



Application Guidelines

Updated May 2010

The mission of the OBICI Healthcare Foundation is to improve the health status of the people living in Suffolk and surrounding communities by:

- 1) addressing the unmet needs of the medically indigent and uninsured**
- 2) supporting programs which have the primary purpose of preventing and reducing illness and disease**

Values

The OBICI Healthcare Foundation adheres to the highest standards by embracing the following set of values:

- **Service** – We will act with compassion, sensitivity and creativity to make a significant improvement in the health status of our community.
- **Integrity** – We will act with honesty and fairness, give our best efforts and take responsibility for our actions.
- **Community Involvement** – We will act as a team with the community to promote good health and good healthcare for all.
- **Financial Stewardship** – We will act responsibly to make the Foundation strong and support healthcare programs that are effective.

Strategic Grantmaking Priorities

The Foundation has four major strategic priority areas:

- Improve Access to Basic Healthcare
- Obesity Prevention
- Chronic Disease Management
- Insure More People

Improve Access to Basic Healthcare

The uninsured rate in the Obici Healthcare Foundation's service area ranges from 13% in Suffolk to 21% in Gates County, NC. The uninsured and underinsured often go without medical care or end up using the emergency room for the care they need. Individuals need a medical home and adequate access to health care to improve health outcomes.

The Foundation will support programs designed to improve access to basic health care services in Western Tidewater and Gates County, NC. Improved access includes greater utilization of primary care providers and oral health care provided by dentists, dental hygienists or dental care extenders; access to low-cost pharmaceutical services; medical transportation for seniors and persons with physical limitations; education and screenings for heart disease, cancer and asthma; and basic mental health services. This Strategic Priority also includes approaches that can reduce the number of preventable emergency room visits and strategies to increase the supply of medical providers.

Obesity Prevention

According to research, behavior, poor nutrition, environment, sedentary lifestyles, cultural customs and beliefs, income and lack of information play a large role in causing people to be obese. Prevention is recognized as the most effective approach for battling obesity. Early childhood presents the optimum opportunity to focus on obesity, especially if remediation strategies include persons and institutions that influence children, such as parents, teachers, physicians/pediatricians, peers, schools and afterschool programs. The Foundation will support programs that provide comprehensive, evidence-based obesity proposals targeting children. Proposals should demonstrate widespread community support and involvement.

Chronic Disease Management

Chronic diseases are the leading causes of illness and death in Virginia. The National Center for Chronic Disease Prevention and Health Promotion defines chronic disease as "those illnesses that are prolonged, preventable, do not resolve spontaneously, are rarely cured completely and that pose a significant burden in mortality, morbidity and cost." The four chronic diseases being targeted by the Foundation are: heart disease (especially hypertension), stroke, chronic lower respiratory diseases (formerly known as COPD) and diabetes. The Foundation will support cost effective proposals centered on disease management (e.g., telehealth medicine and home health nursing) as well as early intervention (e.g., smoking/tobacco cessation, and health promotion and disease prevention programs targeting heart disease and cancer).

Insure More People

A study conducted by the Virginia Health Care Foundation reported that 1 million Virginians (about 15%) are uninsured. The ranks of the uninsured are not limited to the unemployed, as nearly 74% of the uninsured in the state live in households with at least one full-time worker. Many Western Tidewater residents are eligible for publically-funded insurance products but are not enrolled. In addition, many workers qualify for employer sponsored medical insurance but cannot afford the co-payments or premiums. The Foundation will support programs that increase enrollment in FAMIS, Medicaid and Medicare Part B and/or D. In addition, we support innovative strategies that expand participation in employer-based insurance products.

Eligibility Requirements

The Foundation will consider proposals that meet the following requirements:

- The organization must have 501(c)3 status or be a public entity
- The proposed program must address the mission and priorities of the Foundation
- The organization must have a current 990 filed with the IRS
- The portion of the program paid for by the Foundation must benefit residents of our service area
 - The Foundation's service area encompasses the areas previously served by the Louise Obici Memorial Hospital. The service area includes the cities of Suffolk and Franklin and the County of Isle of Wight; Surry, Dendron and Elberon in Surry County; Waverly and Wakefield in Sussex County; Courtland, Boykins, Ivor, Sedley and Newsoms in Southhampton County; and Gates County, North Carolina.

Funding Standards

As a matter of policy, the OBICI Healthcare Foundation does not award grants for:

- Lobbying or political programs or events
- Activities that exclusively benefit the members of sectarian or religious organizations
- Organizations that discriminate by race, color, creed, gender or national origin
- Biomedical, clinical or educational research
- Individual scholarships
- Direct support to endowments
- Funding that supplants existing sources of support
- Individuals, including patient assistance funds
- Annual fund drives
- Projects outside of the Foundation's service area
- Meetings and conferences unless they are essential to a larger project
- Direct funding for medical or social services that are already funded through existing third-party reimbursement sources

Application Contents

Proposal applications are accepted only from organizations that have successfully completed a concept paper and have been offered an opportunity to submit a full proposal. Please refer to the Foundation's website for the Concept Paper Guidelines document

Applications must contain the following documents:

- Proposal Cover Sheet*
- Executive Summary*
- Narrative Proposal not to exceed 10 pages
- Line Item Budget with a corresponding Narrative*
- Data & Outcomes Evaluation Form*
- Grant Sustainability Form*
- Memorandum(s) of Understanding, if applicable
- IRS Determination Letter or other document certifying tax exempt status
- IRS Form 990 from most recent year
- Audited Financial Report
- Annual Report, if available
- Resume of key staff involved in program

**Forms are on the website located in the Grantmaking tab, RFP*

- All pages of the proposal must be typed.
- The Narrative Proposal portion should be no longer than 10 pages, double-spaced, 1-inch margins, 12-point font (Arial or Times New Roman).
- The organization name and the program title must be the top header and page numbers centered on the bottom of all pages.

Executive Summary

A one-page *Executive Summary* should precede the main narrative proposal and provide a brief description of the project and/or service that you intend to provide. This summary does not count toward the 10-page maximum narrative proposal. **Please use the *Executive Summary Form* provided on our website.**

Narrative Proposal

Include the following items as separate headings in your proposal.

1. **Organizational History:** Provide a brief history of your organization.
2. **Problem/need:** Include a brief statement of the problem the proposal addresses and how it relates to at least one of the Foundation's two mission elements and one of the four strategic priority areas.
3. **Target Population:** Identify the target community or population that you will reach through the project. Community may be defined by, age, race, ethnicity, gender, disability or specific health condition. Also include which part of our service area your project will impact. The geographical area should be the same as what you listed on the Executive Summary Form.
4. **Program Outline:** State what the proposed project is expected to accomplish and how the planned activities will be executed.
5. **Goals and Objectives:** It is important to outline your major goals and objectives and to be as specific as possible in providing quantitative objectives. (For example, an applicant could indicate that 200 patients or clients will be served by the end of the project and 85% of the clients will report that they had a positive health change as a result of the service).*
6. **Measurement of Success:** Discuss anticipated quantitative outcomes and major accomplishments. Indicate significant project deliverables/outcomes which demonstrate increased skills, change in attitude or behavior, improved conditions, altered health status or new knowledge.*
7. **Timeline:** Include how project activities would be carried out, including a timeline for activities and who will be responsible for the activities.
8. **Organizational Chart:** Include an organizational chart demonstrating the reporting relationship of staff involved in proposed project.

*These are the goals and objectives that should be listed on the Data and Outcomes Evaluation Form

Review Process

Proposals will be assessed using the following factors:

- When properly executed, will the project improve the health and health care of residents of the Foundation's service area?
- Does the proposal have significant, concrete, achievable and measurable goals?
- Is there a reasonable and logical plan to implement the project and meet the stated goals?
- Do the proposed outcomes justify the funds requested?
- Is the proposal the best reasonably available option to accomplish the project goals?
- Is there evidence that the applicant will collaborate with relevant agencies that are working on similar health and health care problems?
- Will the project leverage other services, resources or funding?
- Is there evidence the applicant has a viable strategy to generate continuation funding?
- Does the applicant by reputation, experience, track record or otherwise demonstrate reliability?
- Does the applicant demonstrate the capacity to undertake and complete the project successfully during the project period?
- Does the applicant demonstrate the fiscal capacity to manage awarded funds?

The Foundation will make a concerted effort to identify strong projects that serve different communities within our service region. Final award decisions will be made by the Foundation's Board of Directors. Applicants may be asked to submit a more detailed work plan, budget and budget narrative. Grant awards will be made only after any requested work plan and budget modifications are approved by the Foundation.

Evaluation and Reporting Requirements

All proposals must have **specific measurable objectives** for their projects. All grantees will work with OBICI Healthcare Foundation staff to implement dependable methods for measuring particular outcomes.

The Foundation requires grantees to submit program and financial reports after each six-month period. Forms are available on the website at www.obicihcf.org in the Forms tab.

Project directors may be asked by Foundation staff to attend periodic meetings and give progress reports on their grants and/or Foundation staff will conduct periodic site visits during the term of the project.

Budget

An important component of the grant application is the preparation of a detailed budget and budget narrative. The budget and narrative reflects the program discussed in the proposal narrative and is a projection of project costs.

The budget has two parts: a ***line-item budget*** and a ***budget narrative***. These are independent of the maximum 10-page narrative proposal document.

The attached sample line item budget shows the format in which costs associated with the proposed project should be identified. You may need to add or delete line items in sections A and C.

The column titled "Total Project Cost" should include both the amount requested from the Foundation, as well as other support (grants) and in-kind support. Provide the source and amounts of other support in the budget narrative. These figures must reflect funds for ***this proposal only***.

The budget narrative should, include an explanation for *every* line item that describes:

- What the item is
- How it relates to the project
- How the requested amount was determined

ALL BUDGETS MUST BE SUBMITTED AS AN EXCEL SPREADSHEET. DO NOT SAVE YOUR BUDGET AS A PDF. NO EXCEPTIONS.

Below is a *sample line item budget* as well as a *budget narrative* guideline.

OBICI HEALTHCARE FOUNDATION

GRANT LINE ITEM BUDGET

(Insert Institution Name)

GRANT PERIOD: from 4 / 01 / 2011 to 3 / 31 / 2012

BUDGET PERIOD: from 4 / 01 / 2011 to 3 / 31 / 2012

					Total Project Cost	Requested From OHF	Other Support
A. SALARY EXPENSES :							
		Hourly	Base	% of Time Spent on			
Name	Position	Rate	Salary	Grant			
Jane Smith	Clinical Coordinator (RN)	\$35	\$73,000	50%	\$36,500	\$25,000	\$11,500
Tom Rounds	Social Worker (M.A.)	\$19	\$40,000	25%	\$10,000	\$5,000	\$5,000
Total Salary Expense					<u>\$46,500</u>	<u>\$30,000</u>	<u>\$16,500</u>
B. EMPLOYEE BENEFITS					<u>\$10,230</u>	<u>\$6,600</u>	<u>\$3,630</u>
Percentage of Benefits to Salary Expense					22.00%	22.00%	22.00%
Subtotal Salary & Benefits					<u>\$56,730</u>	<u>\$36,600</u>	<u>\$20,130</u>
C. DIRECT PROJECT EXPENSES							
Office Supplies					\$900	\$400	\$500
Minor Equipment Expense							\$0
Service Agreements							\$0
Staff training					\$1,500	\$1,500	\$0
Marketing / Communication					\$3,500	\$2,000	\$1,500
Software							\$0
Travel					\$4,000	\$2,750	\$1,250
Other (please describe)							\$0
Total Direct Project Expenses					<u>\$11,150</u>	<u>\$7,775</u>	<u>\$3,375</u>
Administrative/General Overhead							
D. CONSULTANT/CONTRACTUAL AGREEMENTS					<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
E. ADMINISTRATIVE/GENERAL OVERHEAD							
F. EQUIPMENT					<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
G. CAPITAL PROJECT COSTS					<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
TOTAL BUDGET					<u>\$67,880</u>	<u>\$44,375</u>	<u>\$23,505</u>

Budget Narrative

Listed within each category is a description of the information that the Foundation requires in order to review your proposed budget. Organize the narrative in accordance with sections on the sample line item budget.

Salary Expenses

In addition to the information required on the sample line-item budget form, include a detailed description of the activities and FTE (full-time equivalency) of each position as it relates to the project. For example:

The Clinical Coordinator is a full time employee (1 FTE) who will be spending 50% of her time providing operational case management and referrals.

Employee Benefits

Indicate what benefits will be provided and identify the fringe benefit rate for your agency. If different rates were used for different individuals (full-time, part-time) your narrative should contain a table that summarizes the calculation for each individual as follows:

Sample Table	Salary	Fringe Rate	Total
Program Director	\$40,000	.25	\$10,000
Clinical Director	\$10,000	.10	\$ 1,000
Total			\$11,000

Direct Project Expenses

The projected expenditures for each line-item should be listed separately along with a description of how estimates for each were determined. For example:

➤ **Office Supplies**

The requested office supply budget is \$900 in year 1. This includes \$500 for supplies such as stationary, copy paper, pens, pencils, and business cards. Additionally, \$400 is budgeted for computer supplies to support the component of our project that involves data analysis.

➤ **Staff Training and Education**

Training/Education should be explicitly related to your proposal. An example of this would be the registration cost to attend a conference in the Commonwealth or Washington D.C. area. This training would strengthen staff skills or knowledge in the specific subject area that is the focus of the proposal.

We are requesting funds for one conference offered by the National Institutes of Health on mental health issues for the Clinical Coordinator and Social Worker. *(Identify the specific meetings and conferences you will attend.)* The budgeted cost for the conference is projected to be \$750 a person, for a total of \$1500. The costs include conference registration fees and lodging (travel to and from the conference would appear under "Travel").

➤ **Marketing/Communications**

Funds can be allocated to increase awareness and visibility and promote and disseminate information about the program. Costs associated with the printing of brochures, newsletters, press kit, etc. should be listed along with a description.

A newsletter will be printed containing articles on mental health issues. The total cost for designing and printing a monthly newsletter for one year at 200 copies a month is \$3,500.

➤ **Travel**

The projected expenditures for project staff travel should be outlined. This can include mileage reimbursement for travel to/from patient's homes and/or travel to/from conferences and seminars. The basis for the calculations as well as the purpose for the travel should be provided. Travel estimates for mileage should be based on your institution's current reimbursement policies.

Round trip travel by car to the National Institutes of Health sponsored mental health symposium in Washington, D.C. will be \$150. The remainder of the travel budget will be mileage reimbursement for the Social Worker's home mental health counseling visits.

➤ **Administrative/Overhead**

Overhead costs are limited to 10% of your project's total operating expenses.

Consultant / Contractual Agreements

Consultants: If consultants will be requested, then you should outline the need for each including the tasks to be accomplished and fees to be paid.

Contractual Agreements: For each proposed contract, you should provide an explanatory paragraph that describes the services to be provided, the contractor, dates of contract, dollars, and tasks/deliverables.

Equipment

Itemize the equipment requested and indicate how the equipment will help you manage and advance the program. Please follow your institution's equipment capitalization threshold policy to determine whether an item is classified under equipment or minor equipment expense.

Capital Project Costs

Building, construction or capital improvement projects will be considered only if the project can demonstrate it would improve health and access to healthcare for the medically indigent in the Foundation's service area.

Proposal Cover Sheet

Date of Submission: _____

Legal Name of Organization: _____
(Name should be the same as on the IRS Determination Letter and as supplied on IRS Form 990.)

Executive Director: _____
Name Phone Number

Contact Name: _____
Name Title Phone Number

Address: _____
City State Zip

Fax Number: _____ Email Address: _____

Website: _____ Are you serving as a fiscal sponsor? _____

Program Title: _____

Dates of the Project: _____
Start Date End Date

Amount Requested from OHF: \$ _____ Total Program Cost: \$ _____

Certification: In submitting this proposal, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any funds granted. This application becomes property of the Obici Healthcare Foundation.

Authorized Official's Signature _____ Date _____

Printed Name and Title _____

Proposal Check List

The original copy of the proposal should include the documents listed below, in the order listed. *Additional copies only need items one (1) through seven (7).*

1. _____ Proposal Cover Sheet (on our website) signed by your Executive Director or appropriate agency official
2. _____ Executive Summary (on our website)
3. _____ Narrative Proposal that does not exceed 10 pages:
 - Arial or Times New Roman 12-point font
 - Double spaced
 - Organization name and the program title as the top header
 - Pages numbered at the bottom center
4. _____ Budget and Reporting Form (on our website)
5. _____ Data & Outcomes Evaluation Form (on our website)
6. _____ Grant Sustainability Plan (on our website)
7. _____ Memorandum of Understanding
8. _____ IRS Determination Letter or other document certifying your tax exempt status
9. _____ IRS Form 990 from most recent year (can be saved as a PDF)
10. _____ Audited Financial Report (can be saved as a PDF)
11. _____ Annual Report, if available
12. _____ Resume of key staff

Submission Instructions

- All forms should be submitted on white paper only
- Applications should be secured with binder clips – no staples, folders or binders
- A copy by e-mail to lkelch@obicihcf.org (documents other than those noted above must be saved in Word and Excel, *not* as a PDF document)

Mail original and two (2) additional copies (3 total) to:

OBICI Healthcare Foundation
Lisa Kelch
Grants Associate
106 W. Finney Avenue
Suffolk, Virginia 23434

- Proposals must be received by 5 p.m. on the due date in the Foundation office. No faxes will be accepted. Submissions after the deadline will not be accepted.