**NCCARE360 Community Organizations Health Equity Grant**

**Request for Applications**

The Foundation for Health Leadership and Innovation (FHLI) invites organizations that are committed to delivering health and equity using NCCARE360 as a tool to foster community connections to apply for two separate grant opportunities. Applicants must deliver services in one of the following counties: Chatham, Durham, Franklin, Granville, Harnett, Johnston, Lee, Orange, Vance, or Wake.

Community Organization Grant

Under the Community Organization Grant, funds will support plans for organizations to either onboard onto or increase the use of NCCARE360 to connect the people they serve to other community services, as well as foster deeper cross-sector partnerships. Organizations may apply for grants in the range of $25,000 - $100,000 to support this goal.

In early 2022, up to $2,000,000 will be disbursed across both grant opportunities for a grant period of March 14, 2022 – May 2023.

*Recipients of the NCCARE360 Community Organizations and Network Support Agencies Health Equity Grants must comply with Centers for Disease Control and Prevention General Terms and Conditions.* <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

**Detailed information and application are available on our website at** [**nccare360.org/community-funding**](https://nccare360.org/community-funding/)

**Community Grant Application**

**The following sections of the application must be complete:**

1. Organization Profile
2. Grant Eligibility
3. Program Design
4. Narrative Questions
5. Project Timeline
6. Budget
7. Conflicts of Interest
8. Optional: Letters of support

# Community Organization Health Equity Grant Application

**ORGANIZATION PROFILE**

Using the template below, please provide the requested information on your organization. In the case of organizations partnering on this proposal, please submit one profile per organization.

|  |  |
| --- | --- |
| **General Information** | |
| Name |  |
| Address (Headquarters) |  |
| Main Telephone Number |  |
| Website |  |

|  |  |
| --- | --- |
| **Parent Company Information (if applicable)** | |
| Name |  |
| Address |  |
| Main Telephone Number |  |
| Website |  |

|  |  |
| --- | --- |
| **Executive Director Contact** | |
| Name |  |
| Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| **Main Contact for Grant** | |
| Name |  |
| Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |

**GRANT ELIGIBILITY**

**Please check that your organization meets each of the following eligibility criteria. If your organization does not meet each of the following, you are not eligible to apply.**

Organization is a North Carolina-based community or grassroots organizations, which may include a public or private nonprofit, tax-exempt organizations (including faith-based), health care organizations, local governmental agencies, and educational institutions.

Organization is located in or serves one or more of the following counties: Durham, Chatham, Lee, Harnett, Wake, Orange, Johnston, Granville, Vance, and Franklin

Organization is currently on NCCARE360 or is willing to onboard within 60 days of contract execution.

**PROGRAM DESIGN**

**Project Title:** Click here to enter text.

**Project Summary** (LIMIT: 50 Words): Click here to enter text.

**Service Area: Of the counties included for this project, which counties do you serve? (check all that apply)**

Durham

Chatham

Lee

Harnett

Wake

Orange

Johnston

Granville

Vance

Franklin

**Project Components:** Indicate which of the allowed grant activities listed below you are proposing to use grant funds to implement and accomplish within the funding amount requested, and the project timeline of March 14, 2022 – May 21, 2023. Applicants must select the required activity. Applicants may also select one (1) or more of the optional activities.

REQUIRED ACTIVITY (Organizations must select the required activity)

1. Onboarding onto or increasing use of NCCARE360 in organization programs and workflows. Costs could relate to administrative, staffing, and/or other relevant costs pertaining to NCCARE360 implementation, workflow planning, staff training, and quality improvement.

OPTIONAL ACTIVITIES (Organizations may select one (1) or more additional optional activities)

1. Providing additional direct services stemming from accepting additional referrals through NCCARE360 (e.g., funding for additional food boxes for a food pantry or case manager time for a housing provider due to increased referrals to the organization); and/or
2. Engagement/education of staff and/or clients served by the organization on NCCARE360; and/or
3. Expand and address language access for limited English proficiency and/or other communication needs; and/or
4. Organization staff to serve as an NCCARE360 champion to share information about NCCARE360 to partner organizations in community; and/or
5. Supporting organization financial systems and/or financial staff to better support additional funding sources including from health care partners; and/or
6. Administrative, staffing, and other costs related to partnering and working with health care organizations and/or other partners on funding opportunities; and/or
7. Providing professional development on equity that builds understanding of and competencies to advance health equity strategies and activities; and/or
8. Addressing other barriers to utilization and onboarding onto NCCARE360 identified by your organization.

**Project Description (No more than 3 pages – applicants may type into this form OR attach a project description with their PDF application)**

For each Project Activity selected above, please provide a description of (1) why your organization selected the activity; (2) what your organization plans to do to meet goals of activity and how your organization will use grant funding to accomplish this activity. Make sure to tie each description to the budget narrative to make it as clear as possible the funding needed to achieve each project component.

Click here to enter text.

**NARRATIVE QUESTIONS (No more than 3 pages—applicants may type into this form OR attach a project description with their PDF application)**

Please respond to the following questions.

1. What is your understanding of the vision outlined in the RFP and how will your organization meet these goals?

Click here to enter text.

1. Describe your organization’s existing strategy to link communities to resources that address unmet needs in your community. How will NCCARE360 be used as part of these existing workflows?

Click here to enter text.

1. Describe your organization/program engagement with historically marginalized populations and communities.

Click here to enter text.

1. What is your organization’s experience with NCCARE360 to date?
   1. Does your organization currently use NCCARE360?

Yes

No

I do not know

* 1. Describe any barriers to either onboarding to NCCARE360 or using NCCARE360?

Click here to enter text.

* 1. Describe how the grant funding will help your organization use NCCARE360 to meet your organization’s mission.

Click here to enter text.

1. Describe your organization’s relationship with community coalitions and/or partnerships.

Click here to enter text.

1. Describe your organization’s relationships with other organizations across service area (e.g., if you are a food provider, do you currently have close working relationships with housing, transportation, and other providers?). Describe your key community partners and how you work with them today.

Click here to enter text.

1. Do you currently have any relationships with healthcare organizations (e.g., hospitals, health departments, Federally Qualified Health Clinics, health plans (e.g., LME-MCO, Medicaid Pre-Paid Health Plan, Medicare Advantage Plan, Blue Cross Blue Shield of NC, etc.)? If so, please describe current relationship including funding arrangements (e.g., contracts, grants, etc.).

Click here to enter text.

1. Does your organization anticipate that it will partner with healthcare organizations in the next 2 – 3 years? Please describe.

Click here to enter text.

**PROJECT TIMELINE**

The contract timeline for executing project goals and objectives is March 14, 2022 – May 21, 2023. Submit the timeline for executing your organization’s project plan. (**applicants may type into this form OR attach a description with their PDF application)**

Click here to enter text.

**BUDGET**

Using the budget template for the grant application, provide a fifteen (15) month budget for your program that includes a budget estimate for ongoing costs.

Make sure your budget includes the following areas: initial programmatic build and customizing costs of staffing needs, organization and community engagement, on-going organizational and/or programmatic technical assistance, general supplies, and any additional costs.

**Conflicts of Interest**

DISCLOSURE OF CONFLICTS OF INTEREST: The Contractor shall disclose any known financial conflicts of interest, or perceived financial conflicts of interest, at the time they arise, as follows:

1. Disclose any relationship to any business or associate to whom the organization is currently doing business that creates or may give the appearance of a conflict of interest related to the submission of the organization’s proposal.
2. By submitting the proposal, the organization certifies that it shall not knowingly take any action or acquire any interest, either directly or indirectly, that will conflict in any manner or degree with the selection process.
3. All notices required by this Section must be provided to the FHLI with the submission of the proposal.

**LETTERS OF SUPPORT (Optional) - applicants may attach the letters of support with their PDF application**

The letter of support should include a statement that identifies the project, indicates the relationship with the organization, and a description of the partner organization’s commitment to championing or supporting the project strategies, goals, objectives, and/or activities highlighted in the grant application.