



CAPE COD HEALTHCARE

Community Benefits Strategic and Mini-Grant Program

Request for Proposal (RFP)

Grant Cycle: January – September 2012

September 15, 2011

Cape Cod Healthcare
Office of Community Benefits
88 Lewis Bay Road
Hyannis, MA 02601

**Community Benefits Strategic and Mini-Grant Program
Request for Proposal (RFP)
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Dear Non-Profit Community Partner:

Thank you for your interest in Cape Cod Healthcare's Community Benefits Strategic and Mini-Grant Program. If you previously partnered with Cape Cod Healthcare to address community health needs, thank you for your continued commitment. If you are new to this grant process, Cape Cod Healthcare welcomes your proposal.

In 2011, Cape Cod Healthcare invested more than \$8 million dollars locally through strategic community partnerships, hospital sponsored programs, capital development funds and strategic grants. FY2012 is expected to be no less challenging for vulnerable populations, therefore CCHC is increasing funding for the direct grant portion of the program. CCHC will award approximately \$150,000 in grants through a competitive process outlined in this RFP packet. It is anticipated that CCHC will award a maximum of five (5) Strategic Grants of up to \$25,000 and a maximum of five (5) Mini-Grants of up to \$5,000. Proposals will be categorized by these two funding requests to ensure fair and equitable competition.

During this cycle of grant making, Cape Cod Healthcare will fund projects which align with these five (5) priorities, which have been defined by a formal Community Needs Assessment:

CCHC Community Benefits Priorities:

1. Increase health care access through outreach and leadership initiatives resulting in an integrated and coordinated community health care delivery system to reduce health disparities and promote health equity.
2. Create strategic collaborations with existing community health providers and partners to foster healthy lifestyle choices and promote healthier behaviors that can prevent and/or delay chronic disease related to asthma, cardiovascular disease, cancer, diabetes or dental health, thereby increasing the quality of life.
3. Improve post hospital discharge experience of vulnerable patients, particularly elders and those with chronic disease.
4. Adopt a preventative care model for mental health and substance abuse.
5. Reduce health risks and unnecessary declines in quality of life through wellness and prevention approaches with attention to particularly vulnerable populations. Those populations include, but are not limited to:
 - a. Persons 65 and over
 - b. Persons with or at risk of contracting; HIV/AIDS, Hepatitis B and C, tuberculosis and/or sexually transmitted diseases.
 - c. Youth susceptible to violence, bullying and/or suicide.

CAPE COD HEALTHCARE COMMUNITY BENEFITS REQUEST FOR PROPOSAL - 2012

TIMETABLE

RFP Announcement	September 16, 2011
Deadline for Submission of Questions related to RFP	September 30, 2011
Deadline for Hard Copy & Electronic Proposals	October 14, 2011
Grant Awards	January 1, 2012
Grant Completion Date	September 30, 2012
Compliance Reporting on Grant Funded Program	October 31, 2012

Section I.0. GENERAL INFORMATION

- 1.1 Purpose: The purpose of this request for proposal (RFP) is to solicit proposal under similar terms and conditions in support of Cape Cod Healthcare’s Community Benefits mission to enhance the quality of and access to comprehensive health care services for all the residents of Barnstable County.
- 1.2 Definition of Partners: Cape Cod Healthcare will be referred to as “CCHC”. Respondents to the RFP shall be referred to as “Bidders”. The Bidders to whom the contract is awarded shall be referred to as the “Grant Recipient”.
- 1.3 Background: As a non-profit, tax exempt 501(c) (3) organization, Cape Cod Healthcare has an important fiduciary obligation to provide benefits to the community commensurate with our tax exempt status. The provision of Community Benefits support is an important component of Cape Cod Healthcare’s mission. The CCHC Community Benefits program reports directly to CCHC leadership. Strategic oversight is provided by the Community Health Committee, which in turn is responsible to the Cape Cod Healthcare Board of Trustees. The Committee is comprised of individuals involved in the local health and human services arena, and represent community-based organizations, community advocacy groups and county government, as well as two members of the CCHC Board of Trustees.
- 1.4 Scope: CCHC seeks to award funding to non-profit organizations offering programs and/or initiatives that align with CCHC’s Community Benefits mission, target populations and strategic priorities.
- 1.5 Evaluation Criteria: Proposals will be evaluated on many criteria deemed to be in the best interest of the residents of Barnstable County and Cape Cod Healthcare’s Community Benefits Program.

CAPE COD HEALTHCARE COMMUNITY BENEFITS REQUEST FOR PROPOSAL - 2012

1.6 Proposals MUST meet the following criteria:

1. Directly address the stated priorities
2. Improve health for under-served populations
3. Possess clear goals and measurable outcomes
4. Address a documented need
5. Demonstrate regional impact within or across Barnstable County
6. Demonstrate high number of persons impacted
7. Produce long-term benefits
8. Address sustainability strategies, if intended as an on-going program
9. Demonstrate organizational experience and capacity in relevant area
10. Provide reasonable budget projections and
11. Demonstrate a feasible implementation timeline.

1.7 In addition, the following criteria will be considered favorable:

- Involve collaborations with others such as schools, congregations, health or social service organizations
- Demonstrate innovation and modeling potential and
- Include other monetary sponsorship, volunteers or other in-kind resources.

1.8 CCHC Community Benefits will not fund the following requests through this RFP:

- Programs without a health care or health service focus
- Duplicative of existing programs in the same service area
- Programs outside of the stated priorities
- Programs serving areas outside Barnstable County
- Political campaigns
- Construction/renovation activities or to purchase property
- Food, beverages, gifts, tokens or other incentives
- Fundraising
- Special events

1.9 Award of Proposal: The Community Health Committee will review and select the proposals that are most responsive to the mission and priorities stated to ensure the best outcomes for the community and the target population for which they serve. Awards will be announced in mid-December, 2011.

1.10 Confidentiality: The information contained in the proposals submitted for CCHC's Community Benefits consideration will be held in confidence until all evaluations are concluded and awards have been made. Funding and other information that is an integral part of the offer cannot be considered confidential after an award has been made.

CAPE COD HEALTHCARE COMMUNITY BENEFITS REQUEST FOR PROPOSAL - 2012

- 1.11 Proposal Submission: Please send an electronic copy of the proposal to communitybenefits@capecodhealth.org, with “**Response: Community Benefits Proposal**” clearly identified in the subject line. In addition, A SIGNED original and two (2) copies of the proposal must be submitted to the Office of Community Benefits, Cape Cod Healthcare, 88 Lewis Bay Road, Hyannis, MA 02601. The deadline for submittal is **Friday, October 14, 2011 by 4:00pm.**

Applicants are encouraged to submit proposals in advance of the date to avoid the possibility of missing the due date due to unforeseen circumstances. CCHC assumes no responsibilities for delays caused by any package or mail delivery service. Postmarking envelopes by the due date will not substitute for receipt of proposal.

- 1.12 Communications with CCHC Community Benefits Office:

All communications related to matters pertaining to this RFP shall go through the Office of Community Benefits. It is the responsibility of the bidder to inquire about any requirement of this RFP that is not understood. Responses to inquiries will be posted to Cape Cod Healthcare’s website at:

<http://www.capecodhealth.org/who-we-are/community/community-benefits/>

CCHC will not be bound by oral responses to inquiries or other responses outside the website posting. Inquiries about the RFP must be made to:

Office of Community Benefits
Cape Cod Healthcare
88 Lewis Bay Road
Hyannis, MA 02601
communitybenefits@capecodhealth.org

Please type “**Question: RFP**” in the Subject line.

Questions about the RFP will be accepted through September 30, 2011.

All responses will be posted on CCHC’s website by October 5, 2011.

Section 2.0: GENERAL TERMS AND CONDITIONS

- 2.1 Contract Term: The contract term shall be for a period of nine (9) months commencing upon receipt of mutually agreed upon signed contract on or before January 1, 2012.
- 2.2 Cancellation/Termination: If the Grant Recipient is unable to meet the contractual requirements or provide services per contract terms, Grant Recipient must notify CCHC in writing. The contract will be suspended or cancelled depending on the circumstances of the program and funding will be discontinued. Funds not expended will be returned to CCHC Community Benefits within 60 days of contract termination.
- 2.3 Payments: CCHC will disburse payments to Grant Recipients or designated fiscal agent upon receipt of signed contract and submission of invoice on CCHC Community Benefits Invoice template per contract instructions. Grant funding will be disbursed monthly, quarterly, or annually depending on individual contract agreement.

Reporting: Grant Recipient shall provide a preliminary program outcomes report to the Office of Community Benefits no later than October 31, 2012. Email submission is preferred and can be addressed to communitybenefits@capecodhealth.org. A final summary report will be due no later than December 30, 2012. A template will be provided to facilitate outcomes reporting.

Section 3.0: RFP CRITERIA AND SUBMISSION REQUIREMENT

To be considered a complete proposal, all information requested in this RFP packet must be included. Proposals must be organized by the criteria and content outlined below. Incomplete proposals will not be considered.

- 3.1 Grant Application Criteria: Responses will be evaluated against the criteria specified in Section 1.6-1.7 of this RFP packet.
- 3.2 Contract Documents:
The following is a list of documents required to complete the RFP application process:
 - a) Cover Sheet (Attachment A)
 - b) Proposal Narrative written in the specific order listed under Section 4.0: RFP Narrative Outline. Maximum length for the narrative is seven (7) pages, excluding cover sheet and budget.
 - c) Budget Worksheet (Attachment B): Include line item expenses and expected revenue (if any) for the project. Please include a very brief explanation to justify expenses.
 - d) Copy of IRS 501(c) (3) determination letter or fiscal agent Memorandum of Understanding.
- e) List of the bidder's Board of Directors or Steering Committee. If a fiscal agent will be used, also include a list of the fiscal agent's Board of Directors.

3.3 Grant Application Submission Requirements:

Please submit completed grant application to Cape Cod Healthcare Community Benefits using the following outline and criteria. Applications submitted that do not conform to these format guidelines will not be considered.

- a) All applications should be 1.5 spaced using 12-point type font on white paper.
- b) 1" margins on all sides.
- c) Headers to reflect applying organization's name; footer to reflect page number.
- d) No presentation folders or covers please. Simply staple copies in the upper left corner.
- e) Submit one (1) electronic copy by Friday, October 14, 2011 at 4:00pm to communitybenefits@capecodhealth.org.
- f) Please submit one (1) original and two (2) additional copies to the Office of Community Benefits, 88 Lewis Bay Road, Hyannis, MA 02601.
- g) Documents may be sent via US Mail, FedEx, UPS etc., or hand delivered. All proposals must be received no later than **Friday, October 14, 2011, by 4:00pm.**

Please do not send additional attachments as they will not be reviewed.

Additional copies of this RFP Packet may be accessed at CCHC's website at:
<http://www.capecodhealth.org/who-we-are/community/community-benefits/>

Section 4.0: RFP NARRATIVE OUTLINE

Proposals must address all elements in the same order as included in the Narrative Outline. Proposals must not exceed the maximum number of seven (7) pages and must comply with Section 3.0: RFP Criteria and Submission Requirements.

4.1 Alignment with Community Benefits Priorities:

- a. Identify the unmet community health need and describe how meeting this need addresses one or more of CCHC's Community Benefits priorities.
- b. Describe how the project will improve services, support and promote health care policy or capacity building.
- c. Describe how the program or project will advance the health and/or well-being of the target population(s).

CCHC Community Benefits Priorities

1. Increase health care access through outreach and leadership initiatives resulting in an integrated and coordinated community health care delivery system to reduce health disparities and promote health equity.
2. Create strategic collaborations with existing community health providers and partners to foster healthy lifestyle choices and promote healthier behaviors that can prevent and/or delay chronic disease related to asthma, cardiovascular disease, cancer, diabetes or dental health, thereby increasing quality of life.
3. Improve post hospital discharge experience of vulnerable patients, particularly elders and those with chronic disease.
4. Adopt a preventative care model for mental health and substance abuse.
5. Reduce health risks and unnecessary declines in quality of life through wellness and prevention approaches with attention to particularly vulnerable populations. These populations include but are not limited to:
 - a. Persons 65 and over
 - b. Persons with or at risk of contracting: HIV/AIDS, Hepatitis B and C, tuberculosis and/or sexually transmitted diseases
 - c. Youth susceptible to violence, bullying and/or suicide.

4.2 Program Design:

- a. Describe the evidence-based strategies the organization or collaborative will employ to address the problem, including clearly defined measurable goals.
- b. List specific anticipated outcomes and describe the evaluation activities that will be implemented to measure outcomes.

CAPE COD HEALTHCARE COMMUNITY BENEFITS REQUEST FOR PROPOSAL - 2012

4.3 Community Impact:

- a. Describe the impact the program will have on the target population(s). Include persons served, numbers served, region(s) of Cape Cod served, long-term benefits, etc.
- b. Describe how the project serves all or certain regions of Barnstable County. If the project is limited to a smaller or more specific region of Cape Cod, provide supporting evidence of need for that region.

4.4 Organizational Strength:

- a. Describe the organization's mission, experience and capacity to manage the project.
- b. Using the Budget Template provided in this RFP packet, provide an itemized budget for the program, detailing any leveraged resources or in-kind support. Include specific roles for any collaborative partners, and the percentage of funding they will receive for their work on this project.
 - i. Line item costs and revenues generated (if any).
 - ii. Funding for administrative costs is capped at 10%.
 - iii. If this request will be matched, or if this grant will help to secure additional future funding, please explain and provide information related to the organization's investment of funds, volunteers or other in-kind support.

4.5 Program Sustainability:

- a. Describe how this project involves expansion of best practices of an existing program or if a new program, the integration of best practices.
- b. Describe future sustainability through replication, other funding sources and/or commitment and strength of collaborative partners; identify any other funding sources related to this project program.

4.6 Collaboration and Innovation:

- a. Describe how this proposal features collaboration with CCHC or other local partners to a) improve access b) improve outcomes or c) reduce redundancy. Identify which organization will serve as the "lead organization" to oversee the implementation of the program. Provide information on the collaborative agreement, decision making, project management, reporting, and the roles and responsibilities of staff members.
- b. Describe any unique aspect of the proposed program or service.
- c. Identify the fiscal agent, if applicable, and provide a copy of Memorandum of Agreement with said agent.
- d. Identify agencies or organizations in Barnstable County that provide similar services. Describe how this program works with those agencies/organizations to avoid duplication of services or expands current services critical to the health of the community.
- e. If the applicant does not work in collaboration with other organizations, explain why the applicant works alone.
- f. Include information on consumer input related to design, planning, and implementation of the project and/or input into the proposal.

All response packages should include the following completed documents:

1. Cover Sheet (Template A)
2. Budget Worksheet (Template B)
3. Listing of board members or steering committee members of bidding organization.
List of board members of fiscal agent, if applicable.
4. For collaborative projects, include letters from collaborating organization that details their respective involvement.

Two additional documents are included here to facilitate preparation of responses:

- Frequently Asked Questions (Attachment C)
- Application Checklist (Attachment D).

Attachment A

Community Benefits Strategic and Mini Grant RFP Cover Sheet

Please type or print neatly.

Project Title: _____

Name of Contact Person: _____

Name of Organization or Group: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone Number: _____ FAX: _____

Total amount of funding requested: \$_____

Is your organization a 501 (c)(3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, are you affiliated with a non-profit organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: If your organization will utilize a fiscal agent for this project, please complete the following.

Name of Fiscal Agent: _____

Name of Fiscal Contact Person: _____

Fiscal Agent Address: _____

City: _____ State _____ Zip Code: _____

Telephone Number: _____ Fax: _____

Checks should be submitted to: _____

Comments: _____

CAPE COD HEALTHCARE COMMUNITY BENEFITS REQUEST FOR PROPOSAL - 2012

**Attachment B
Budget Template**

Name of Project: _____

BUDGET: TOTAL AMOUNT REQUESTED FOR PROJECT: \$_____

EXPENSE CATEGORIES	TOTAL EXPENSE	TOTAL REQUESTED	In-Kind Match
Personnel Expenses:	\$ _____	\$ _____	\$ _____
Justification:			
Consultants/Contract Services:	\$ _____	\$ _____	\$ _____
Justification:			
Equipment:	\$ _____	\$ _____	\$ _____
Justification:			
Supplies:	\$ _____	\$ _____	\$ _____
Justification:			
Travel:	\$ _____	\$ _____	\$ _____
Justification:			
Other Costs:	\$ _____	\$ _____	\$ _____
Justification:			

Are you seeking other support for this project? Yes No
If so, from whom? _____

Conditions:

- (1) No more than 10% of budget may be applied to administrative fees.
- (2) All grant recipients will be required to utilize 100% of the grant awards by September 30, 2012.
- (3) Organizations are required to submit a preliminary outcomes report, programmatic and financial, no later than October 31, 2012 with a final report by December 30, 2012.

Attachment C
FREQUENTLY ASKED QUESTIONS ABOUT CCHC STRATEGIC AND MINI-GRANTS

1. What is the CCHC Community Benefits Mission?

Cape Cod Healthcare, Inc., through its Community Benefits initiatives, is committed to enhancing the quality of and access to comprehensive health care services for all Cape Cod residents. Through continuous assessment of community needs, coordinated planning and the allocation of resources, this commitment includes a special focus on the unmet needs of the financially disadvantaged and underserved populations. CCHC will assume a leadership role in collaborative efforts to join resources, talent, and commitment with that of other providers, organizations and community members.

2. What is CCHC Community Health Committee?

The Community Health Committee (CHC) provides strategic oversight and is responsible to the CCHC Board of Trustees. The CHC is comprised of dedicated individuals involved in the local health and human services arena, including community-based organizations, community advocacy groups, and Barnstable County government. Two members of the Board of Trustees also sit on the Committee, one acting as the Chair. The CHC develops and recommends policies to CCHC's Board of Trustees regarding community health and community benefits programs. With the support of staff, the CHC advises on current and emerging health issues and initiatives, conducts formal Community Benefits planning, prioritizes and awards grant funding and other community benefits support to the community.

3. What is the proposal evaluation process?

- a) Proposals will be reviewed and evaluated by staff and the CCHC Community Health Committee.
- b) Grants will be awarded based on alignment with stated priorities and RFP requirements.
- c) There will be two separate competitive grant funding categories: "Strategic Grant" requests of \$25,000 to \$125,000 and "Mini-Grant" requests up to \$25,000.
- d) Awards are officially voted on and approved by the full Community Health Committee and presented to the Board of Trustees of CCHC.
- e) Committee members affiliated with any submitted proposal will recuse themselves from voting on such.

4. Where the completed application should be submitted?

Hard copies sent to CCHC Community Benefits, Attention: Mary Pumphery, 88 Lewis Bay Road, Hyannis, MA 02601. Electronic copies transmitted to communitybenefits@capecodhealth.org.

5. How should the application be submitted?

One electronic copy (MS Word) must be e-mailed to communitybenefits@capecodhealth.org. One original plus two (2) hard copies should be mailed or hand-delivered to the office of Community Benefits, 88 Lewis Bay Road, Hyannis, MA 02601.

6. What is the deadline for applications?

Friday, October 14, 2011 at 4:00pm.

7. How will funds be distributed?

CCHC and Grant Recipients will execute a formal contract. Grant Recipients will be required to submit invoice(s) to CCHC for the project. Funding is subject to compliance with the terms of the Project Agreement.

8. What are the program and fiscal reporting requirements?

- a) The Grant Recipient is responsible for submitting itemized project invoice(s) per contract agreement.
- b) Funds must be expended by September 30, 2012.
- c) The Grant Recipient is responsible for submitting an outcomes report outlining progress towards meeting goals, measurable outcomes/quantifiable project deliverables, and itemized budget expenditures. This report is due by October 31, 2012.
- d) Any unused funds remaining at the end of the grant period must be returned to CCHC Community Benefits no later than October 31, 2012.

**Attachment D
RFP Application Checklist**

- Completed the grant application cover sheet
 - Answered all sections on the proposal narrative
 - Respected the seven (7) page limit for the narrative
 - Complied with all RFP format requirements
 - Completed budget worksheet
 - Attached proof of non-profit status
-

If applying with a partner, have you included:

- Letter of Agreement from sponsors as well as Sponsor's IRS 501 (c) (3)?
 - Current list of board members and affiliations
-

If using a fiscal agent, have you included:

- List of fiscal agent's board members and their affiliations
- Included at least two (2) Letters of Collaboration

Submit to:

**Cape Cod Healthcare
Office of Community Benefits
Attn: Mary Pumphery
88 Lewis Bay Road
Hyannis, MA 02601**

Email electronic copy to: communitybenefits@capecodhealth.org

Or you may hand deliver to the same address: 88 Lewis Bay Road, Hyannis, MA 02601

Due Date: Friday, October 14, 2011 by 4:00pm