**NCCARE360 Network Support Agency 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 Network Support AgencyHealth 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.*

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.

**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 – 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.

1. 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.

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

Click here to enter text.

1. 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.

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

Click here to enter text.

1. 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:

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 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.
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.