Community Benefits Program
Annual Strategic Grants
FY2016 Request for Proposal (RFP)
COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2016

OVERVIEW:

Cape Cod Healthcare (CCHC) is pleased to announce the FY2016 Annual Strategic Grant Request for Proposal (RFP).

Cape Cod Healthcare is committed to enhancing the quality of, and access to, comprehensive health care services for all the residents of Cape Cod. Cape Cod Hospital and Falmouth Hospital regularly assess the health needs of Barnstable County residents as part of the strategic planning process and community benefits programming.

The FY2016 Annual Strategic Grant RFP will concentrate on **Chronic and Infectious Disease** and **Mental Health**, two of the most pervasive and trending health issues impacting residents of Barnstable County as identified in the 2014-2016 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment (CHNA) Report and Implementation Plan. The focus on these two key issues is intended to maximize the impact of funding, prioritize partnership development and provide measurable outcomes in the region.

The following chronic and infectious diseases of significance and growing concern in Barnstable County were identified within the report, based on disease incidence, prevalence and mortality:

- Cancer
- Cardiovascular disease
- Diabetes
- Hepatitis C
- HIV/AIDS
- Tick-borne illness

The report also recognized specific mental health areas of concern in Barnstable County, identified by rates, counts, self-reported data and community input:

- High or increasing rates of depression, anxiety and suicide,
- Use of hospital emergency departments for psychiatric care,
- Availability of outpatient psychiatric care and
- Access to and navigation of available mental health services in the region.

Proposals MUST address at least one of these specific chronic or infectious diseases or mental health issues and meet funding guidelines related to vulnerable populations and measurable outcomes as outlined below.

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1 For more information or to download a copy of the CHNA Report and Implementation Plan, please visit [www.capecodhealth.org](http://www.capecodhealth.org).
FUNDING GUIDELINES:

CCHC seeks to support programs or projects which address the community health needs of **Chronic and Infectious Disease** and **Mental Health** and deliver measurable outcomes related to each issue.

Proposals addressing chronic and infectious disease **MUST** include at least one of these measurable outcomes goals:

1. Reduce the risk of hospitalization and or readmission to the hospital for residents with chronic and infectious disease,
2. Improve health outcomes for residents managing chronic and infectious diseases,
3. Prevent chronic and infectious disease amongst at-risk populations through increased outreach and education,
4. Strengthen connections between clinical and community-based services for chronic and infectious disease screening, detection and management.

Proposals addressing mental health issues **MUST** include at least one of these measurable outcome goals:

1. Strengthen the mental health continuum of care between acute care providers (hospitals) and community-based providers,
2. Expand community-based mental health services including assessment and screening, outpatient services and family support efforts,
3. Strengthen collaborative efforts for education, outreach, and navigation of services available to individuals and families facing mental health issues,
4. Address issues of stigma related to mental illness and barriers to access mental health care.

All proposals **MUST** meet all of the following criteria:

- Demonstrate impact for vulnerable populations in Barnstable County,
- Possess clear goals and measurable outcomes,
- Demonstrate organizational experience and capacity to manage activities and
- Provide reasonable budget projections and sustainability strategies.

Vulnerable populations in Barnstable County include but are not limited to:

- Individuals managing chronic or infectious disease,
- Individuals at risk of developing chronic or infectious disease,
- Individuals and families navigating mental health services,
- Individuals faced with barriers to care due to language, cost of care, or age and
- Uninsured and under-insured residents.
Please review Attachment D for detailed information related to this RFP scope, qualifications, review process and technical assistance.

GRANT AWARDS:

CCHC Community Benefits will award up to $200,000 total through a competitive grant making process as outlined in this RFP packet. Grant awards will range from $15,000 to $30,000.

RFP SUBMISSION REQUIREMENTS:

Please organize submitted proposals by the structure and content outlined below. Incomplete proposals will be disqualified.

1. **Cover Sheet** (Attachment A)

2. **Proposal Narrative** with a maximum length for the narrative of five (5) pages, excluding cover sheet and budget sheet. See below for outline of proposal narrative elements.

3. **Budget Worksheet** (Attachment B): Please note that no more than 10% of funds requested may be applied to administrative fees and or overhead expenses.

4. **Copy of IRS 501c3 determination letter** and/or Fiscal Agent Memorandum of Understanding.

5. **List of Board of Directors** or Steering Committee. If a fiscal agent will be used, also include list of their Board of Directors.

6. **Letters of Collaboration** from collaborating organizations that detail their involvement in proposed project.

7. **Interim Summary & Outcomes Report (applicable only to FY2015 CCHC Community Benefits grantees)**. All FY2015 CCHC Community Benefits grantee organizations must submit an interim Project Summary & Outcomes Report aligned with contract reporting requirements.

The proposal narrative should be submitted on white paper with 12-point type font with 1” margins on all sides. The narrative sections should include headers to reflect applying organization’s name; footer to reflect page number. Proposals must address all narrative elements in the order outlined on the following pages and include number and heading in narrative outline (example: I. Alignment with Community Benefits Priorities).
PROPOSAL NARRATIVE REQUIREMENTS:
All proposals must meet the outlined narrative requirements. Proposals that do not include or adequately address all of the narrative requirements will be disqualified.

1. Alignment with Community Benefits Priorities
   1a) Identify the unmet community health need being addressed and incorporate data to define the scope and magnitude of the issue.
   1b) Describe the target population(s) that will be impacted through activities and how the program will advance the health and/or well-being of that population(s).

2. Organization
   2a) Describe the organization’s mission, experience and capacity to address the issue.

3. Program Overview
   3a) Describe the program and strategies that will be utilized to address the problem, including clearly defined goals, anticipated outcomes and evaluation activities that will be implemented to measure outcomes.

4. Community Impact
   4a) Describe the impact the program will have on the vulnerable population(s) in Barnstable County. Include persons served, numbers served, region(s) of Barnstable County served and long-term benefits.

5. Collaboration and Innovation
   5a) If applicable, describe how this proposal features coordination with Cape Cod Healthcare.
   5b) Identify any collaborators and their specific roles. If the proposal does not feature collaboration with other organizations, explain why the applicant works alone.
   5c) Describe how this program involves evidence-based practices, expansion of best practices of an existing program or if a new program, the integration of best practices.
   5d) Include information on consumer input related to design, planning, and implementation of the program and/or input into the proposal.

6. Budget and Sustainability
   6a) Provide a narrative related to general expenses and income for this project.
   6b) Identify other prospective, pending or secured funding sources for this project.
   6c) Describe future sustainability through replication, other funding sources, earned income and/or commitment and strength of collaborative partnerships.
OUTCOMES REPORTING REQUIREMENT:

If a proposed project is awarded funding, reporting to CCHC is required. CCHC will require an Annual Summary & Outcomes Report and reserves the right to request documentation of outcomes related to the proposed project at any time during the duration of the grant or if applicant submits a proposal in response to the Community Benefits Strategic Grant RFP FY2017.

Project elements that will be required on reports include, but are not limited to:

a) Program goals,
b) Outcomes and achievements,
c) Community impact,
d) Collaboration and innovation and
e) Project sustainability.

These reported outcomes will be submitted to the Massachusetts Attorney General’s Office as part of CCHC Community Benefits annual reporting requirements.

GRANT APPLICATION SUBMISSION REQUIREMENTS:

All documents must be received by Monday, September 14, 2015 at 4:00pm:

- Submit one (1) electronic copy to communitybenefits@capecodhealth.org with “Response: Community Benefits Proposal” clearly identified in the subject line.
- Submit two (2) SIGNED original copies to Mary Pumphrey at the Office of Community Benefits, 88 Lewis Bay Road, Hyannis, MA 02601. Documents can be sent via U.S. Mail, FedEx, UPS, etc., or hand delivered.

RFP TIMETABLE:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Released</td>
<td>August 3, 2015</td>
</tr>
<tr>
<td>RFP Online Question and Answer Period</td>
<td>August 3 - 17, 2015</td>
</tr>
<tr>
<td>Technical Assistance Available to Bidders</td>
<td>August 3 - 17, 2015</td>
</tr>
<tr>
<td>Deadline for Proposal Submission</td>
<td>September 14, 2015</td>
</tr>
<tr>
<td>Notification of Awards</td>
<td>November 20, 2015</td>
</tr>
<tr>
<td>Grant Period</td>
<td>January 1 – September 30, 2016</td>
</tr>
<tr>
<td>Annual Summary &amp; Outcomes Report Due</td>
<td>October 31, 2016</td>
</tr>
</tbody>
</table>
Please check the primary grant funding guideline that best aligns with your proposal:

- [ ] Chronic and Infectious Disease
- [ ] Mental Health

Project Title: __________________________________________________________

Name of Organization or Collaborative: __________________________________

Address: ___________________________________________________________________

City, State and Zip Code: ________________________________________________

Telephone Number: ___________________________________________________________________

Email Address: ___________________________________________________________________

Collaborative partner(s) for this grant: _________________________________________

Name and title of accounting contact for payment: ________________________________

Telephone Number: ___________________________________________________________________

Email Address: ___________________________________________________________________

Total amount of funding requested from CCHC: $__________

Does your organization have 501 (c) (3) status? Yes [ ] No [ ]

Will a fiscal agent be utilized for this project? Yes [ ] No [ ] (If yes, please submit Attachment C.)

Have you received funding in the past from Cape Cod Healthcare? Yes [ ] No [ ]

If applying as a multi-agency collaborative, please include the name(s) of any partner organizations that have received funding in the past from Cape Cod Healthcare:

________________________________________________________________________

Signature of Applicant:_______________________________________________________ Date:________
## Attachment B: Budget Template

**Name of Organization or Collaborative:**

**Name of Project:**

### Instructions:
- Do not allocate more than 10% of CCHC requested dollars to administrative fees and or overhead expenses.
- All expenses and contribution categories below must reflect costs based on the nine-month grant term of January 2016 – September 2016. Grantee will be required to utilize 100% of the grant awards by September 30, 2016.
- Include the financial contributions that the applicant organization(s) will allocate to the proposed project in column (D) in the detailed expense category. If the program is entirely dependent on outside funding, please leave column (D) blank.

### DETAILED EXPENSE CATEGORIES

<table>
<thead>
<tr>
<th>DETAILED EXPENSE CATEGORIES</th>
<th>(A) TOTAL PROGRAM EXPENSE</th>
<th>(B) CCHC GRANT REQUEST</th>
<th>(C) REQUESTED/RECEIVED FROM OTHER SOURCES</th>
<th>(D) OWN ORGANIZATION/COLLABORATIVE CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Expenses:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Consultants/Contract Services:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Equipment/Supplies:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Travel:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Administrative Fees/Overhead Expenses:</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
<td>$____</td>
</tr>
</tbody>
</table>

**Total Expenses:** $____

**TOTAL AMOUNT NEEDED FOR PROGRAM:** $____

**TOTAL AMOUNT REQUESTED FROM CCHC:** $____

Are you seeking or do you currently have other financial support for this program?  Yes ☐ No ☐

Will your organization/partner agencies contribute financial support for this program? Yes ☐ No ☐

*Organizations should include all prospective, pending or secured sources of funding in the table below and in Section V in the proposal narrative.*
Attachment C: Fiscal Sponsor Attachment (If applicable)

Name of fiscal agent: __________________________________________________________

Name of fiscal contact person:____

Fiscal agent address: _______________

City: ___, State____, Zip Code: _____

Telephone number: _____ Fax: ___________ E-mail address: _____

Name and title of accounting contact for invoicing if different from fiscal contact person:________

Telephone number:______ Fax: ________ E-mail address: __________

Please include a list of fiscal agent’s directors with your proposal.
Attachment D: General Information

1.1 **Purpose:** The purpose of this RFP is to solicit proposals under certain 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 **Background:** As a non-profit, tax exempt 501 (c) (3) organizations, CCHC provides 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. 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 that represent community-based organizations, community advocacy groups and county government, as well as two members of the CCHC Board of Trustees.

1.3 **Scope and Terms:** CCHC seeks to award funding to non-profit organizations offering programs and/or initiatives that align with CCHC’s Community Benefits mission, and specific priorities. The contract term of the grant shall be for a period of nine (9) months upon receipt of a signed grant contract. Grant Recipients will be required to provide an Annual Summary & Outcomes Report no later than October 31, 2016, or upon request by CCHC at any time during the duration of the grant. If the Grant Recipient is unable to meet the contractual requirements or provide services per contract terms, the contract will be suspended or cancelled depending on circumstances and funding will be discontinued. Any funds not expended over the course of the contract must be returned to CCHC within 60 days of contract termination.

1.4 **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”.

1.5 **CCHC Community Benefits will not fund** the following requests through this process:

- Programs outside of stated priorities
- Duplicative programs in the same service area
- Programs serving areas outside Barnstable County
- Political or fundraising campaigns
- Construction or renovation activities, leased property or property acquisitions
- Food, beverages, gifts, tokens or other incentives
- For-profit ventures
1.6 **Review Process**
   a) Proposals will be reviewed and evaluated by CCHC staff and the CCHC Community Health Committee.
   b) Grants will be awarded based on alignment with stated priorities and RFP requirements.
   c) Grant funding will not exceed $30,000 per proposal.
   d) Awards are officially voted on and approved by the Community Health Committee and presented to the Board of Trustees of CCHC. Committee members affiliated with any proposal will recuse themselves from voting on such.

1.7 **Award of Proposal and Distribution of Funds**
Applicants will be notified by November 20, 2015. Awards will be announced publicly in December 2015. CCHC and grant recipients will execute a formal Agreement. Grant recipients will be required to submit invoice(s) to CCHC for the program. Funding is subject to compliance with the terms of the Agreement.

1.8 **Confidentiality**
Information contained in the proposals will be held in confidence until all evaluations are concluded and awards have been made. Funding and other information that is part of the offer cannot be considered confidential after an award has been made.

1.9 **Technical Assistance**
All communications related to the 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 and continuously updated until August 17, 2015 to Cape Cod Healthcare’s website: [www.capecodhealth.org](http://www.capecodhealth.org).

Technical assistance sessions will be offered to applicants from August 3, 2015 to August 17, 2015. Please email communitybenefits@capecodhealth.org to schedule a session. Technical assistance sessions are optional for bidders.

1.10 **Communication**
General inquiries about this RFP can directed to the Office of Community Benefits, Cape Cod Healthcare, 88 Lewis Bay Road, Hyannis, MA 02601 or communitybenefits@capecodhealth.org.
Attachment E: RFP Application Checklist

☐ Completed grant application cover sheet (Attachment A)

☐ Project Narrative: five (5) page limit

☐ Completed budget worksheet (Attachment B)

☐ Attached proof of non-profit status

☐ Attached current list of board members

☐ Interim Summary & Outcomes Report (Applicable only if applicant organization is a FY2015 CCHC Community Benefits grantee)

If applying with a partner organization or as a multi-agency collaborative, please include:

☐ Letter of Collaboration from partner(s)

If using a Fiscal Agent, please include:

☐ Completed Fiscal Agent worksheet (Attachment C)

☐ Fiscal Agent Memorandum of Understanding and Fiscal Agent list of board members