community Health Improvement Plan priorities? \*\* (<https://www.eocco.com/members/cha>) | **YES** | **NO** |

**If all of the above statements are true, please proceed forward with application scoring below.**

|  |  |
| --- | --- |
| **Project Components** | **Please circle/highlight a response to each question**  |
|  | **strongly agree** | **some-what agree** | **disagree** | **strongly disagree** | **not applicable** |
| The project goals are clearly stated. | **5** | **4** | **3** | **2** | **1** |
| The project team and organization(s) are likely to accomplish the project goals. | **5** | **4** | **3** | **2** | **1** |
| The timeline includes a description of planned activities that can be completed within 36 months of funding. | **5** | **4** | **3** | **2** | **1** |
| The application identifies potential challenges and strategies for mitigating them. | **5** | **4** | **3** | **2** | **1** |
| The application describes how the project will primarily serve EOCCO members. | **5** | **4** | **3** | **2** | **1** |
| The proposed budget is realistic. | **5** | **4** | **3** | **2** | **1** |
| The application includes data that supports the need for this project. | **5** | **4** | **3** | **2** | **1** |
| The application includes letter(s) of support from all collaborating organizations necessary to get the work done. | **5** | **4** | **3** | **2** | **1** |
| The application has a reasonable plan for sustaining the project after the SHARE funding ends. | **5** | **4** | **3** | **2** | **1** |
| This project is ready to be implemented soon after awarded. | **5** | **4** | **3** | **2** | **1** |
| Our LCHP supports using SHARE funds designated for our county for this project. | **5** | **4** | **3** | **2** | **1** |
| Total Points: | **\_\_\_\_\_\_ / \_\_50\_\_\_** |

**Information to Reference when Scoring:**

\*SDOH-E Partner Definition

A single organization, local government, one or more of the federally recognized Oregon tribal governments, the Urban Indian Health Program, or a collaborative that delivers SDOH-E related services or programs, or supports policy and systems change.

Examples of groups that would be considered SDOH-E partners:

* Nonprofit social and human service organizations (for example, organizations supporting economic opportunity; supporting individuals with disabilities; promoting safe housing, education, food security and environmental justice; and others)
* Culturally specific organizations
* Local public health authorities
* Regional health equity coalitions
* Local government and government-associated entities
* Tribal governments and the Urban Indian Health Program
* Early learning hubs
* Local housing authorities

\*\*Regional Community Health Improvement Plan (CHIP) Priorities

* Early Childhood, Adverse Events, Trauma and Toxic Stress
* Behavioral Health Integration
* Public Health Integration
* Traditional / Community Health Workers
* Oral Health
* LCHP Skill Development
* Food Insecurity
* Housing
* Health Equity

\*\*\*SDoH Domains

* Economic stability
* Neighborhood and built environment
* Education
* Social and community health

# Appendix 3: SHARE Initiative Contract

**EOCCO SHARE Agreement**

**Grantor: Eastern Oregon Coordinated Care Organization, LLC (“EOCCO”)**

**601 SW 2nd Avenue**

**Portland, Oregon 97204**

**Grantee: Legal Name:**

**Fiscal Agent: \_\_\_\_\_\_\_\_\_\_**

**Address:**

Principal Contact: \_\_\_\_\_\_\_

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

**Total Amount of Grant:** \_\_\_\_\_\_\_\_\_\_\_ (“the Grant Funds”)

**Grant Period:** \_\_\_\_\_\_\_\_\_\_\_ (the “Grant Period”: Estimated start date contingent on project approval from the Oregon Health Authority)

1. **Purpose of Grant Agreement**

The Eastern Oregon Coordinated Care Organization (EOCCO) is investing in the first round of the Supporting Health for All through REinvesment (SHARE) Initiative to address social determinants of health while improving housing in Eastern Oregon. This will address the SHARE spending area of economic stability and statewide priority of housing-related services and supports.

The purpose of this agreement (the “Grant Agreement”) is to enable EOCCO to award the Grant Funds to the Grantee for eligible costs of the project as described in the following attached exhibits that are fully incorporated into this Grant Agreement.

**Exhibit A: Proposal**

**Exhibit B: Progress Report Template**

**Exhibit C: Final Report Template**

1. **Term**

This Grant Agreement shall be effective from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ (the “Contract Term”).

1. **Design and Implementation of Project**

Grantee agrees to complete the project in accordance with the plans and specifications contained in its application during the designated term.

EOCCO and the Grantee may agree in writing to modify the objectives, methods, or Grant Period for which Grant Funds have been awarded. Grantee agrees to notify EOCCO within 30 days of the change about any significant change in personnel of the project and any development that could significantly affect the project or Grantee.

1. **Contingencies**

Grantee agrees to the following:

[Not Applicable or add contingency language]

1. **Disbursement Schedule**

Grant Funds shall be disbursed during the Contract Term in three payments subject to the terms and conditions of this Grant Agreement. The first and second payments will each consist of 45% of the Grant Funds, for a total of 90% of the Grant Funds. The final payment shall consist of the final 10% of the Grant Funds. The three payments shall be made according to the following schedule:

After contract execution $\_\_\_\_\_\_\_\_

After review and approval of first Progress Report $

After review and approval of Final Report $\_\_\_\_\_\_\_\_

1. **Records**

Grantee shall provide EOCCO, upon request, with all information relating to the results, findings or methods, and/or publications developed under the Grant. EOCCO may withhold Grant Funds if it has not received all Reports and additional requested information required to be submitted by Grantee. Any Reports may be disseminated by EOCCO, both during and after the Contract Term without the prior written consent of Grantee.

Grantee shall maintain all financial records related to this Grant Agreement in accordance with generally accepted accounting principles. Grantee shall retain such financial records for at least three (3) years after the end of the Contract Term.

At the request of EOCCO, Grantee shall permit reasonable access to its files, records, accounts and personnel associated with the Grant by EOCCO or its designated representatives to conduct financial audits, verifications, and program evaluations concerning this Grant in EOCCO’s sole discretion. EOCCO shall provide Grantee reasonable prior notice, when possible, of its intent to access records.

1. **Grant Reports and Reconciliation**

Grantee shall submit written periodic progress reports (each a “Progress Report”) on Grant activities, budget changes, and expenditures using the attached form, Exhibit B. Further Grantee agrees to submit a final written report (the “Final Report” and collectively with all Progress Reports, the “Reports”) on the evaluation attached form, Exhibit C. All Reports must be received by EOCCO according to the dates listed below. The templates attached in Exhibit B and Exhibit C are subject to change by EOCCO in its sole discretion. EOCCO will notify Grantee of any change to the templates contained in Exhibit B and C no later than 30 days before the deadlines specified below.

**Date Report is Due Reporting Period**

*Date* Progress Report covering \_\_\_\_\_ through \_\_\_\_\_

*Date* Progress Report covering \_\_\_\_\_ through \_\_\_\_\_

*Date* Progress Report covering \_\_\_\_\_ through \_\_\_\_\_

*Date* Final Report covering \_\_\_\_\_ through \_\_\_\_ (the full grant period)

1. **Use of Grant Funds**

Grantee shall use the funds for the purposes approved by EOCCO as described in this Grant Agreement, inclusive of all Exhibits, and understands that any alternative use of funds must be authorized in writing by EOCCO in advance.

Grantee may expend the Grant Funds for personnel expenses only for staff that are directly working on this project. Expenses for legal counsel, accounting and similar expenses are not considered personnel expenses for this Project. Indirect costs are not allowable.

Grantee may expend the Grant Funds for approved travel expenses at rates not to exceed current state rates (for non-represented employees) in effect at the time the expenses are incurred. All travel shall be conducted in the most efficient and cost-effective manner and result in the best value to EOCCO. Personal expenses will not be authorized at any time. Amounts for travel expenses are included in, and not in addition to the Grant.

Grantee may reallocate up to 10% of the budgeted amount for a line item of the EOCCO-approved budget, to a different line item(s) in the EOCCO-approved budget without EOCCO’s prior written consent. Any reallocation greater than 10% of the budgeted amount for a line item of the EOCCO-approved budget requires EOCCO’s prior written consent. All reallocations, regardless of the amount, must be reported by Grantee to EOCCO on the Grantee’s first expenditure report following the adjustment.

1. **Unexpended Grant Funds**

If Grantee (i) fails to expend all Grant Funds within the Grant Period, (ii) fails to complete all activities described in Exhibit A within the Grant Period, or (iii) anticipates that either of the aforementioned conditions will occur prior to the end of the Grant Period, Grantee shall repay to EOCCO all unexpended funds within ten (10) business days of the Final Report submission deadline to EOCCO. EOCCO will review the Final Report and will make any adjustments necessary to satisfy EOCCO’s Grant payment standards. In the event the adjustments alter the amount of unexpended funds, then the party owing the adjustment shall pay the difference required to reconcile the funds within ten (10) business days of EOCCO’s adjustment.

In very limited circumstances, EOCCO shall, in its sole discretion, review requests by Grantee to use unexpended funds and/or complete the activities described in Exhibit A after the end of the Grant Period. Such a request by Grantee must be submitted in writing using a structured form and submission instructions provided by EOCCO no later than 30 days prior to the end of the Grant Period. In no event shall EOCCO approve use of the Grant Funds beyond the end of the Contract Term

1. **Limitation on Payments**

Notwithstanding anything in this Grant Agreement to the contrary, Grantee’s failure to meet its obligations under the terms of this Grant Agreement may result in any of the following, without limitation, (i) modification of full or partial payment of Grant Funds. (ii) delay in full or partial payment of Grant Funds, (iii) withholding of Grant Funds until compliance with the requirements of this Grant Agreement are determined by EOCCO, (iv) denial of full or partial payment of Grant Funds by EOCCO, and (v) termination of this Grant Agreement.

EOCCO reserves the right to require a total or partial refund of any Grant Funds, if, in EOCCO’s sole discretion, such action is necessary:

1. Due to Grantee’s failure to make substantial progress in the completion of the project;
2. Because Grantee has not fully complied with the terms and conditions of the Grant and the Grant Agreement;
3. To protect the purpose and objectives of the Grant;
4. To comply with any law or regulation applicable to Grantee, EOCCO, or this Grant.

Upon termination, EOCCO shall conduct an accounting of Grant payments paid to Grantee.

1. **No Guarantee of Future Funding**

Grantee acknowledges that the receipt of this Grant does not imply a commitment on behalf of EOCCO to continue funding beyond the terms listed in this Grant Agreement.

1. **Publicity**

At the request of EOCCO, Grantee agrees to issue a press release to relevant media outlets announcing the project receiving Grant Funds and promoting the project and its value to the community and region. Further, EOCCO may prepare its own publicity regarding this Grant Agreement, both during and after the term of this Grant Agreement, without Grantee’s consent.

Grantee shall appropriately credit the participation of EOCCO in any advertisement, publicity, or public comment related to the project for which Grant Funds are awarded under this Grant Agreement.

Grantee shall permit EOCCO to review and approve the text and content of any proposed publicity concerning this Grant Agreement prior to its release. If this Grant is to be used for a film, video, book, or other such product, EOCCO reserves the right to request a screening or preview of the product, during the final production stages, before deciding whether or not to be credited as a funder of the Grant.

1. **Access to Records and Facilities**

Grantee acknowledges and agrees that EOCCO and their duly authorized representatives shall have access to all records related to the Grant to perform examinations and audits.

Grantee shall, upon request and without charge, provide a suitable work area and copying capabilities to facilitate such a review or audit. This right also includes timely and reasonable access to Grantee’s personnel for the purpose of interviews and discussions related to such documents. The rights of access in this subsection are not limited to the required retention period, but such shall last as long as the records are retained.

1. **Governing Law, Consent to Jurisdiction**

This Grant Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, the “claim”) between EOCCO and Grantee that arises from or relates to this Grant Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Multnomah County for the State of Oregon; provided, however, if a claim must be brought in a federal forum, then it shall be conducted solely and exclusively within the United States District Court for the District of Oregon in Portland, Oregon. **Grantee, by execution of this Grant Agreement, hereby consents to the in personal jurisdiction of said courts**.

1. **Compliance with Laws**

Grantee shall comply with all Federal, State and local laws, regulations, executive orders and ordinances applicable to this Grant Agreement or to the performance of Grantee’s obligations as they may be adopted, amended or repealed form time to time, including but not limited to the following: (i) ORS Chapter 659A.142; (ii) OHA rules pertaining to the provision of integrated and coordinated care and services, OAR Chapter 410, Division 141; (iii) all other OHA Rules in OAR Chapter 410; (iv) rules in OAR Chapter 309 pertaining to the provisions of mental health services; (v) rules in OAR Chapter 415 pertaining to the provision of Substance use Disorders services; (vi) state law establishing requirements for Declaration for Mental health Treatment in ORS 127.700 through 127.737; and (vii) all other applicable requirements of State civil rights and rehabilitation statutes, rules and regulation. These laws, regulations, executive orders and ordinances are incorporated by reference herein to the extent that they are applicable to this Agreement and required by law to be so incorporated. EOCCO’s performance under this Agreement is conditioned upon Grantee’s compliance with the provisions of ORS 279B.220, 279B.230, 279B.235 and 279B.270, which are incorporated by reference herein.

1. **Termination**

EOCCO may terminate this Grant Agreement:

* 1. Without cause upon 90 days’ prior written notice by EOCCO to Grantee; or
	2. Immediately upon written notice to Grantee if there is a threat to the health, safety or welfare of any of the Grantee’s clients, including any Medicaid eligible individual, under its care.

Grantee may terminate this Grant Agreement without cause upon 90 days prior written notice by Grantee to EOCCO.

1. **Limitation of Liability**

In no event shall EOCCO be liable for any damages, including, without limitation, direct, indirect, special, incidental or consequential damages or expenses for any negligence, breach of contract or any other act arising out of or relating to this Grant Agreement or the activities covered herein.

In no event shall EOCCO or its affiliates be responsible for Grantee’s debts or liabilities in the event of insolvency.

1. **Indemnification**

Grantee shall defend, indemnify, and hold harmless EOCCO, its officers, directors, employees, agents, successors in interest, assigns, and members of the EOCCO’s Grant Committee from and against all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature whatsoever, including, but not limited to, the cost of legal defense, settlement, attorneys’ fees and all related costs to the extent resulting from, arising out of, or relating to the activities of Grantee, including without limitation, the expenditure of Grant Funds, and its officers, employees, subcontractors, or agents under this Grant Agreement.

1. **Entire Agreement**

This Grant Agreement constitutes the entire understanding between the parties as to the subject matter of this Grant Agreement and supersedes all other agreements, whether written or oral, between the parties.

1. **Severability**

If any term or provision of this Grant Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this Grant Agreement did not contain the particular term or provision held to be invalid.

1. **Counterparts**

This Grant Agreement and any subsequent amendments may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Grant Agreement and any amendments so executed shall constitute an original.

1. **Amendments**

No amendment to this Grant Agreement will be effective unless it is in writing and signed by both parties.

1. **No Assignment**

Neither party may assign any of its rights or delegate any of its obligations under this Grant Agreement without the prior written consent of the other party. Any purported assignment or delegation in breach of this section will be void.

1. **Survival**

Sections K, L, N, O, P, R, S, T, and U shall survive the expiration or termination of this Grant Agreement, as well as those provisions of this Grant Agreement that by their context are meant to survive expiration or termination. Expiration or termination of this Grant Agreement shall not extinguish or prejudice EOCCO’s right to enforce this Grant Agreement with respect to any default by Grantee that has not been cured.

Grantee accepts responsibility for complying with this Grant Agreement’s terms and conditions and will exercise full control over the activities described in Exhibit A and the expenditure of Grant Funds.

On behalf of Grantee, I understand and agree to the above terms and conditions of this Grant Agreement and certify my authority to execute this agreement on Grantee’s behalf.

[Signature Page Follows]

**Signature Page**

**Grantee:**

Signature:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grantor:**

Signature:

Printed Name:

Title:

**Exhibit A**

(SHARE Application will be inserted here)

**Exhibit B**

**Progress Report Template**

**Instructions:**

Please submit questions and completed reports to CBIR@ohsu.edu.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report Information:**

**Report (please indicate what report you are submitting)**

\_\_ Progress Report 1

\_\_ Progress Report 2

\_\_ Progress Report 3

**Grantee name:**

**Project Title:** [Use same title from submitted proposal]

**Report date submitted:**

**Report submitted by:** (name)

**Phone number for questions:**

**Email address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative:**

1. Provide a brief description of your project’s goals as outlined in your original proposal.
2. Describe progress toward the project goals, including a description of completed activities.
3. What challenges or barriers have you experienced and how have you addressed them (or plan to address them)?
4. Have there been any significant changes to your project, including any changes to proposed activities, staffing, goals, or other areas as outlined in your original proposal?

**Data and Budget: Please refer to the Excel file that was emailed with your contract to assist in data and budget reporting. Email** **CBIR@ohsu.edu** **if you need help locating or updating your project’s Excel file.**

1. DATA: Use the Excel data table to enter your project’s progress in reaching EOCCO and non-EOCCO members. (No narrative needed here)
2. BUDGET: Use the Excel data table to enter the funds your project has expended so far. (No narrative needed here)
3. Have there been any significant changes to your project budget? (please explain)
4. Is your project on track to expend funds by end of the grant cycle? (please explain)

Note: If you would like to reallocate 10% or more of your budget from your original budget plan, please contact CBIR@ohsu.edu to discuss next steps.

**Exhibit C**

**Final Report Template**

**Instructions:**

Please submit questions and completed reports to CBIR@ohsu.edu.

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**Report Information:**

**Grantee legal name:**

**Project Title:** [Use same title from submitted proposal]

**Report date submitted:**

**Report submitted by:** (name)

**Phone number for questions:**

**Email address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative:**

1. Provide a brief description of your project’s goals as outlined in your original proposal.
2. Were there any significant changes to your project team, goals, or activities as outlined in your original proposal?
3. What challenges or barriers did you experience and how did you address them?
4. What have been the most successful and the least successful aspects of your project?
5. Please share one or two stories that capture the impact of this project. (Such as people/communities the project has helped; lives that have changed; work that led to policy change, such as legislation or regulation; and quality improvement or research projects)
6. How has your project affected your organization and your community?
7. Was there any media coverage or publications related to this project? If yes, what type?
8. What is the plan for sustaining this project?

**Data and Budget: Please refer to the Excel file that was emailed with your contract to assist in data and budget reporting. Email CBIR@ohsu.edu if you need help locating or updating your project’s Excel file.**

1. DATA: Use the Excel data table to enter your project’s final total in reaching EOCCO and non-EOCCO members. (No narrative needed here)
2. Please share reflections of your overall data results, such as meeting your goals, modifying workflows, and other strategies implemented. (please explain)
3. BUDGET: Use the Excel data table to enter the total funds your project has expended. (No narrative needed here)
4. Were there any significant changes to your project budget that have not already been reported? (please explain)

Note: If you have unspent funds you would like to submit a rollover or extension request for, please email CBIR@ohsu.edu.

1. **SDOH-E partner organization:** Applicants must belong to a single organization, local government, one or more federally recognized Oregon tribal governments, the Urban Indian Health Program, or a collaborative, that delivers SDOH-E related services or programs and/or supports policy or systems change within the EOCCO service area. Examples might include:

	* Nonprofit social and human service organizations
	* Culturally specific organizations
	* Local public health organizations
	* Regional Health Equity Coalitions
	* Oregon Tribal Nations and the Urban Indian Health Program
	* Educational services districts and school districts
	* Early learning hubs
	* Local housing authorities [↑](#footnote-ref-1)