Foundation for a
Healthy Kentucky
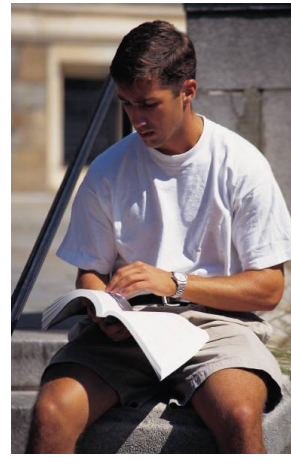
Community Grant Initiative
2011 Request for Proposals (RFP)

Proposal Due Date:
July 5, 2011

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Introduction

The Foundation for a Healthy Kentucky seeks to ***address the unmet health care needs of Kentuckians***. Our approach centers on ***developing and influencing health policy*** to promote lasting change in the systems by which health care is provided, for the purposes of:

- improving access to care,
- reducing health risks and disparities and
- promoting health equity.

One way the Foundation seeks to address these needs is through grants to community-based organizations that share the Foundation's mission. Since its start in 2004, the Foundation's Community Grants program has provided grants of $10,000 or less to non-profit organizations, governmental agencies and schools. The purpose of this 2011 Community Grant initiative is to provide funding for **advocacy** activities seeking to implement, expand or enforce public or institutional policies that will improve community health.

"**Advocacy** can be defined as the pursuit of influencing outcomes — including public-policy and resource allocation decisions within political, economic, and social systems and institutions — that directly affect people's current lives." (David Cohen, Co-Founder, Common Cause).

Elements of effective advocacy may include, but are not limited to:
- Research and analysis
- Evaluation and comment on administrative and regulatory proposals
- Community organizing
- Issue framing and messaging
- Convenings
- Public education and information campaigns
- Stakeholder engagement – building advocacy capacity of diverse stakeholders
- Solutions identification
- Coalition building
- Media advocacy
- Educational materials for and consultation to opinion leaders and policymakers

Your project may be a combination of these elements, but need not include them all. The ultimate goal of your project should be the adoption or enforcement of an evidenced-based institutional or public policy. It may not occur during the grant year, but project activities should make a meaningful contribution to this goal. The Foundation anticipates funding 10-15 grants, for a total of about $100,000 in this Community Grants cycle.

Eligibility

Consideration will be given only to those grant proposals that meet the requirements of the Foundation's Grant Guidelines:

- Share the Foundation's mission and a commitment to documenting action outcomes that can inform policy development.

- Address policy on one or more of the Foundation's Focus Area(s):

    Health Education and Prevention focused on one or more of the following:

    - Fitness and nutrition for children and families
    - Youth smoking prevention
    - Youth substance abuse prevention

    Enhanced access to health services and care for all ages, with emphasis on one or more of the following:

    - Access to health care for low-income and uninsured populations
    - Access to health care for rural populations
    - Access to integrated mental health and medical services

- Are submitted by organizations whose efforts primarily benefit persons who reside in Kentucky.

- Are submitted by non-profit organizations, including governmental agencies. Among private non-profits, preference will be given to organizations that have tax-exempt status under section 501(c)3 of the Internal Revenue Service Code and are not private foundations as defined by section 509 of that Code.

The Foundation will NOT fund:

- Direct patient care* except as part of demonstration or replication projects.
- Capital campaigns or requests for facility construction (although project related equipment may be included in requests).
- Overhead expenses except in limited amounts for specific projects.
- Organizations that discriminate on the basis of race, gender, age, religion, national origin, sexual orientation, disability, military or marital status in hiring.
- Expenses related to registered legislative agents for the purpose of lobbying.
- Endowment funds.
- Individuals.
- Private, for-profit entities.
- Religious organizations for religious purposes.

- Political causes.
- Retroactive expenses or deficit reduction or forgiveness.

*The Foundation's Articles of Incorporation specifically state it "shall not pay for, reimburse or directly subsidize direct provision of medical services except in the context of demonstration projects or similar research endeavors."

Eligibility Criteria:

Proposals will be **eligible for review** if they meet the following criteria:

1. The applicant organization/fiscal agent is an eligible organization under Foundation Grant Guidelines as described in the above section on "Eligibility" in this RFP.

2. The proposal is complete, containing <u>all</u> required elements as described in the section on "How to Apply" in this RFP.

3. The requested funding is for advocacy activities that seek to implement, expand or enforce institutional or public policies that will improve community health as they relate to one or more of the Foundations focus areas, as described in the section on "Eligibility" in this RFP.

RFP Purpose: What the Foundation seeks to fund

The purpose of this 2011 Community Grant initiative is to provide funding for advocacy activities seeking to implement, expand or enforce public or institutional policies that will improve community health. The ultimate goal of each project should be the adoption or enforcement of an evidenced-based institutional or public policy. It may not occur during the grant year, but project activities should make a meaningful contribution to this goal. For example:

- A walkability assessment to develop and *implement* solutions such as creating city-sponsored signage informing of the distance to community points of interest, to encourage walking and biking.

- A survey that documents a community's readiness to support the *expansion* of local smoke-free policy beyond a partial law that covers some public places to a more comprehensive smoke-free ordinance.

- A study of underage alcohol sales to minors to document the need for *enforcement* of laws governing retail alcohol sales.

Funding

Grants will be awarded in amounts up to $10,000. Requests for funding should not exceed $10,000 and the amount requested should directly correlate to the amounts needed to perform project-related activities. Funds requested may not replace or supplant funds already allocated for the proposed purpose from other sources. Organizations may submit more than one proposal, but only one grant may be awarded per organization.

Funding Cycle

May 5, 2011	RFP Released
July 5, 2011	Deadline for receipt of proposals – must be post-marked no later than July 5, 2011.
September 16, 2011	Grantees notified and grant agreements distributed.*
October 1, 2011- September 30, 2012	Grant time period. If entire year is not needed, please indicate in proposal.

*Those organizations not selected to receive a grant will receive a notification letter addressed to the primary contact person. Feedback on grant proposals will not be contained in the letter. If you wish to receive feedback on a declined proposal, you may contact Foundation staff: Mary Jo Dike or Joan Buchar.

How to Apply: The Proposal

The completed proposal will include the Cover Sheet along with a summary of the project and evidence of the organization's federal tax-exempt status. The summary should be **no more than five** 8 ½ x 11 pages in length, single-spaced, with one inch margins, and a font size no smaller than 12-point. The summary should contain the following seven elements, **clearly labeled**:

1. **Project Need** – *What is the health need or issue your organization wants to address?* For Example: the prevalence of youth smoking or childhood obesity. Briefly provide data that illustrates the magnitude of the problem in your community, risk factors that contribute to the problem, the target population affected (for example, middle-school students), and the county or counties in Kentucky where the target population resides.

2. **Policy Implications** – *Please describe what evidenced-based, public or institutional policy you are advocating to implement or enforce that will address this health need or issue?* Please include who needs to be engaged to make this policy change happen? Include the names, titles and organizations of the key people to be educated or

influenced. Describe the challenges and reasons why they may not support your activities and your approach to addressing these barriers.

3. **Your organization** – *How is your group qualified to tackle this issue?* Include a brief description of your organization and why this issue is important to your organization. If yours is a community coalition, you will need to identify a fiscal sponsor – which may be either a 501(c)3 nonprofit entity or a governmental entity. Describe your organization's experience with this or other similar issues. Please include a list of the names, titles and qualifications of key staff and/or volunteers involved in this project.

4. **Community partners or competitors** – *Who else in your area is working on this issue?* Describe other efforts in your community (if any) that are working to address this issue. List the names of other organizations involved (if any) and describe how you are working collaboratively with them.

5. **Implementation plan** – *Please describe the activities of this project.* Please be specific and list key activities and/or milestones. Below is an example of <u>some</u> key activities that might appear in an implementation plan. The example issue to be addressed is to increase the fresh fruits and vegetables offered in your school district's cafeterias. The advocacy goal is to convince the school board to adopt policies and reduce barriers to incorporating more fresh fruits and vegetables in the school's cafeteria offering.

> (1) September 1, 2011 – Meet with school food services staff, to obtain permission to observe what is served and what is consumed by students in school lunches over a two-week period.
> (2) September 15, 2011 – Meet with the Parent Teachers Association to form observer teams, to conduct the observations.
> (3) October 15, 2011 – Present findings of the observation period to a joint meeting of food services staff and PTA leadership.
> (4) November 15 – December 15 – Work with a committee consisting of representatives of the School-Based decision Making Council, PTA, school nurse and food services director to research evidence based options for increasing fresh produce in the schools, including Farm to School Program, edible classroom, and others.
> (5) April 15 – Present a specific implementation proposal to a regularly scheduled meeting of the decision-making authority

6. **Outcomes** – *What will be different as a result of this effort?* The ultimate goal will be the implementation, enhancement or enforcement of the public or institutional policy that you seek. It may not occur during the grant year, but project activities should make a meaningful contribution to this goal. On the way to achieving this goal, you should be able to list and describe milestones or intermediate outcomes that will lead to attainment

of your ultimate goal. Using the example above, several intermediate outcomes might include:

    a. Completion and distribution of the observational study of fruit and vegetable consumption in the selected schools.

    b. Development of a plan for implementation of an "edible schoolyard" program in the selected schools.

    c. Adoption of the edible schoolyard program for pilot implementation.

    d. Changes in district policies to encourage greater use of fresh produce in District schools.

7. **Evaluation Plan** – *How will you know that the change has happened?* Ultimately, if the policy change occurs, then you know the project has accomplished its goal. On the way to achieving your goal, you should measure whether you've accomplished your milestones or intermediate outcomes. In the example above, the reports are evidence that phases of the work have been completed. In other cases, you may need to include *surveys* of participants, direct *observation* of participant behaviors, or *objective* tests and *measures* (pedometer readings, body-mass index, arrests for drunken driving, measurable pollutants in an indoor air sample) to assess how well the work is proceeding.

8. **Resources (budget)** for conducting activities. *How much will the project cost to complete? How will the grant money be spent?* Write a narrative (about two paragraphs) describing how Foundation funds will be used and describing any other resources provided by the applying organization, and/or by outside organizations/partners (cash or in-kind) to reach the level of resources needed to successfully complete the project.. **Name the outside organizations/partners**. These other resources should be raised and committed, not contingent on fund-raising. Foundation funds can not be used for existing staff salaries, but can be used to contract for services or augment existing staff time (see Frequently Asked Questions for more detail).

In addition, please name organizations or persons you might contract for services (if known). For example: if you budget $500 for a speaker honorarium – be sure to tell us who the speaker is and note their credentials. If the speaker is not known, please describe the process by which the speaker will be chosen.

Expand on the narrative by providing a brief budget, a sample of which is provided below (the budget table can be attached as a separate page and does not need to be counted in the five page total). Below is an example of what might be included in a budget for a community working on a smoke-free ordinance campaign:

Expense	Foundation Funds	In-Kind or Other Resources
Project Director's time on project = .25 FTE	0	12,500
Administrative Assistant time on project (meeting planning, prepare mailings) = .25 FTE	0	7,500
Air Quality Testing	2,000	0
Mailing service	350	0
Printing (brochures, surveys)	2,000	0
Postage for mailing outreach materials	1,000	0
Meeting space rental (donated) @100 per meeting	0	600
Meeting expenses (refreshments & A/V)	1,500	0
Total	**$ 6,850**	**$ 20,600**

9. **Attach a copy of the organization's (fiscal agent) proof of federal tax exempt status** (This is usually an Internal Revenue Service exemption letter. It may also be proof that the organization operates under the auspices of a recognized church, or is a governmental entity).

Where to mail and by when?

Prepare 10 stapled copies of the completed proposal (see checklist below):

- ❑ Cover page
- ❑ Project summary (no more than five pages)
- ❑ Budget table
- ❑ Proof of non-profit status

The cover page can be downloaded from the Foundation's website in MS Word format. Do **NOT** put proposal in a binder or folder or attach brochures, photos or reference materials. Mail all 10 copies of the completed proposal to:

Foundation for a Healthy Kentucky
Community Grants Review
9300 Shelbyville Road, Suite P-1305
Louisville, Kentucky 40222

Deadline for receipt of proposals: must be postmarked no later than <u>July 5, 2011.</u>

Proposals will be accepted by mail or delivery only. No faxed or emailed proposals will be accepted. Receipt of all proposals will be acknowledged via email to the person listed as the primary contact. The cover sheet is the last page of this RFP or is available for download on the Foundation website at www.healthy-ky.org.

Foundation staff members may contact Community Grant applicant organizations with clarifying questions. Successful applicants will be asked to sign a grant agreement to carry out the proposed project.

The Foundation reserves the right to decline to fund any or all of the proposals received in a particular grant cycle.

For questions regarding Community Grants, please contact Mary Jo Dike, Chief Operations Officer, at mdike@healthy-ky.org, or Joan Buchar, Senior Program Officer, at jbuchar@healthy-ky.org, or call toll free 1-877-326-2583.

Useful Resources

Information from the following resources may be useful to you as you develop your proposed advocacy activities:

Fitness and Nutrition for Children and Families

- Shaping Kentucky's Future: Policies to Reduce Obesity.
  http://afhk.pub30.convio.net/assets/clubs/ky1-shaping.pdf

- Prevention Institute and Strategic Alliance - www.eatbettermovemore.org

- NPLAN: National Policy and Legal Analysis Network to Prevent Childhood Obesity: Model local obesity prevention resolution. www.nplan.org or www.phlpnet.org

- The Centers for Disease Control and Prevention have several templates and suggested policies related to wellness and health in the schools. This link will take you to the CDC Division of Adolescent and School Health page that contains links to a variety of governmental and non-governmental documents.
  http://www.cdc.gov/HealthyYouth/policy/index.htm

- National Alliance for Nutrition and Activity - School Wellness Policies.
  http://www.schoolwellnesspolicies.org/WellnessPolicies.html

- Leadership for Healthy Communities – Advancing Policies to Support Healthy Eating & Active Living - www.leadershipforhealthycommunities.org. Resources from this site include a tool kit:

  Action Strategies Toolkit at
  http://www.leadershipforhealthycommunities.org/content/view/352/161/

  And specific planning tools such as:
  Neighborhood Scale-Planning Tools to Create Active, Livable Communities

  Some policy briefs that may be of interest include:
  National Conference of State Leglislatures' Legisbrief: Physical Activity Guidelines
  Tax Increment Financing: A Tool for Advancing Healthy Eating and Active Living
  Increasing Active Living: A Guide for Policy-makers
  Healthy Community Design Legislation Database
  Healthy Kids, Healthy Communities: School and Local Government Collaborations
  Transportation Solutions to Create Healthy, Active Communities: For Childhood Obesity Prevention
  Complete Streets Policy Brief
  A Primer on Active Living for Government Officials - Ways state and local government officials and support active lifestyles in their jurisdictions
  Physical Activity and Community Design - This brief describes the connection between physical activity and health, and the role community design choices can play.
  Food and Beverage Marketing to Children and Adolescents: What Changes are Needed? - Marketing may have an especially powerful impact on what foods and beverages children consume.
  Improving Access to Healthy Foods: A Guide for Policy-makers
  State Farm-to-School Policies: Programs Benefit Many Economic Sectors - Evidence links good nutrition to student achievement.
  Healthy Community Design Legislation Database - Developed and maintained by the National Conference of State Legislatures.
  Bringing Healthy Foods Home: Examining Inequalities in Access to Food Stores - The Robert Wood Johnson Foundation's Healthy Eating Research program.
  National Association of State Boards of Education: Policies to Encourage Healthy Eating - NASBE developed model policies for schools to adopt to create a healthier environment for learning.
  National Association of State Boards of Education: Policies to Encourage Physical Education

2007 Active Living Policy Brief - This brief presents findings from the International City/County Management.
State School Health Policy Database
Transportation Solutions to Create Healthy, Active Communities: For Childhood Obesity Prevention

- Center for Science in the Public Interest - http://www.cspinet.org/nutritionpolicy/DecreaseMarketingToChildren.html - http://www.cspinet.org/nutritionpolicy/ImproveSchoolFoods.html

- Centers for Disease Control and Prevention (CDC) - Online School Health Index: https://apps.nccd.cdc.gov/shi/default.aspx

Youth Smoking and Substance Abuse Prevention

- Center for Smoke Free Policy at the University of Kentucky
- http://www.mc.uky.edu/TOBACCOPOLICY/ProjectTeam/KCSP.HTM

- 100% Tobacco Free Schools http://www.site.kytobaccofreeschools.com/uploads/TFS_Policy_Manual.pdf

- Community Anti-Drug Coalitions of America www.cadca.org.

- Federal Center for Substance Abuse Prevention http://prevention.samhsa.gov/about/

- Health Foundation of Greater Cincinnati Assistance for Substance Abuse Prevention Center (ASAP) www.asapcenter.org

- Join Together provides a clearinghouse for current news on substance abuse prevention and treatment. http://www.jointogether.org/

- Kentucky Cabinet for Health and Family Services Substance Abuse Prevention Program
- http://mhmr.ky.gov/mhsas/sa.asp. Kentucky ASAP Boards are at http://odcp.ky.gov/kyasap.htm.

- National Families in Action www.nationalfamilies.org

- National Latino Council on Alcohol and Tobacco Prevention www.nlcatp.org.

- Partnership for a Drug Free America www.drugfree.org

- Robert Wood Johnson Foundation. Under the Influence: Creating Alcohol-Safe Communities www.rwjf.org/reports/grr/032190s.htm

- Search Institute, developer of the 40 Developmental Assets Model for youth resiliency http://www.search-institute.org/

- Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention – Centers for the Application of Prevention Technologies. http://captus.samhsa.gov.

- National Registry of Evidence Based Programs and Practices www.nrepp.samhsa.gov and http://prevention.samhsa.gov/about/spf.aspx.

- U.S. Department of Education Higher Education Center for Alcohol, Drug Abuse, and violence Prevention http://www.higheredcenter.org/

Access to Health Services

If your work is regarding policies that hamper or promote access to needed health services for a target population (for example, migrant workers or low-income Appalachian families) or geographic community, these websites may be of interest. You should also be aware that non-profit hospitals are required to undertake a community benefit planning process, and many local and district health departments also undertake a local health needs assessment process (called MAPP, for Mobilization for Action through Planning and Partnerships). Your organization may be able to advance your policy objectives by working with or through these community assessment processes.

- Association for Community Health Improvement community health assessment toolkit is available at http://www.assesstoolkit.org/

- Information about MAPP is available at the website of the National Association of County and City Health Officials http://www.naccho.org/topics/infrastructure/MAPP/index.cfm

- The Healthy Communities Institute has designed a system and strategies to help local public health departments, hospitals and community coalitions to measure community health, share best practices, identify new funding sources and drive improved community health.
- http://www.healthycommunitiesinstitute.com/index.html

- National Partnership for Action to End Health Disparities http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=13 and Policy Link www.policylink.org also are addressing health concerns through the lens of health equity.

- The Cabinet for Health and Family Services, your local or district health department, and your local Area Health Education Center also have resources and information that may assist you in efforts to address health care access issues in your community. The Office of Health Equity (part of the Cabinet) and the Center for Health Equity (part of the Louisville Metro Department of Health and Wellness may also be of interest.

Additional Kentucky resources include:

- College of Agriculture (University of Kentucky) – Health Education through Extension Leadership (HEEL) http://www.ca.uky.edu/hes/?p=6
- Kentucky Voices for Health www.kyvoicesforhealth.org
- Friedell Committee for Health System Transformation www.friedellcommittee.org
- Kentucky Hospital Association http://www.kyha.com
- Kentucky Primary Care Association www.kypca.net
- Kentucky Public Health Association www.kpha-ky.org
- Kentucky Rural Health Association www.kyrha.org/
- Kentucky Youth Advocates http://www.kyyouth.org/

Frequently Asked Questions

1. **Can grant funds be used to reimburse the organization for equipment acquired or services provided prior to approval of the grant?** No; grant funds may not be used for services, events or activities that occur prior to grant approval.

2. **What if we've already received a grant under another Foundation for a Healthy Kentucky grant initiative, can we still apply?** Yes, you may apply.

3. **Can we submit more than one proposal?** Yes, but only one proposal per organization will be funded.

4. **How do I know if my work is considered health policy advocacy?** To quote Judith Meredith of the Public Policy Institute (www.realclout.org), "policies are simply the rules

that people must abide by." Government bodies set rules for their residents and visitors; corporations set rules for their employees and customers. If the purpose of your effort is to address a health or health care access problem in your community by changing – or getting the powers in authority to change – a rule of the government where you live (city/town, county, school district, health department, state) or a corporation or type of corporation (hospitals, food vendors, gyms, for example), then you are doing health policy advocacy.

In the context of obesity policy work, Public Law and Health Policy has suggested eight elements for crafting strong, local policy:

Element #1: It's a policy, not a program.
A policy is a law, rule or regulation.

Element # 2: It's legally feasible.
The government or corporation has the legal ability to make the change.

Element # 3: It's financially feasible.
The policy is low or no cost, uses existing funding or generates revenue.

Element # 4: The implementation is clear and feasible.
Use language that states exactly what will be done.

Element #5: It accounts for disparities.
Policies need to consider health inequities.

Element # 6: It is data and context driven.
Local officials love local data. (Check out www.kentuckyhealthfacts.org for your county's health data.)

Element 7: It changes the conversation.
It changes the conversation from the individual (personal responsibility) to the environment (and ways to make healthy choices easier choices).

Element #8: It is part of a bigger plan.
One policy won't solve Kentucky's health problems, but it can be a move in the right direction. It needs to be considered in a broader framework.

5. **What does it mean to work toward a policy that is evidence-based?** The evidence base is a body of knowledge –usually based on trying the same approach or a similar one

elsewhere – that suggests the policy in question will lead to the desired healthful outcomes – better health for an individual or community, or better access to health care for those in need. The organizations and websites listed in the **Useful Resources** section of this RFP can help you find strategies others have used and found to be effective in increasing awareness or changing behavior. Some examples of evidence-based policies include: Increasing the price of tobacco products has been shown to deter teens from starting smoking; Smoke-free workplaces reduce the incidence of emphysema and cancers in non-smoking workers; Posting the caloric value of meals on restaurant menus influences food selection; Bilingual staff and signage improve access to health care for persons with limited knowledge of English.

6. **What if I have an idea for a project, but I am not sure it fits?** First read the Foundation's RFP. If you still are not sure, please contact Mary Jo Dike mdike@healthy-ky.org or Joan Buchar jbuchar@healthy-ky.org at the Foundation office, or call toll free 877-326-2583.

7. **The Foundation Grant Guidelines say you do not fund "religious organizations, for religious purposes," does that mean a religious group or church can not apply?** A religious group or church CAN apply, but the proposal can not be for a religious purpose, and participants can't be restricted to members of the group.

8. **The Foundation Grant Guidelines indicate funding can not be used for "overhead expenses except in limited amounts for specific projects."** Overhead expenses refer to the cost of administering the grant. Some organizations take a percentage of the grant funds to cover cost of the administering a grant within their organization. For larger grants, the Foundation has allowed organizations to take up to 10% of the grant funds for overhead expenses. Overhead at or below this level is not prohibited for the Community grants.

9. **Can I factor our grantwriter's fee in the budget?** No, that would be paying for something that has happened before the grant is approved.

10. **Can these grant funds be used to pay salaries?** Foundation funds can not be used for existing staff salaries, but can be used to contract for services or augment existing staff time to conduct the proposed project. Examples: (a) there is an added cost to the organization for "release time"– for example, when a substitute teacher must be found, or billable clinic services are cancelled, to permit staff participation in the project or (b) when a new worker is retained or the hours/week of an existing part-time worker are increased.

11. **Do I need to include letters of support?** Not required for this particular grant initiative; however, they are encouraged, as support for specific statements regarding commitments of other organizations or key policymakers to enact a proposed policy.

12. **How much detail do you need for the budget?** We prefer a general break down and description of the how the funds will be used for the project. Please also include a description of supplies or services (in-kind contributions) donated to the project and the **name of the organization making the donation**. In addition, please name organizations or persons you might contract for services (if known). For example: if you budget $1,000 for a speaker honorarium – be sure to tell us who the speaker is and note their credentials. If the speaker is not known, please describe the process by which the speaker will be choosen.

13. **Can a University apply?** Yes, but the preference is for a community-based organization to serve as the lead organization. A university may serve as a fiscal agent for an unincorporated community group, or may be a member of an applicant team.

14. **Is geography a factor in determining which organizations receive grants?** It is to the extent that the Foundation seeks to offer grant funding opportunities throughout the state, but an organization would not be eliminated from eligibility simply because other proposals had been received or previously funded from the same geographic area.