

**Request for Applications**

**LCAC Community Benefit Initiative Reinvestments**

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Application Deadline**: January 17, 2020**

# Background

Thanks to successful efforts in 2018 to improve care, Eastern Oregon Coordinated Care Organization (EOCCO) met 14 of the 17 CCO quality measures enabling the Board of Directors to reinvest $742,817 in Local Community Advisory Council projects (see Appendix 2 for allocated amounts by county). Your LCAC can use this funding to develop and implement an innovative project to improve the health of your community.

**Projects must focus on CHP plan components and be consistent with Oregon Health Authority social determinants of health and health equity guideline requirements. Projects must be distinct from all other applications.** A collaborative approach should be used to develop these proposals with the LCAC working together using the LCAC Charter as a guideline.

**Timeline:** The earliest start date for projects is March 16, 2020 and all projects should end by March 12, 2021.

# Application Instructions

**Requirements for all Applications**

1. Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.
2. 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.
3. 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. These positions should not be primarily administrative, with the exception of administrative support of LCAC activities. Grantees will be required to request decreasing amounts of funds over time and funds will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.

**Submission Process:**

1. **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the Application Coversheet, a Project Narrative covering all questions described in the RFA, a Budget and a Budget Justification, and any required Letters of Commitment.
2. **Submission:** Send your full application in a **single** PDF to Martha Snow at [snowm@ohsu.edu](mailto:snowm@ohsu.edu) and Anne King at [kinga@ohsu.edu](mailto:kinga@ohsu.edu) **by 5 pm PDT on January 17, 2020**. **Important Note:** You will receive an email receipt. If you do not receive that email within 24 hours, please contact Martha or Anne.
3. **Timeline:** Applicants should hear about the status of their requests in March 2020.
4. **Technical Assistance:** You are encouraged to obtain technical assistance when needed as you develop your proposal. OHSU staff members are available to answer questions and to provide feedback on your project design and evaluation plan. Please contact Martha Snow [snowm@ohsu.edu](mailto:snowm@ohsu.edu) or Anne King [kinga@ohsu.edu](mailto:kinga@ohsu.edu) and they will provide help or find the best person to provide assistance.

# LCAC Community Benefit Initiative Project Application Coversheet

**Name of LCAC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**County Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount Requested** (can be less than the amount allocated, but not more): **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Signatures:**

I hereby certify that this proposal has been developed and fully approved by our LCAC for submission to the EOCCO. The statements contained in this application are true and complete to the best of the applicant’s 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 LCAC Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# LCAC Community Benefit Initiative Project Narrative

*Please follow the instructions below to complete your project narrative, providing complete answers to each question. Project narratives may be* ***up to 5 pages****.*

1. Provide a detailed description of the project plan, including:
   1. Project goals
   2. Targeted CHIP goals, social determinants of health and/or health equity areas
   3. A detailed description of the planned activities
   4. A detailed timeline of activities
2. Describe the data you will collect to measure success of your project and how you will obtain the data. **Note:** If funded, you will be required to report on these data on interim progress reports and a year-end final report. **Applicants must report on the** **number of EOCCO and non-EOCCO members served**.
3. Complete the table below, including baseline data and goals you will use to measure success.

**Note:** This table has been revised from prior years. Please be sure to include actual available baseline data and create goals that take into account available data, such as your county’s prior year rate, the numerator and denominator of patients if available, CHIP and EOCCO goals. Baseline data should be the prior year’s final rate for the target population.

|  |  |  |  |
| --- | --- | --- | --- |
| **Focus Area** | **Activity Planned** | **Metrics** | |
| ***EXAMPLE:***  *Dental sealants* | *AWC event with onsite dental sealant services* | *Baseline*  *20/150 (number of kids who received sealants last year out of number eligible)* | *Goal*  *75/150 (number of kids you aim to receive sealants this year out of number eligible)* |
|  |  | Baseline | *Goal* |
|  |  | Baseline | *Goal* |
|  |  | Baseline | *Goal* |

1. Please list each member of the project team, their organization (if applicable), and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. What could cause this project to have trouble or fail and how could you reduce this risk?
3. Please list the 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 a template)
4. Describe a detailed plan for sustaining this effort once the project ends.

# Appendix 1: LCAC Community Benefit Initiative Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to billable health services, enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

***Start date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***End date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Budget Table

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget** | | | | | |  |  |
| **Personnel:** | | | | | | **In-Kind Cash Contribution** | **In-Kind non-Cash Contribution** |
| **Name** | **Role** | **FTE** | **Salary Requested** | **Benefits Requested** | **Total Requested** |  |  |
| *Example: Jane Smith* | *MA* | ***.****10* | *$5000* |  | *$5000* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Equipment and Supplies:** | | | | | |  |  |
| **Name of Item** | **Description** | | | | **Total Requested** |  |  |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
| **Travel:** | | | | | |  |  |
| **Location** | **Description** | | | | **Total Requested** |  |  |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
| **Other Expenses:** | | | | | |  |  |
| **Name of Item** | **Description** | | | | **Total Requested** |  |  |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
| **GRAND TOTAL** |  | | | | **$** | **$** | **$** |

## 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 2: 2020 LCAC Funding Amounts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County** | **Membership as of 6/1/19** | **40% Distributed Equally** | **60% Membership Distribution** | **Totals** |
| Baker | 4,013 | $24,761 | $35,734.65 | **$60,495** |
| Gilliam | 364 | $24,761 | $3,241.32 | **$28,002** |
| Grant | 1,451 | $24,761 | $12,920.75 | **$37,681** |
| Harney | 2,044 | $24,761 | $18,201.25 | **$42,962** |
| Lake | 1,845 | $24,761 | $16,429.21 | **$41,190** |
| Malheur | 10,370 | $24,761 | $92,341.96 | **$117,103** |
| Morrow | 2,791 | $24,761 | $24,853.08 | **$49,614** |
| Sherman | 345 | $24,761 | $3,072.13 | **$27,833** |
| Umatilla | 18,431 | $24,761 | $164,122.92 | **$188,883** |
| Union | 6,335 | $24,761 | $56,411.41 | **$81,172** |
| Wallowa | 1,753 | $24,761 | $15,609.98 | **$40,371** |
| Wheeler | 309 | $24,761 | $2,751.56 | **$27,512** |
| **TOTALS** | **50,051** | **$297,127** | **$445,690** | **$742,817** |

# Appendix 3: 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***