

**Request for Applications**

**Community Benefit Initiative Reinvestments
New Ideas Fund**

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Application Information

Deadlines**:**

1. **September 23, 2022** for January 1 – December 31, 2023 projects
2. **March 17, 2023** for July 1, 2023 – June 30, 2024 projects

## **Background**

The Eastern Oregon Coordinated Care Organization (EOCCO) is pleased to announce the availability of funds to support proposals that test novel and innovative ideas to improve the health and health care of EOCCO members. For example, proposed projects might test:

* New models to improve access or reduce barriers to care for EOCCO members.
* New programs to engage members in their care.
* New ideas to integrate or improve clinical services to members.
* Novel workforce initiatives.
* Novel models to reduce cost while maintaining the quality of care.

Applications for New Ideas funding are accepted every six months. The next two cycle deadlines and their corresponding project years are below. When completing your application, please provide details for the project year you are applying to. For example, provide a timeline of activities for January through December if you are applying by Sept 16, 2022.

1. **September 23, 2022** for January 1 – December 31, 2023 projects
2. **March 17, 2023** for July 1, 2023 – June 30, 2024 projects

## Funding Amount

The maximum funding amount per proposal is $50,000. Proposals requesting smaller amounts are welcome. Applicants are expected to propose realistic budgets for the proposed project.

## **Project Areas**

Projects should be ones that benefit all EOCCO members or could be applied in other EOCCO service area regions should they prove to be successful. Areas of focus include but are not limited to:

* **Incentive Measures:** New approaches to improving Incentive Measures that EOCCO has had difficulty addressing.
* **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.
* **Behavioral Health Integration:** Projects focused on new integration of behavioral health clinicians into primary care or primary care providers into behavioral health organizations.
* **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.
* **Assessing and Addressing Health Related Social Needs:** Projects focused on integrating social determinants of health screenings and referrals, housing support, use of community health workers, and other projects that address or assess the external barriers patients face when receiving care.

## **Eligibility and Application Requirements**

1. **Applicants:** Eligible applicants include any interested Eastern Oregon organization demonstrating the ability to successfully complete their proposed project within the grant period specified.
2. **Population:** The EOCCO New Ideas Fund is intended to primarily but not exclusively benefit EOCCO members. Applications must demonstrate the majority of services offered 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.
3. **Outcomes Measurement:** Proposals must define how progress towards the goals will be measured. Please utilize the Outcomes Measurement Data Table template provided within this application.
4. **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.
5. **Budget**: Please utilize the Budget Data Table template provided within this application. Budgets must align with guidelines below.
	1. Proposed projects do not currently have or expect to receive full funding from another source.
	2. Budget must directly relate to the proposed activities.
	3. Proposals may include requests for indirect administrative cost reimbursement up to 10% of costs. However, indirect administrative costs cannot be requested for equipment or supply costs.
	4. Support from the New Ideas award can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative.
	5. Proposals cannot include requests for capital construction, building renovations, major non-medical equipment, or costs related to billable health services, enhancing reimbursements, or supporting state-covered billable services.
	6. Generally, funds will not be provided for individual provider training. Proposals requesting training intended to assist communities achieve CHIP plan priorities, health equity, healthcare interpreters and incentive measure targets will be considered. Please contact CBIR@ohsu.edu if you would like to discuss specific training opportunities you are considering in your proposal.
	7. Awarded funding may not be used to pay for covered services or services your organization is already required to provide to members as part of your Medicaid contracts.
6. **Community Involvement:** Projects that demonstrate documented support from community partners are more likely to be awarded funding. See **Appendix 1: Letter of Commitment Template**.
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, an Outcomes Measurement Data Table, a Budget Table and a Budget Justification, and any Letters of Commitment.
2. **Submission:** Send your application to CBIR@ohsu.edu. Please organize your application in the follow manner:
3. **Single consolidated PDF:** Application Coversheet, Project Narrative, and Letters of Commitment
4. **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)

**Note:** The Community Benefit Initiative Reinvestments (CBIR) team will provide an email receipt within two business days of submission
5. **Funding Decision:** A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board.
6. **Timeline:**
	1. Deadline September 23, 2022
		1. Award notification by December 2022
		2. Project cycle January 1 – December 31, 2023
	2. Deadline March 17, 2023
		1. Award notification by June 2023
		2. Project cycle July 1, 2023 – June 30, 2024
7. **Technical Assistance:** The CBIR Team at OHSU is available to answer questions about the application process and to provide feedback on your project design, data collection 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.

# Community Benefit Initiative Reinvestments Application: New Ideas Fund

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

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

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

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

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

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

**Total Amount Requested** (note funding limits on page 2):$\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Project Summary (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

For the Project Narrative, all applicants should answer questions A-J.  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? Why are these goals important to your EOCCO population?
	3. How do goals align with community priorities identified in EOCCO’s Regional Community Health Improvement Plan (CHP)?
	4. What makes this project innovative?
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 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 D 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 1 for template).
5. Describe a detailed plan for sustaining this effort once the project ends.

## Outcomes Measurement 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 and a final report.



### **Outcomes Measurement Data Table**

In the first tab of the embedded Excel document, please indicate the number of EOCCO and non-EOCCO members you currently serve and the number you hope to reach through your proposed project.

Include baseline data and goals you will use to measure success. Please indicate the numerator, denominator, and percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goal measures can include but are not limited to your county’s prior year EOCCO incentive measure rate, EOCCO incentive targets, and the estimated number of members needed to reach the EOCCO incentive target. The metrics you select should be relevant to your specific project. For example, you should not 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.

### **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.).

Please refer to the Health Related Services (HRS) Category Options table to the right of the budget table when filling out the HRS Category column of the budget table. If the expense falls into more than one HRS category, pick the primary HRS category. If the expense does not fall into any of the HRS categories listed, leave the cell blank.

Note: Please note the New Ideas funding limit of $50,000.

# 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***