



Investing in Kentucky's Future



2012 Request for Proposal

Deadlines: Letter of Intent: November 16, 2012
Full Proposal: February 28, 2013

Contents

About the Foundation..... 3

Purpose of this Initiative 3

Background 4

 Time to plan 5

 Willing and capable partners 6

 Clear, feasible goals 6

 A way to measure success 7

Initiative design..... 8

 Phase 1 – (6-18 months) Planning 8

 Phase 2– (1-3 years) Implementation..... 8

 Phase 3– (1 year) Transition 9

How to Apply..... 9

 Step 1: Participate in a Foundation conference call for applicants 9

 Step 2: Submit a Letter of Intent..... 10

 Step 3: If invited, submit a full, written plan for Phase 1 10

Initiative Timeline 13

Criteria for Selection 13

If you receive a grant 14

 Additional provisions include..... 14

Use of Grant Funds 15

Initiative Contact..... 15

About the Foundation

The Foundation for a Healthy Kentucky is a nonprofit, philanthropic organization with the mission **to address the unmet health care needs of Kentuckians**. Founded in 2001, the Foundation's approach centers on developing and influencing health policy to improve access to care, reduce health risks and disparities, and promote health equity. Since 2001, the Foundation has invested more than \$20 million dollars in grants, health policy research, educational forums, and training.

Purpose of this Initiative

Children are influenced by their families and communities. And children in **environments** that support healthy lifestyles, **neighborhoods and institutions** that discourage risky behavior and **families and other support systems** that cultivate and model good health are more likely to grow up healthy. Research shows that safe and effective health care, supportive education, and adults who protect and nurture children are factors that promote health. Today's children can be the generation of Kentuckians who do not suffer the chronic illnesses of past generations. The aim of the *Investing in Kentucky's Future* initiative is to improve the health of Kentucky's children by engaging communities in testing innovative comprehensive, community-based strategies. Community partners can do this by working together to provide the conditions children need to thrive.

Kentucky communities are making practical changes to improve conditions where they live. Hospitals, clinics and health departments are working together to create better systems of care. City planners have improved streets and roads to make walking and biking easier. City leaders have also created food policies that make healthy eating more accessible, and local schools have made health a student priority. Families have changed their at-home habits to reduce "screen" time (TV, computer, video games) and encourage active play. Health care providers, teachers, coaches, and clergy are reinforcing each other's efforts in their interactions with children and parents and at community events. By working together, these partners and others have created comprehensive systems that encourage healthy living and reduce the opportunity for behaviors that put children at risk.

To support efforts such as these, the *Investing in Kentucky's Future* initiative plans to provide funding for up to ten Kentucky communities where civic leaders are committed to working together to promote the physical and behavioral health and well-being of children ages 5 through 18 by supporting local systems, environments and policies that reduce risks for chronic diseases and help children practice healthy behaviors for a lifetime.

Over the course of the Initiative, the Foundation expects to commit more than \$3 million to this important work. First year funding for selected communities will provide grants in the \$20,000 - \$40,000 range and training and technical assistance opportunities to assist grantees in creating a specific plan to improve the health of children.

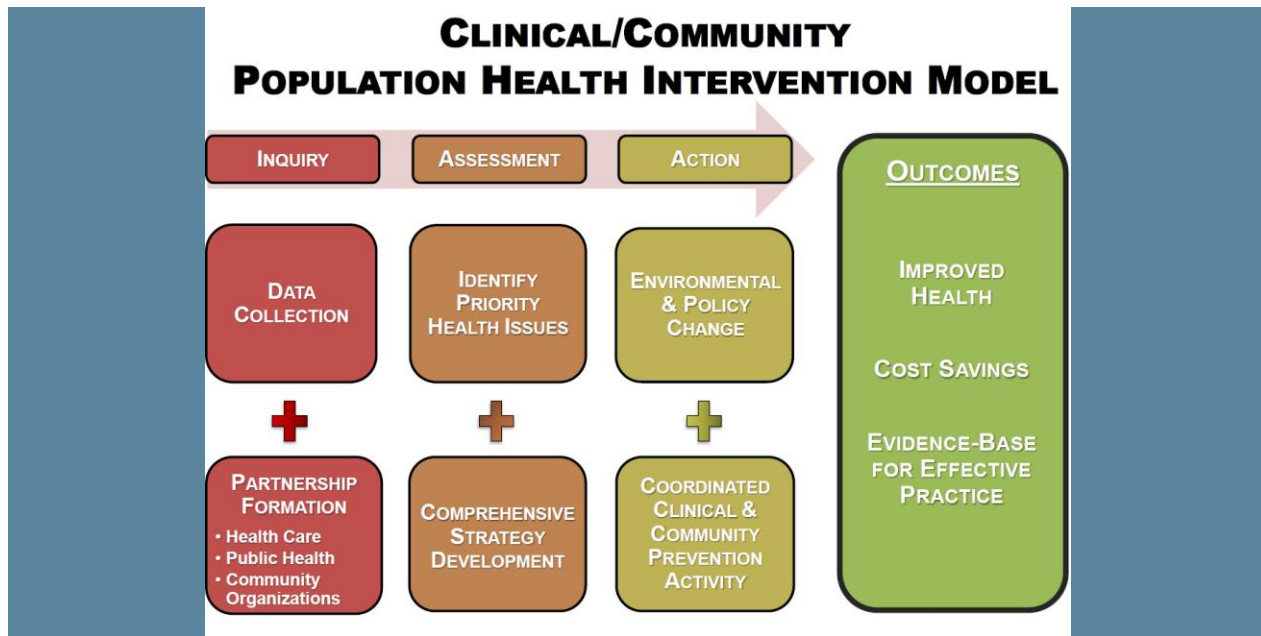
Background

Some of Kentucky's children have challenges that hinder good health: [26%](#) live in poverty; [1 in 3 is overweight or obese](#); 1 in 4 high school students report that they had [smoked](#) recently. Many children lack access to routine dental care and needed behavioral health services. All this sets our children up to have to fight harder to be healthy and avoid chronic diseases. Chronic diseases are diseases that last over time, decrease quality of life and increase the risk of early death. They include **conditions like cancer, diabetes and heart disease. Substance abuse and some mental illnesses are also chronic.** Troublingly, chronic diseases occur at higher rates in Kentucky than in surrounding states.

We have to help kids win the fight against chronic diseases. And the winning strategy can be developed in the communities where they live. As said by former Foundation Community Advisory Committee member, Dr. Gil Friedell, "If the problems happen in communities, the solutions need to start there."

The Foundation is not the first to recognize that raising a healthy generation is about far more than providing health services for the sick. Our approach draws on the work of Dr. [Anthony Iton](#), who has said that "Our health is largely determined within the context of where we live. Communities that lack even the most basic ingredients for health such as safe parks, and access to healthy foods are especially vulnerable to higher prevalence rates for type-2 diabetes and other costly, preventable health conditions and diseases. The good news is that through thoughtful and strategic investments in people, places and policies we can substantially change these odds." It builds on the early work of [McGiniss and Foege](#), who in 1993 identified the behaviors that cause so much of today's preventable death and disability.

While the needs are great, there are also tools available for communities that make a commitment to positive health change: The Centers for Disease Control and Prevention's [Community Guide to Preventive Services](#) includes many proven or promising strategies. In [Community-Centered Health Homes: Bridging the gap between health services and community prevention](#), Prevention Institute outlines an approach that could be used by any community initiative in order to collectively identify health, safety, and equity priorities and develop strategies to improve outcomes and save money. In the same way that clinicians do a patient intake, diagnose a problem, and develop a treatment plan, effective community initiatives will collect relevant information (inquiry), identify priorities (assessment), and develop and implement strategies (action). The chart below, also from Prevention Institute, suggests the approach we are inviting communities to use in responding to this funding opportunity. The first year of Foundation funding is provided to communities to complete the inquiry and assessment work the chart shows.



We know that helping the next generation of children to be healthier, learn better and go further than previous generations is not a simple task. There is no one-size-fits-all solution for a community. The answers are big and complex with lots of moving parts. We don't know "the answer" for your community, but we have learned there are things a community needs to promote the health of its residents. And with this new Initiative, we will support selected communities in finding:

- Time to plan
- Willing and capable partners
- Clear, feasible goals
- A process for lasting change
- A way to measure success

Time to plan

Lasting change takes careful planning. So, this initiative will start by providing selected communities time during Phase 1 (6 – 18 months) to work together, collect local data, and decide together the health problems they will work to address. These data and community conversations can help identify:

- the assets of the community
- what resources are needed
- who can bring skills and resources to the process
- goals to work toward.

This planning Phase will involve examining information, making hard choices, and building a plan for what to do first. We believe careful planning is essential to success.

Willing and capable partners

Many funders say you need a “coalition” to apply for funding, and that you need to match the funder’s investment with cash and in-kind investments of your own. We agree and have found that community efforts are successful when there is a shared investment of time, labor, enthusiasm and funding. These resources can be found by assembling partners from a variety of agencies, institutions and walks of life.

Examples of community partners:

- Judge Executive or Mayor
- Superintendent of Schools
- Local hospital or health clinic CEO
- Mental health center director
- Public Health director
- Respected civic or religious leader within impacted community
- Neighborhood representatives
- Youth affected by these issues
- President, Chamber of Commerce or other strong civic group
- Director of Family Resource/Youth Services Center
- Social services, youth corrections or family violence program director
- Police chief
- Other violence prevention expert
- Parks and recreation director
- Pediatrician or pediatric dentist
- Public housing director
- Other housing expert
- Local foods system members (farmers, other producers and vendors)
- Community development leader
- Other community members committed to positive health change

Our hope is that by bringing these partners together, you build lasting relationships among key decision-makers and impacted populations. We hope these relationships last beyond this grant and go on to tackle future projects.

Clear, feasible goals

The overall goals of the initiative are:

- **to strengthen communities’ ability to create healthy places to live, work and play;**
- **to reduce risk behaviors that are linked to the most common chronic diseases; and**
- **to increase healthy “protective behaviors” that help young people make choices that can help them to be healthy.**

This means that grantees will need to work with community partners, as a team, to develop or change the policies, systems or environmental supports that can reduce risks and provide children and youth

with protective and preventive environments. Environmental supports can be places for safe activity and play or programs and people that support and protect kids. These can be parks and sidewalks or programs that prevent substance abuse and encourage good mental health. This initiative encourages communities to focus on children 5 through 18 or some part of that range. The strategies planned can call for action in and/or outside of school.

Where to begin? The Centers for Disease Control and Prevention (CDC) has identified chronic disease risk factors. Smoking, lack of physical activity, poor nutrition, alcohol and other substance abuse are [linked](#) to chronic diseases. And these are not the only factors that put children at risk. During the planning process, your community will identify where to focus *your* efforts.

A process for lasting change

The Foundation is committed to making lasting change in Kentucky. We do this by improving access to needed health services, reducing health risks and disparities, and promoting health equity. Lasting change will need sustained community efforts. We believe that such efforts are more sustainable when a community starts with shared information, develops shared objectives, and uses local data to drive decisions about the most important needs and strongest assets. Important decisions will point the way to the changes you undertake in your community. What policies will need to change? What systems will change or be created? How will you assure school-age children in your community start healthy and stay healthier as they grow? It is important that this basis for your future work is carefully built and agreed upon. **Lasting change means developing a plan that partners agree upon and that will endure beyond the life of the grant.**

A way to measure success

This work is so important, it is critical to measure its success. So, each community will need to identify a shared vision of success and a way to measure its achievement. You may use a road map (sometimes called a logic model) that identifies goals and sets targets for key steps in the process. The plan is the beginning of a multi-year commitment to community health change.

The health challenges communities identify will vary, and the strategies adopted will differ. However, all selected communities will work with the Foundation's evaluation team during the grant period, to measure and report on:

- Strength and durability of your community partnerships
- Systems and policy changes you put into place
- Children's access to preventive and coordinated healthcare
- School attendance and achievement
- The protective actions and the risky behaviors of youth as measured by the Youth Risk Behavior Survey (YRBS) or other acceptable tool

Initiative design

Phase 1 – (6-18 months) Planning

The Foundation intends to work for about five years with up to ten selected communities. Each community will be led by a coalition of partners. We say “about” five years because we understand that some communities may move from planning to implementation faster than others; some will design projects that take longer than others to become well-established. We’re looking for communities prepared to make a commitment to the health of their children. We’re not looking for cash match in Phase 1, but for a commitment of time and resources needed to develop a leadership team and a plan to improve your children’s health.

During Phase 1, funded communities will receive intensive training and technical assistance. If your community is selected, training will offer tools needed to (1) work effectively as a team; (2) assess the children’s health resources and needs in your community, and (3) identify and plan for implementation of a promising or evidence-based approach to address your priority concern. The [Community Guide to Preventive Services](#) mentioned earlier may be a useful resource to identify approaches to the priority health concerns you identify.

Training during Phase 1 will help you to write a successful proposal to submit to the Foundation for Phases 2-5. It will also help your team to create strong relationships to address other community concerns in the future.

*Phase 1 Results: A written plan of action (a Business Plan), with clear, measurable objectives and cost projections to improve the health of your community’s children. The plan must be for an evidence-based or promising approach to preventing a chronic disease. Receipt of a Phase 1 planning award does not guarantee further funding. Funding for Phases 2-5 will depend on the strength of your implementation proposal.

Phase 2– (1-3 years) Implementation

If your proposal is accepted, funds will be made available to put your plan into action during Phase 2, track your progress, and make course corrections as needed to reach your goals. In this phase, Foundation funds will be matched by funding from your own community and perhaps other sources. The Foundation will provide technical assistance to help you identify other financial support, add resources, and build on your work to increase its impact. During this phase, Foundation staff and grantees will review each community’s progress, to determine what progress has been made. Together they’ll assess whether your goals have been reached, and what level of funding may be provided for each added year. During Phase 2, grantees will submit financial and narrative reports on the progress of their work. At the end of Phase 2, grantees will submit a final report of their work and its impact (this may include narrative or video success “stories”), and a description of a sustainability model.

Phase 3- (1 year) Transition

A final year of transition funding may be offered for communities that require this added time to assure that their work will be sustained beyond the grant period. A higher level of community match is required for this year.

How to Apply

If interested in applying to the *Investing in Kentucky's Future* initiative, applicants should:

Step 1: Participate in a Foundation conference call for applicants

Two conference calls are scheduled to accommodate all potential applicants on **October 16, 2012** at 2:00 pm (EDT) and another **October 18, 2012** at 10:00 am (EDT) [1:00 pm and 9:00 am (CDT)].

Foundation staff will discuss the intent of this initiative in greater detail, and respond to applicant questions. Please read the RFP in its entirety prior to participating in one of the calls.

October 16, 2012

2:00 pm (EDT) / 1:00 pm (CDT)

Dial-In: 888-554-1422

Participant Passcode: 421289

October 18, 2012

10:00 am (EDT) / 9:00 am (CDT)

Dial-In: 888-523-1208

Participant Passcode: 169433

Participation in a call is not required, but it is encouraged. A summary of questions raised and answered in the sessions will be posted on the Foundation website, www.healthy-ky.org.

Step 2: Submit a Letter of Intent

The Letter of Intent should not exceed 3 pages, and should clearly identify:

- The community to be served. Describe geographic boundaries, age groups and any other key factors that help to clearly identify this community. Please see further description in Step 3 (a) below.
- Your motivation for seeking to participate in this initiative. Describe how this motivation aligns with the stated purpose of this initiative.
- The partners who have come together to address the community health effort. These should include people from the groups listed below. See Step 3 (b). At least five of the categories must be included in the team submitting the Letter of Intent. Commitments from a broader group - ten or more community leaders - will be needed to support a full proposal (if invited). For the Letter of Intent, the executive director of each of the five organizations in your team must provide a letter of support, specifically indicating their commitment to work on this issue, to improve the health of your community throughout a proposed five-year project. Additional team members may be added in submitting the full Proposal (if invited) and as Phase I proceeds.
- The lead organization and the fiscal agent (these may be the same or different). To be eligible for consideration, the proposed project must adhere to the Foundation's Grant Guidelines which can be found on the Foundation's website at www.healthy-ky.org. See Step 3 (c) for a description of the lead organization and the fiscal agent. Briefly describe the strengths and

experience of the lead and fiscal agent organizations. Describe what makes them qualified to oversee a complex multi-year community-based initiative to improve children's health.

Letters of Intent (3 copies) must be mailed, postmarked on or before November 16, 2012. Letters of Intent should not exceed 3 pages, double-spaced, 12 point font and 1-inch margins. The five letters of support should be attached for a total of 8 pages. Please send 3 copies (may be copied front and back). No folders or binders necessary or supplemental information need be included. An acknowledgement of the receipt of your Letter of Intent will be emailed to the primary contact. Letters of intent should be addressed and mailed to:

Joan Buchar, Ph.D., MPH, CHES
Senior Program Officer
Foundation for a Healthy Kentucky
9300 Shelbyville Road, Suite 1305
Louisville, KY 40222

Step 3: If invited, submit a full, written plan for Phase 1

Invitations to submit full proposals will be issued by early **December, 2012**. Full proposals are due by **February 28, 2013**. Awards will be announced by **May 15, 2013**. Elements of the full proposal include:

a: Define your community. This initiative anticipates that a single Kentucky county will be the focus of your work. However, you may offer reasons why, in your case, a "community" that is in two adjacent counties, or a neighborhood within a large-population county, is a more effective community focus.

b: Gather your team. *Investing in Kentucky's Future* requires commitment from key community leaders and the populations to be served. At least ten of the following must complete and sign a Community Partner Form:

- Judge Executive or Mayor
- Superintendent of Schools
- Local hospital or health clinic CEO
- Mental health center director
- Public Health director
- Respected civic or religious leader within impacted community
- Neighborhood representatives
- Youth affected by these issues
- President, Chamber of Commerce or other strong civic group
- Director of Family Resource/Youth Services Center
- Social services, youth corrections or family violence program director
- Police chief
- Other violence prevention expert
- Parks and recreation director

- Pediatrician or pediatric dentist
- Public housing director
- Other housing expert
- Local foods system members (farmers, other producers and vendors)
- Community development leader
- Other community members committed to positive health change

c: Decide who will house the project and who will lead it. Every cross-sector collaborative effort needs a “lead organization” holding the enterprise together. While the chairmanship may pass from one member to another, it will be important to have continuity in this backbone support function. That organization may also be the “fiscal agent” that handles the money. However, often the “lead organization” and the “fiscal agent” are different.

- Which partner organization will be home to this effort – hiring/housing needed staff, providing office space, phone and computer support?
- Which partner organization will serve as fiscal agent for the project – receiving funds from the Foundation and accepting responsibility for financial and programmatic reporting? This organization must be a nonprofit (501c3) or may also be a governmental entity.

d: Prepare a written application. The proposal should include a narrative not to exceed 10 pages, double-spaced, plus attachments. The Cover Page (form to be provided) and attachments are not included in this page count. **Please use 12 point font and 1-inch margins.**

Please include the following information in the narrative, in the order shown here. Clearly label each section:

1. **Community Served:** Provide location, population size, and key health problems of children.
2. **Community Assets:** Briefly describe resources already in place in your community (or serving your community) that can help to address health problem(s) of children 5 to 18 (or some subset). **Include resources that may reduce disparities of underserved or vulnerable populations.**
3. **Community Partners:** List and briefly describe all community partners that have committed to provide staff, financial or in-kind resources to this effort. Identify the presiding or senior official from each organization who will serve on the coalition. Include a Community Partner Form for each organization as an attachment. The Community Partner Form will describe the partner’s contribution to Phase 1 activities, name the person or persons who will be active in the Phase 1 planning effort and the hours they are prepared to commit to this work. The Community Partner Forms must be signed by the presiding or senior official of their organization. Community Partner Forms are not part of the 10-page limit. The Community Partner Forms will be provided by the Foundation if invited to submit a full proposal.
4. **Lead Organization:** Provide further information on the Lead Organization’s capacity and experience in working with vulnerable populations, addressing health equity concerns, policy/systems/environmental changes, and collaboration with diverse sectors/fields. This body

will provide structure to Phase 1, and commit to clerical support, event planning and other management and communication tasks. Please include current Board list for lead agency.

5. **Fiscal Agent:** Identify which partner organization will serve as the fiscal agent for this initiative and where initiative staff will be housed. (Attach IRS determination letter or proof of governmental status, current Board list and most recent 990 or financial statement audit report for this organization.)
6. **Planning Period Activities:** Please take at least 4 of the 10 pages to describe the **specific approach** you will use in the first 6 – 18 months of funding (Phase 1), to:
 - a. assess community **strengths and gaps** in services for children/youth that can help address identified health issue. **Specifically describe a plan** to identify vulnerable and/or underserved populations in **the community** and their needs.
 - b. Identify and develop a community plan that will reduce behaviors that lead to chronic illnesses and/or promote behaviors that protect your community’s children and youth from chronic illnesses later in life.
7. **Timeline and responsible organization:** Provide a timeline showing dates by which key actions will be completed and the **organizations** responsible for their completion.
8. **Resident and youth engagement:** Describe processes that will be used during the planning period to gain meaningful input and participation of impacted residents – parents and children/youth.
9. **Learning Community Commitment List:**
 - Identify three different partners (**person, title, organization and contact info**) who agree to represent the community at all initiative training sessions, and report back to the larger group on what is learned.
 - Name the parties (**person, title, organization and contact info**) responsible for identifying and describing key community health service resources and gaps/needs.
 - Identify the party(ies) (**person, title, organization and contact info**) that will work with the Foundation’s external evaluator, to assure that needed measurement strategies are developed and executed, to track progress of your community efforts and the initiative as a whole. Identify each by name, title and organization.
 - Identify the primary party(ies). (**person, title, organization and contact info**) responsible for creating the business plan which is one of the final “deliverables” for the Planning Period, and which will be a key component in the determination of whether Implementation funding will be provided. Identify the responsible person or team by name, title and organization.
10. **Budget Narrative:** Briefly explain the key expenditure areas detailed in the line item budget. Please include completed budget form as an Attachment. A Budget Template will be provided if invited to submit a full proposal.
11. **Attachments: (Not considered part of the 10 page limit.)**
 - (a) IRS determination letter for fiscal lead organization
 - (b) Current Board lists for fiscal and organizational lead organizations

- (c) Most recent 990 or financial statement audit report for fiscal agent
- (d) Completed and signed 10 (or more) Community Partner Forms
- (e) Learning Community Commitment List
- (f) Line item budget

Initiative Timeline

September 28, 2012	Initiative RFP published
October 16, 2012 2:00 – 3:00 p.m. (EDT)	Conference call for interested applicants (offered twice) Dial-In: 888-554-1422 Participant Passcode: 421289
October 18, 2012 10:00- 11:00 a.m. (EDT)	Conference call for interested applicants (offered twice) Dial-In: 888-523-1208 Participant Passcode: 169433
November 16, 2012	Deadline for Letters of Intent <i>(official post marks later than November 16 will not be accepted)</i>
December 5, 2012	Invitations to submit proposals distributed
December 12, 2012 2:00 – 3:00 p.m. (EST)	Technical assistance webinar for applicants. Register Online at: tps://cc.readytalk.com/r/a8l6djpgk39eg .
January 16, 2013	Technical assistance workshop for applicants
February 28, 2013	Deadline for proposals <i>(official post marks no later than February 28th will be accepted)</i>
March - April 2013	Site visits will be scheduled with each applicant.
May 15, 2013	Notification of grant awards

Criteria for Selection

To be eligible for consideration, the proposed project must adhere to the Foundation’s Grant Guidelines which can be found on the Foundation’s website at www.healthy-ky.org. In addition, the project must address the stated purpose of this Initiative, and include all information requested in the Request for Proposals. The following set of four criteria will be used for scoring the Phase I Proposals:

Selection Criteria – Phase I		Total Points Possible Phase I
1	Clear community commitment to positive health changes. Readiness to address the impact of a health issue in a clearly defined community. Geographic location may be considered.	20
2	Identified community resources and needs. The project brings together stakeholders needed for coordination of the proposed policy or systems changes. The project involves community partners, including consumer and community-based organizations. Partners' roles are hands-on and significant.	20
3	A sound methodological approach for Plan development. A clear approach for gathering needed local data and reaching agreement on evidence-based ways to improve children's health that are a good fit for the community and people to be served. Specific consideration for identifying and addressing the needs of vulnerable and/or underserved children.	40
4	The requested amount of funding and staffing are realistic and necessary for the accomplishment of the proposed work.	20

If you receive a grant

Grantees will actively participate in *Investing in Kentucky's Future* initiative activities and take part in peer exchanges and sharing expertise from leaders in the field. Community partners will be asked to designate a team leader to serve as the primary point of contact for the project and provide continuity by participating in all training activities or visits. The team leader also will ensure that at least two additional team members participate in each training activity, based on individuals' expertise and interests. See d. 9 above.

Additional provisions include

- A fully executed Grant Agreement between the Foundation and the lead organization and/or fiscal agent.
- The senior or presiding official signing the Community Partner Form will be asked to acknowledge (sign) their receipt and understanding of the Grant Agreement.
- Grant funds will be released incrementally and will depend upon demonstrated satisfactory progress toward project outcomes. Grantees will be asked to provide project progress and financial reports.
- The Foundation Program Officer may make periodic calls and site visits. These are opportunities for grantees to ask questions, seek advice or resources and to addresses challenges.
- The grantee is expected to meet with the Foundation's external evaluator and to collect required data in order to monitor the success of the community's efforts.

- The Foundation reserves the right to modify the final grant amount and/or scope of service before a grant is accepted. Although the Foundation expects to make awards to up to ten communities in this grant-making cycle, the final total may vary. Any or all proposals may be declined.

Use of Grant Funds

Grant funds are to be used for costs associated with the proposed grant activities. Funds may be used for project staff salaries, data collection and analysis, consultants, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project.

In keeping with Foundation policy, grant funds may not be used for building construction or for lobbying activities. Additionally, grant funds cannot be used as a substitute for funds currently being used to support proposed grant activities. No capital renovations or facility expansion will be supported through this project. In Phase 2, the Foundation may assist in seeking alternative sources for such work, if it is essential to the project selected. The Foundation will fund travel expenses to any sponsored training.

Initiative Contact

Responsible staff member at the Foundation for a Healthy Kentucky is:

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