NCCARE360 Community Organization and Network Support Agency Health Equity Grants - Triad

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: Alamance, Caswell, Chatham, Davidson, Forsyth, Guilford, Orange, Randolph, or Rockingham.

The NCCARE360 Community Organization and Network Support Agency Health Equity Grants are reimbursement grants that provides funding to recipients after expenses have been incurred. The grantee must follow specific procedures to obtain the reimbursement for project expenses. Reimbursements are provided on a set payment schedule after recipients have submitted sufficient documents to verify expenses. Funding will begin once the award is confirmed, and the contract is signed. There are no pre-awards with these health equity grants.

Recipients of the NCCARE360 Community Organization and Network Support Agency Health Equity Grants must comply with Centers for Disease Control and Prevention General Terms and Conditions.

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.

Network Support Agency Grant

Under the Network Support Agency Grant, funds will support organizations that are interested in serving as a "Network Support Agency," that works to grow and support the organizations on the NCCARE360 network in their region through meaningful technical assistance and other strategies. Organizations may apply for grants up to $250,000 to perform these functions.

Up to $1.6M will be disbursed across both grant opportunities for a grant period from the executed contract date through May 2023.

Detailed information and application are available on our website at https://nccare360.org/community-funding/current-funding-opportunities/

SECTION 1. BACKGROUND

The Foundation for Health Leadership & Innovation (FHLI) develops and supports innovative programs and partnerships that advance affordable and sustainable quality health services to improve the overall health of communities in North Carolina and beyond. FHLI grows programs and partnerships that improve health of the whole-person through a whole-community approach. As the administrator of NCCARE360, FHLI monitors implementation and operations of the shared infrastructure utilized by many

programs, systems, innovations for all providers, insurers, community-based organizations, agencies and residents of North Carolina.

NCCARE360 is a public-private partnership between the Foundation for Health Leadership and Innovation (FHLI) and the North Carolina Department of Health and Human Services (NCDHHS), in collaboration with implementation partners that include the United Way of North Carolina/NC 211, Expound Decision Systems, and Unite Us.

NCCARE360 is the first statewide network that unites health care and human services organizations, assesses for and identifies unmet social needs, and enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. NCCARE360 began its implementation in early 2019 and was launched statewide in June 2020.

Today, NCCARE360 is a critical statewide infrastructure for health and human service organizations to connect to each other to collectively serve North Carolinians.

Since it began its rollout in 2019, NCCARE360 is now fully statewide with a network of more than 2,500 organizations with over 4,700 programs. As of November 2021, NCCARE360 has served more than 77,000 unique individuals and families.

NCCARE360 continues to grow its network to bring health care and human services/community organizations together onto one platform to serve their community in a coordinated approach. However, FHLI and its partners understand that some organizations face barriers in joining NCCARE360 or using it robustly as part of their operations and workflows. To further support communities and organizations use NCCARE360, FHLI is looking to provide grant funding opportunities to support communities in growing use of NCCARE360.

Section 2: Grant Goals

These grant opportunities are aimed at:

- Accelerating the growth of a strong NCCARE360 network in selected counties.
- Understand barriers to onboarding and using NCCARE360 and identify strategies and opportunities to assist organizations in overcoming them.
- Understanding what organizations need in terms of meaningful technical assistance to use NCCARE360.
- Fund a new role of "Network Support Agencies" to work with the NCCARE360 Community Engagement Team to provide meaningful technical assistance on use of NCCARE360 to help organizations achieve their mission and grow meaningful cross-sectoral and healthcare partnerships. In addition to providing technical support on NCCARE360, Network Support Agencies may serve as a bridge between healthcare and community organizations and work to

create successful partnerships that address common needs related to service models, financial relationships, and data.
- Support community-based organizations in creating meaningful partnerships with healthcare organizations.

Section 3: Grant Opportunities and Eligible Activities

FHLI is seeking applicants for the following grant opportunities. FHLI anticipates that most organizations will apply for one grant opportunity; however, organizations that fit the eligibility and functions of both grants may submit separate applications for each opportunity listed above. An applicant organization may only submit one application per grant funding opportunity listed above. Eligible organizations include any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes. Applicant organizations will be required to submit their: (1) Employer Identification Number (EIN), (2) IRS Determination letter for 501(c)(3), and (3) NC Solicitation License or exemption letter. Eligible organizations may not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identify/expression, age or national origin in their staffing policies, use of volunteers or provision of services.

Community Organizations Grant

Purpose: This grant will allow for the strengthening of the NCCARE360 network of community organizations that can respond to referrals and provide community services by providing funding and other resources to reduce barriers to onboarding onto NCCARE360 and/or provide funds to better sustain additional referrals or needs. Funding should be used as proof-of-concept for longer term sustainable partnerships and financing between healthcare and community organizations.

Funding Amount: Varied based on program budget (estimated between $25,000 - $100,000)

Eligible Activities: To grow the NCCARE360 network (adding additional organizations) and/or to grow use of NCCARE360 among organizations already onboarded, these grant funds can be used for the following activities. 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)

   ☐ 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)

   ☐ 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

☐ Engagement/education of staff and/or clients served by the organization on NCCARE360; and/or

☐ Expand and address language access for limited English proficiency and/or other communication needs; and/or

☐ Organization staff to serve as an NCCARE360 champion to share information about NCCARE360 to partner organizations in community; and/or

☐ Supporting organization financial systems and/or financial staff to better support additional funding sources including from health care partners; and/or

☐ Administrative, staffing, and other costs related to partnering and working with health care organizations and/or other partners on funding opportunities; and/or

☐ Providing professional development on equity that builds understanding of and competencies to advance health equity strategies and activities; and/or

☐ Addressing other barriers to utilization and onboarding onto NCCARE360 identified by your organization.

Network Support Agency Grant

Purpose: This grant will provide grant funding to one (1) organization that can support implementation and network growth of NCCARE360 in their community/region, as well as ensure NCCARE360 is understood and utilized effectively and sustainably through technical assistance and other strategies. Network Support Agencies are defined as organizations or agencies that execute strategies and activities which improve the organizational infrastructure of community organizations. In addition to providing technical support on NCCARE360, Network Support Agencies may serve as a bridge between healthcare and community organizations and work to create successful partnerships that address common needs related to service models, financial relationships, and data.

Funding Amount: Up to $250,000

Eligible Activities: To grow and strengthen the NCCARE360 network, Network Support Agency grants will fund organizations to work directly with the FHLI and the NCCARE360 Community Engagement Team, as well as perform 'backbone' functions in community engagement and technical assistance to bring more organizations onto the network, improve workflows, and build long-term sustainable multi-sectoral partnerships. 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)

☐ Providing technical assistance within the community/region to community, non-profit and grassroots organizations on NCCARE360. Technical assistance to include issues including NCCARE360

Overview, NCCARE360 data, onboarding/workflow assistance, data privacy/security, communication/engagement support, etc.

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

☐ Providing technical assistance on multi-sector partnership development. Support community organizations in using NCCARE360 to develop their value proposition and working with healthcare and other sectors to grow fiscal capacity and develop additional sustainable funding models. This could Support Network Support Agencies that serve as community leaders on NCCARE360 and provide additional technical assistance and training; and/or

☐ Providing professional development on equity that builds understanding of and competencies to advance health equity strategies and activities; and/or

☐ Providing technical assistance on creating equity plans that articulate how the work of a community organization will advance health equity and improve health equity outcomes; and/or

☐ Subcontracting to organizations that can provide technical expertise; and/or

☐ Deploying referral specialist(s) to health systems to provide health and human services information to and perform referrals for persons in need with the intent to link those persons to appropriate resources for assistance using NCCARE360; and/or

☐ Other activities to support organizations in your community use NCCARE360 and/or create cross-sectoral partnerships with healthcare or other community organizations

SECTION 4. Grant Application Process

Eligible Entities

Applicants for either the Community Grant or the Network Support Agency Grant include any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes. Applicant organizations will be required to submit their: (1) Employer Identification Number (EIN), (2) IRS Determination letter for 501(c)(3), and (3) NC Solicitation License or exemption letter. Eligible organizations may not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identify/expression, age or national origin in their staffing policies, use of volunteers or provision of services.

Applicants must deliver services in one of the following counties: Alamance, Caswell, Chatham, Davidson, Forsyth, Guilford, Orange, Randolph, or Rockingham.

All organizations that receive funding from the Community Organization Grant must either already be onboarded onto NCCARE360 or commit to being onboarded within 60 days of contract execution.

Failure to onboard to NCCARE360 within 60 days will require the organizations to return the full amount of the grant funds awarded within 30 days. Network Support Agencies may be required to onboard onto NCCARE360 depending on their community role.

Network Support Agencies must apply to serve one or more of the eligible counties (i.e., Alamance, Caswell, Chatham, Davidson, Forsyth, Guilford, Orange, Randolph, or Rockingham.) It is preferred, but not required that Network Support Agencies cover a region of more than one county.

Timeline

Process	Deadline
Release RFA	Monday, April 25, 2022
Application Period	Monday, April 25, 2022 – Wednesday, May 18, 2022
RFA Questions Due	Friday, April 29, 2022 (5:00 pm)
RFA Questions and Responses Posted	Tuesday, May 3, 2022 (5:00pm)
Applications Due	Wednesday May 18, 2022 (1:00 pm)
Award Announcement	Wednesday May 25, 2022
Contract Period	Executed Contract Date – May 21, 2023

RFA Questions and Answers

Questions related to the RFA can be submitted electronically to RFP@foundationhli.org. Include your name and organization in the subject line of the email. All questions must be received by 5:00 PM (EST) on Friday, April 29, 2022. Submissions will be confirmed by reply email. FHLI will post all questions and answers to the FHLI website by 5:00 PM (EST) on Tuesday, May 3, 2022. The Q&A document will not note which organization sent each question.

The written questions and answers posted on the FHLI website shall constitute an addendum to this RFP.

Deadline for Applications

Organizations must submit an electronic copy of their application in PDF format to RFP@foundationhli.org by 1:00 PM on Wednesday, May 18, 2022. Submissions will be confirmed by reply email. Late proposals will not be evaluated.

Submission Process and Requirements

The following project components must be included in your application to be considered. Incomplete applications may be eliminated. Applications must be submitted using the application template in Attachment A or Attachment B depending on the grant application for which the organization is applying. Organizations applying for both the Community Organization Grant and the Network Support Agency grant must submit both applications.

1. Executive Summary (Maximum 1 page)
2. Organization Profile (provide answers using the template below)—3 pages per vendor
3. Grant Eligibility – (1) Employer Identification Number (EIN), (2) IRS Determination letter for 501(c)(3), and (3) NC Solicitation License or exemption letter must be submitted.
4. Program Description and Project Plan
5. Response to Application Questions
6. Timeline (provide answers using the template below) – 3 pages maximum
7. Budget and Budget Justification
8. Conflicts of Interest (Applicants MUST provide a listing of current employees and board members. Also, please describe in detail any potential conflicts of interest relating to employees, board members, and financial obligations.)
9. Optional: Letters of support

Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Generally, recipients may not use funds to purchase furniture or equipment (except desktop, laptop, tablet). Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

CDC General Terms and Conditions: https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf

Evaluation Criteria

Proposals will be evaluated on the basis of the following criteria:

1. Organizational considerations:
   a. Organizations must meet all eligibility requirements. Applications from organizations that do not meet eligibility requirements will not be considered.
   b. Relationships & experience: Applicants should be able to demonstrate established relationships and experience working with individuals and families to meet their needs across many sectors. Applicants that have experience serving historically marginalized populations will be prioritized. Priority will be given to NC-established and based organizations.
   c. Capacity: Applicants should be able to demonstrate organizational capacity (staff and/or volunteers) to implement the proposed plan of action.
   d. Representation: Organizational and/or project leadership is reflective of the community the proposal is focused on.
   e. Budget size: Proposed budget seems reasonable and well justified to meet the goals of the project.
   f. Network Needs: While all organizations are eligible to apply, priority will be given to organizations that fill an identified need in the network.
2. Project Plan: Clarity on strategy and how funding will be used to meet the goals of the program.
3. Vision: An overall vision aligned with the goals of NCCARE360, growing the NCCARE360 network, fostering cross-sector partnerships, etc.

Monthly Reporting

All organizations selected for either the Community Organization Grant or the Network Support Agency Grant must report monthly progress reports and invoices by the 5th of the following month.

Program progress reports will be electronically emailed to LaQuana Palmer, Program Director of NCCARE360, Foundation for Health Leadership and Innovation.

Contact: LaQuana.Palmer@foundationhli.org

All budget reports and invoices will be electronically emailed to Kim Barner, Finance Coordinator, Foundation for Health Leadership and Innovation.

Contact: Kim.Barner@foundationhli.org

Section 5: Contract Agreement

Organizations that receive funding will agree to the following provisions:

- Coordinate with the Foundation for Health Leadership and Innovation, the NC Department of Health and Human Services, Unite Us, NC 2-1-1, and other program partners.
- Submit monthly reports to FHLI in accordance with guidelines and reporting schedule to be provided by FHLI.
- Submit monthly invoices and backup documentation to FHLI for the previous month by the 5th of the month to receive reimbursement.
- Use communications language and materials provided through FHLI, Unite Us, and/or other program partners and use the name and trademarks of FHLI, Unite Us and other program partners only in accordance with instructions that may be provided from time to time. Newly created communications language and materials must be approved by FHLI.
- Share best practices and lessons learned with FHLI and, as relevant, other program partners.
- Provide a final grant narrative report after the end of contract in accordance with guidelines to be provided by FHLI. Agree to the terms in the subcontractor agreement included in APPENDIX 1.

SECTION 6. GENERAL CONDITIONS

This RFP is issued under the authority of the Foundation for Health Leadership & Innovation. FHLI is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by FHLI to award any contract.

The Foundation for Health Leadership & Innovation is not responsible for any costs incurred by any vendors or their partners in the RFP response preparation or presentation.

Information submitted in response to this RFP will become the property of the Foundation for Health Leadership & Innovation. All responses will be confidential and will not be shared with other applicants.

FHLI reserves the right to modify this RFP at any time.

The timeline of contracts and start date are subject to change at FHLI discretion. FHLI will notify the vendors by email of any changes.

The Foundation for Health Leadership & Innovation is receiving funding for these grant opportunities from the North Carolina Department of Health and Human Services.

Following the selection of the organization, FHLI will negotiate a contract with the chosen organizations. FHLI will hold the contract with the selected organization and will maintain oversight over the vendor. If the organization has standard terms and conditions for contracting for FHLI to consider, please include them in your RFP submission.

If the vendor does not fulfil its obligations as outlined in this RFP and the contract, FHLI may terminate the contract by giving the other Party (30) days written notice. In the case of contract termination, FHLI will own all North Carolina data.

Vendor agrees to indemnify and hold FHLI harmless from any and all liability, losses, claims or demands that arise from (a) Vendor's misuse of grant funds or other breach of the terms set forth in this RFP or the contract or (b) negligent or willful acts or omissions of Vendor relating to this RFP or the contract that result in injury or damage to any third party.

All proposals submitted shall be subject to the terms and conditions set out in this RFP. FHLI objects to and will not consider any additional terms and conditions submitted with any proposal. Do not attach any additional terms and conditions. By execution and delivery of a proposal, the vendor agrees that any additional terms and conditions, whether submitted purposefully or inadvertently, shall have no force or effect unless FHLI has expressly restated the additional terms and conditions and has accepted them in writing.

The contract to be awarded as a result of this RFP shall consist of: (1) this RFP and the materials incorporated into this RFP; (2) the Addenda to this RFP, if any; and (3) the successful vendor's proposal. In the event of a conflict between or among any of these documents, the terms of the Addenda to the RFP, if any, shall have the highest precedence; the RFP shall have the second highest precedence; and the vendor's proposal shall have the third highest precedence. These documents shall constitute the entire agreement between the parties and supersede all other prior oral or written statements or agreements. Notwithstanding any other provisions of this RFP to the contrary, FHLI may, in its discretion, use the best and final offer (BAFO) process to issue supplemental requests for BAFO seeking specific, additional information from one or more potential vendors, with responses due by a certain time and date as indicated in the request.

Confidentiality and Prohibited Communication During Evaluation

During the evaluation period—from the date proposals are opened through the date the contract is awarded—each organization submitting a proposal (including its representatives, sub-contractors and/or suppliers) is prohibited from having any communications with any person inside or outside the using agency, issuing agency, other office, or body (including the purchaser named above), or private entity, if the communication refers to the content of organization's proposal or qualifications, the contents of another organization's proposal, another organization's qualifications or ability to perform the contract, and/or the transmittal of any other communication of information that could be reasonably considered to have the effect of directly or indirectly influencing the evaluation of proposals and/or the award of the contract. Organizations not in compliance with this provision shall be disqualified from contract award, unless it is determined in the FHLI's discretion that the communication was harmless, that it was made without intent to influence and that the best interest of the FHLI would not be served by the disqualification. An organization's proposal may be disqualified if its sub-contractor

and supplier engage in any of the foregoing communications during the time that the procurement is active (i.e., the issuance date of the procurement to the date of contract award). Only those discussions, communications or transmittals of information authorized or initiated by the issuing agency for this RFP or general inquiries directed to the purchaser regarding requirements of the RFP (prior to proposal submission) or the status of the contract award (after submission) are excepted from this provision.

APPENDIX A. Community Grant Application

The following sections of the application must be complete:

1. Executive Summary – 1 page maximum
2. Organization Profile (provide answers using the template below)—3 pages per vendor
3. Grant Eligibility – (1) Employer Identification Number (EIN), (2) IRS Determination letter for 501(c)(3), and (3) NC Solicitation License or exemption letter must be submitted.
4. Program Description and Project Plan
5. Response to Application Questions
6. Timeline – 3 pages maximum
7. Budget
8. Conflicts of Interest
9. Optional: Letters of support

EXECUTIVE SUMMARY

Click here to enter text.

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 any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes. Please attach proof of status in the form of (1) Employer Identification Number (EIN), (2) IRS Determination letter for 501(c)(3), and (3) NC Solicitation License or exemption letter.

☐ Organization is located in or serves one or more of the following counties: Alamance, Caswell, Chatham, Davidson, Forsyth, Guilford, Orange, Randolph, Rockingham.

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

PROGRAM DESCRIPTION AND PROJECT PLAN

Project Title: Click here to enter text.

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

Project Plan: Click here to enter text.

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

☐ Alamance

☐ Caswell

☐ Chatham

☐ Davidson

☐ Forsyth

☐ Guilford

☐ Orange

☐ Randolph

☐ Rockingham

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 the executed contract date through 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)

2. ☐ 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
3. ☐ Engagement/education of staff and/or clients served by the organization on NCCARE360; and/or
4. ☐ Expand and address language access for limited English proficiency and/or other communication needs; and/or
5. ☐ Organization staff to serve as an NCCARE360 champion to share information about NCCARE360 to partner organizations in community; and/or
6. ☐ Supporting organization financial systems and/or financial staff to better support additional funding sources including from health care partners; and/or
7. ☐ Administrative, staffing, and other costs related to partnering and working with health care organizations and/or other partners on funding opportunities; and/or
8. ☐ Providing professional development on equity that builds understanding of and competencies to advance health equity strategies and activities; and/or
9. ☐ 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.

2. 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.

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

Click here to enter text.

4. What is your organization's experience with NCCARE360 to date?
   a. Does your organization currently use NCCARE360?

☐ Yes

☐ No

☐ I do not know

   b. Describe any barriers to either onboarding to NCCARE360 or using NCCARE360?

Click here to enter text.

   c. Describe how the grant funding will help your organization use NCCARE360 to meet your organization's mission.

Click here to enter text.

5. Describe your organization's relationship with community coalitions and/or partnerships.

Click here to enter text.

6. 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.

7. 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.

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

Click here to enter text.

9. Describe your organizational sustainability strategy post-grant period.
   Click here to enter text.

PROJECT TIMELINE

The contract timeline for executing project goals and objectives is the executed contract date – 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 twelve (12) month budget for your program that includes a budget estimate for ongoing costs (first tab) and a budget justification narrative explanation of each of the components of the budget, which justifies the cost in terms of the proposed work (second tab).

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:

a. Applicants MUST provide a listing of current employees and board members. Also, please describe in detail any potential conflicts of interest relating to employees, board members, and financial obligations.
b. 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.
c. 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.
d. 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.

APPENDIX B. Network Support Agency Grant Application

The following sections of the application must be complete:

1. Executive Summary – 1 page maximum
2. Organization Profile – 3 pages per vendor
3. Grant Eligibility – (1) Employer Identification Number (EIN), (2) IRS Determination letter for 501(c)(3), and (3) NC Solicitation License or exemption letter must be submitted.
4. Program Description and Project Plan
5. Narrative Questions
6. Project Timeline – 3 pages maximum
7. Budget and Budget Justification
8. Conflicts of Interest
9. Option: Letters of Support

EXECUTIVE SUMMARY (MAXIMUM 1 PAGE)

Click here to enter text.

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 any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes. Please attach proof of status in the form of (1) Employer Identification Number (EIN), (2) IRS Determination letter for 501(c)(3), and (3) NC Solicitation License or exemption letter.

☐ Organization is located in or serves one or more of the following counties: Alamance, Caswell, Chatham, Davidson, Forsyth, Guilford, Orange, Randolph, Rockingham.

PROGRAM DESCRIPTION AND PEOJECT PLAN

Project Title: Click here to enter text.

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

Project Plan: Click here to enter text.

Service Area: Of the counties included for this project, which counties are you applying to serve in your role as a Network Support Agency:

☐ Alamance

☐ Caswell

☐ Chatham

☐ Davidson

☐ Forsyth

☐ Guilford

☐ Orange

☐ Randolph

☐ Rockingham

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 the executed contract date – 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)

☐ Providing technical assistance within the community/region to community, non-profit and grassroots organizations on NCCARE360. Technical assistance to include issues including NCCARE360 Overview, NCCARE360 data, onboarding/workflow assistance, data privacy/security, communication/engagement support, etc.

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

☐ Providing technical assistance on strategic planning and multi-sector partnership development. Support community organizations in using NCCARE360 to develop their value proposition and working with healthcare and other sectors to grow fiscal capacity and develop additional sustainable funding models. This could Support Network Support Agencies that serve as community leaders on NCCARE360 and provide additional technical assistance and training; and/or

☐ Providing professional development on equity that builds understanding of and competencies to advance health equity strategies and activities; and/or

☐ Providing technical assistance on creating equity plans that articulate how the work of a community organization will advance health equity and improve health equity outcomes

☐ Subcontracting to organizations that can provide technical expertise; and/or

☐ Deploying referral specialist(s) to health systems to provide health and human services information to and perform referrals for persons in need with the intent to link those persons to appropriate resources for assistance using NCCARE360.

☐ Other activities to support organizations in your community use NCCARE360 and/or create cross-sectoral partnerships with healthcare or other community organizations.

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.

2. Describe why your organization is best positioned to serve as a Network Support Agency. Please include your current partners and similar work.

Click here to enter text.

3. What is your organization's experience with using and/or assisting local organizations in your community in using NCCARE360?

Click here to enter text.

4. What is your organization's experience in co-creating cross sectoral partnerships or networks to support health (e.g., supporting a community-based organization in contracting with a health system to provide services to its patients)? What is your organization's experiencing in creating, facilitating, or supporting meaningful partnerships between community-based organizations and healthcare organizations including but not limited to advising on approaches to service models, financial relationships, governance, data, and other strategies?

Click here to enter text.

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

Click here to enter text.

6. Describe your organization's relationship with health coalitions and partnerships.

Click here to enter text.

PROJECT TIMELINE

The contract timeline for executing project goals and objectives is the executed contract date – 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 twelve (12) month budget for your program that includes a budget estimate for ongoing costs (first tab) and a budget justification narrative explanation of each of the components of the budget, which justifies the cost in terms of the proposed work (second tab).

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.

Conflict 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:

a. Applicants MUST provide a listing of current employees and board members. Also, please describe in detail any potential conflicts of interest relating to employees, board members, and financial obligations.
b. Disclose any relationship to any business or associate with 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.
c. 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.
d. 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.