**NCCARE360 Community Organization Health Equity Grant - Triad**

**APPLICATION**

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 Health Equity Grant is a reimbursement grant 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.

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** [**nccare360.org/community-funding**](https://nccare360.org/community-funding/)

**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)

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.

1. 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:

1. 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.
2. 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.
3. 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.
4. 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.