

2012 Grant Guidelines

Program and Core Operating Grants



“The REACH Foundation will direct funds toward two major goals – increasing access to health care services and coverage, and increasing the quality of health care.”

Funding Priorities

The REACH Healthcare Foundation began awarding grants in 2005, supporting work in three areas – oral health, mental health and safety net services – to increase **access to quality health services for poor and medically underserved people.**

In January 2011, the Board of Directors completed a strategic planning process to establish priorities for the next five years. The REACH Foundation will continue to work in its designated six-county service area in Kansas and Missouri, and invest in oral health, mental health and safety net health services.

However, to achieve greater impact with our resources, the Foundation will direct its grant making toward **two major goals:**

- 1) Increase the number of people in the Foundation’s service area who have access to quality, affordable health care services and health coverage.
- 2) Advance integrated approaches to oral health, mental health and physical health care.

We recognize there are numerous factors that influence individual health. However, it is our belief that making gains in these two areas will, over the long term, change health care systems and practice and create conditions that can reduce health disparities and produce better health outcomes for poor and medically underserved people in this region.

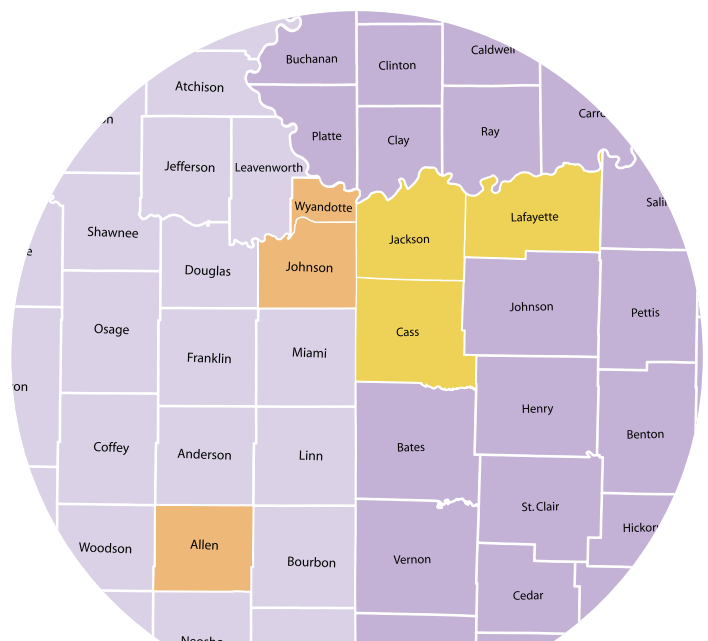
“We will fund nonprofit partners that are innovative, committed to continuous improvement and value collaboration.”

Funding Partners

In making grant decisions, the Foundation considers how a program or initiative aligns with our priorities and goals, and the potential to achieve significant, lasting results. In addition, we seek nonprofit partners that:

- Are innovative, and committed to improvement and growth;
- Demonstrate effective leadership and governance;
- Have a track record of collaboration, or the capacity to partner with others to address health care challenges;
- Are taking steps toward integration of services, either within the organization or through relationships with other health providers;
- Demonstrate an organizational commitment to cultural competency, consumer engagement and a patient-centered approach to care;
- Are able to leverage diverse funding sources.

Our funding area includes Allen, Johnson and Wyandotte counties in Kansas, and Cass, Jackson and Lafayette counties in Missouri, and Kansas City, Missouri.



“*We will fund programs and efforts with potential to produce significant change.*”

What We Support

The Foundation funds programs and efforts in oral health, mental health and safety net services that support one or both of our goals. For each goal, we have identified strategies to increase access and quality of health services. The Foundation’s grant application requires organizations to indicate the strategies their program will support:

Strategies to Increase Access to Health Care Services and Coverage

- Expand availability of oral health, mental health and safety net health services for poor and medically underserved populations.
- Policy development and implementation of alternative provider models and expanded scope of practice to address workforce shortages.
- Public policy and programs that strengthen Medicaid, including efforts to expand and improve enrollment, reimbursement and benefits for eligible children and adults.
- Effective implementation of the Affordable Care Act.
- Consumer engagement and coalition building to inform and influence health programs and policies.

Strategies to Improve Quality of Health Care Services

- Integration of oral health and/or mental health services with physical health care.
- Implementation of patient-centered medical home, or health home, standards for safety net clinics and community mental health centers.
- Care coordination or intensive case management/disease management to reduce fragmentation of care and improve chronic conditions.
- Implementation of evidence-based treatment approaches in oral health, mental health and physical health care.
- Place-based services that bring health services to clients.
- Building organizational and provider cultural competency to meet the health care needs of people from diverse backgrounds and cultures.

What We Do Not Support

The REACH Foundation does not fund health care for individuals, special events, endowments and funds to address operating deficits. Following is a summary of other areas not eligible for funding. Detailed information is available at:

www.reachhealth.org

- Medical or clinical research
- Programs focused on a single disease
- Substance abuse prevention and treatment
- Suicide prevention
- Domestic violence prevention
- Family violence prevention
- Equine or horticulture programs
- Senior services
- Crisis intervention programs
- Legal assistance to individuals
- Healthy lifestyles programs

Measuring Progress

To be accountable for how we use our resources and to measure our progress, the Foundation is committed to evaluating our efforts and using the information to inform our grant making strategies.

The goals and strategies outlined in this document reflect a theory of change (available at www.reachhealth.org) that describes how the Foundation will seek to improve health care, and ultimately health outcomes, for poor and medically underserved people. The theory of change links our strategies to our goals and identifies the indicators we will use to measure progress. Organizations selected to submit a full grant proposal will be asked to describe how their planned activities support the Foundation's goals and outcomes.

1) Outcome: *Increased access to health care services and health coverage*

- INDICATORS
- Increase number of poor and medically underserved people receiving health care services.
 - Increase enrollment of eligible persons in Medicaid, CHIP and other coverage options.
 - Reduction of Medically Underserved Areas in our six-county service area.
 - Increase participation of providers in Medicaid.
 - Adoption of payment reforms.

2) Outcome: *Improved quality of health care services*

- INDICATORS
- Increase in the number of uninsured and medically underserved people who receive integrated health services.
 - Increase in the number of uninsured and medically underserved people who receive evidence-based care for chronic disease.
 - Increase in number of clinics that achieve national or state standards for medical home or health home recognition.
 - Increase in culturally competent provision of health care services.
 - Increase in patient satisfaction and engagement in health care decisions.

The REACH Foundation offers one competitive grant cycle each year. The competitive grant cycle involves a two-stage process with a Letter of Intent (LOI) and a Full Proposal. Grant guidelines are released in August of each year. Grant decisions are announced in November, with grant terms beginning in January.

2012 Competitive Grants Timeline

Letter of Intent Deadline	September 2, by 4:00 p.m.
Proposal Invitations	September 16
Full Proposal Deadline	October 14, by 4:00 p.m.
Notification of Awards	November 9
Grant Term Begins	January 1

“ Our Vision

All poor and underserved people in our community will have quality health care.

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Application Information

Grant Options

In the annual competitive grant cycle, the Foundation offers two types of grants – Program Grants and Core Operating Grants.

Program Grants

Program grants fund provision of health care services, public policy and advocacy activities, and service integration and expansion efforts that improve health care access and quality. Program grants may be used for salary expenses of health care staff and other key program personnel, equipment, supplies and other direct program expenses.

Program grants cannot be used for non-health related expenses, such as the purchase of office equipment, large group educational presentations, or health screenings or health fairs without a structured referral process or follow-up activity.

Grant requests may include up to 10 percent of the total request for indirect expenses. Indirect expenses are costs the organization incurs regardless of the program, such as rent, utilities, and administration and technology expenses.

Grant Term: 12 months / Maximum Award: \$125,000

Core Operating Grants

Core operating grants provide unrestricted operating support to specific types of organizations whose core work is closely aligned with the Foundation's mission and goals, and that provide services considered essential to increasing health care access for poor and medically underserved populations. Grant funds may be used to support general operations, including staff, equipment, supplies, occupancy, and finance/audit or other business expenses.

Eligible organizations include:

- Safety net health centers
- Community mental health centers
- Stand-alone dental clinics (not affiliated with a safety net clinic or franchise operation)
- Regional and statewide advocacy organizations conducting health advocacy and policy efforts
- Rural health coalitions

Grant Term: 12 months

Maximum Award: Based on Annual Operating Budget

- Less than \$250,000 annual budget – 10% of total operating budget, or \$25,000 maximum
- \$250,001 to \$500,000 annual budget – \$50,000 maximum
- \$500,001 to \$750,000 – \$75,000 maximum
- \$750,001 to \$1 million and up – \$100,000 maximum

Note: To support health care access in rural communities, rural health coalitions in Allen, Cass and Lafayette counties are eligible to receive an additional funding allowance of 5 percent of their annual operating budget.

Who is eligible to apply?

Organization Status: Organizations must be tax-exempt under IRS Section 501(c)(3), and in good standing in the state in which incorporated. Governmental entities must have a Federal Employer Identification Number. **Collaborations:** Collaborative efforts may apply through an organization that meets the eligibility criteria and is exempt under Section 501(c)(3). New or emerging organizations without 501(c)(3) status may apply through a tax-exempt organization acting as a fiscal agent. **Service Area:** Programs and projects must provide benefit to poor and medically underserved individuals in our service area: Allen, Johnson and Wyandotte counties in Kansas; Cass, Jackson and Lafayette counties in Missouri, and the city of Kansas City, Missouri.

Year-Round Funding Opportunities

Other funding opportunities are available throughout the year. Information is available at: www.reachhealth.org.

Capacity Grants - Maximum Award: \$30,000

May be used to strengthen financial, governance and other business capabilities, such as staff or board development, technical needs, strategic planning, data management, evaluation, marketing/communications and other related efforts.

Policy/Advocacy Grants - Maximum Award: \$50,000

Support efforts to address health care access and elimination of health disparities. Grants can be used for planning processes, research, focus groups, convenings, and outreach and education to consumers and policy leaders.

Discretionary Grants - Maximum Award: \$10,000

Support short-term projects and needs in keeping with the Foundation's mission and goals. Grants may cover planning, data collection, surveys, convening expenses and conferences.



The first step in the competitive grant application process is the Letter of Intent.



Preparing an Application

These grant guidelines address the first step in the application process – the Letter of Intent (LOI). Letters of Intent are reviewed by Foundation program staff. Organizations whose proposals match the Foundation’s interests and goals are then invited to submit a Full Proposal.

The Foundation uses an online application, available at www.reachhealth.org.

The LOI requests basic information about the organization, project and agency contacts, board composition, target population for the project, service area and other core information. The application also requires organizations prepare and attach to the application three additional documents:

- 1) A narrative statement (form provided) that addresses:
 - a. The organization’s mission, history and governance structure, description of the organization’s involvement with the target population, and explanation of how the organization addresses diversity and inclusion in its provision of services and governance.
 - b. Summary of the proposed project, including a description of the target population, and summary of how the project/services will be carried out, anticipated number to be served and a timeline. Organizations also should state if the project is new, or an expansion or continuation of a current project.
 - c. Statement about how the project will improve practices, services or health outcomes, and the expected impact on the target population.
- 2) A budget (form provided) that provides an overview of the total project cost and a breakdown of how a REACH grant would be used.
- 3) A copy of the IRS letter verifying the organization’s 501(c)(3) status or enabling statute for governmental entities.

Once the LOI has been submitted, the applicant organization will receive confirmation by email that it was received.

Full Proposal

Organizations will be notified if they are invited to submit a Full Proposal and provided information on completing the online application. The full proposal application will include an expanded narrative and proposed evaluation, and require additional attachments, including Board of Directors roster, documentation of incorporation, detailed budget and budget narrative, Form 990, audit, current financial statements and Board-approved organization budget. The Foundation will invite applicants to a full proposal meeting to walk through the process.

Application Assistance

The online application is designed to help organizations complete each step of the application process. At any point in the process, organizations are encouraged to contact a Program Officer or the Grants Manager for assistance.

In addition, the Foundation offers the following help:

- Answers to frequently asked questions are available on our web site.
- Grant writing technical assistance workshops are offered prior to the application deadline. Dates and times are listed on our web site.
- The Grants Manager will review submitted application materials for accuracy up to two business days prior to the deadline.

Reservation of Rights

These grant guidelines are general in nature, and the Board of Directors, as a governing body, reserves the right to unconditionally amend, modify or waive these guidelines in whole or in part if the Foundation deems it is in its best interest to do so.

HCA Non-Compete Provisions

The REACH Healthcare Foundation was established as a result of the sale of Health Midwest to Hospital Corporation of America, Inc. (HCA). The REACH Foundation has agreed it will not directly or indirectly engage in the construction or operation of a Competing Business; or acquire, lease, own, exercise control over, provide consultative services for, or maintain any interest in any Competing Business within the metropolitan statistical area or a 10-mile radius of any facility sold by Health Midwest to HCA.

Competing Businesses include: General acute care, psychiatric and specialty hospitals, specialty out-patient facilities, surgery centers, urgent care centers, imaging centers, physician practices, rehabilitation facilities, skilled nursing practices, home health operations and other providers of health of the kind provided by Health Midwest on April 1, 2003.