



2013 GRANT GUIDELINES

Program and Core Operating Grants



“ Through grant making and other community investments, the REACH Foundation seeks to achieve improvements in two areas – access to health care services and coverage, and 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 health services – to increase access to quality health services for poor and medically underserved people. In 2011, the REACH Board of Directors adopted a five-year strategic plan that outlines priorities for grant making and other community investments.

The REACH Foundation continues to work in a six-county service area in Kansas and Missouri, and invest in oral health, mental health and safety net health services. To achieve greater impact with our resources, grant making will be directed toward two outcomes:

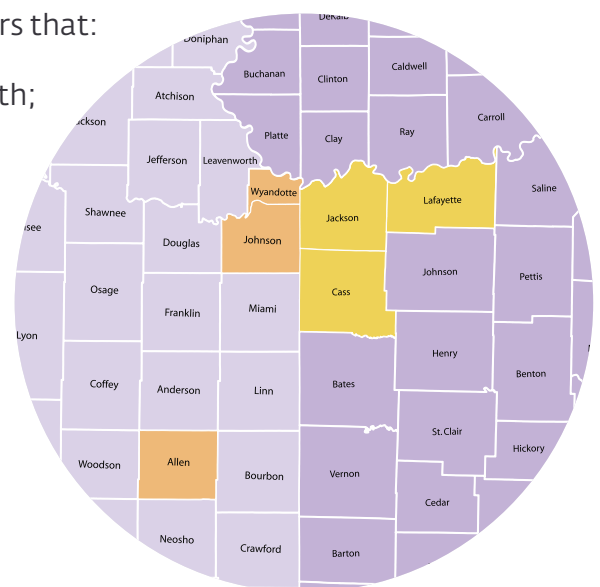
- 1. Increased access to quality, affordable health care services and coverage**
- 2. Improved quality of health care services**

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 improve health equity and health outcomes for poor and medically underserved people in our region.

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 best practices in nonprofit 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.



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 targeted outcomes.

For each outcome, the REACH Board of Directors has identified a set of strategies that show promise for achieving our stated outcomes. The grant application requires organizations indicate the strategies their program will implement:

STRATEGIES TO INCREASE ACCESS TO HEALTH CARE SERVICES AND COVERAGE

- Expansion of direct services and coverage for oral health, mental health and primary care through the safety net
- Utilization of expanded scopes of practice and alternative health care providers
- Public policy that strengthens Medicaid, advances alternative provider use and protects the safety net
- Advocacy to inform and educate consumers, health care providers and policy makers
- Provision of place-based services and use of technology to deliver health services and information where consumers are located

STRATEGIES TO IMPROVE QUALITY OF HEALTH CARE SERVICES

- Implementation of primary care medical home and health home standards in safety-net clinics and community mental health centers
- Integration of oral, behavioral and primary care services
- Care coordination and/or intensive case management/disease management
- Implementation of evidenced-based treatment approaches
- Organizational and provider cultural competency
- Use of technology to improve quality of health services and patient engagement in care

WHAT WE DO NOT SUPPORT

The Foundation does not fund health care for individuals, special events, endowments and funds to address operating deficits. Following are other activities ineligible for funding.

- 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 therapy programs
- Senior services
- Crisis intervention programs
- Legal assistance to individuals
- Healthy lifestyles programs

MEASURING PROGRESS

To be accountable for how we use Foundation resources, REACH 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 outcomes 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 will advance the Foundation's goals and outcomes.

INDICATORS OF INCREASED ACCESS TO HEALTH CARE SERVICES AND HEALTH COVERAGE

- Increased number of poor and medically underserved people receiving health care services.
- Implementation of payment models that increase provider participation, and reimburse for care coordination and other tenets of patient-centered care.
- Increase in enrollment of eligible persons in Medicaid, CHIP and other coverage options, and expansion of eligibility limits.
- Increased number of community agencies providing oral health, behavioral health and primary care services.
- Reductions in MUA/MUPs and HPSAs.

INDICATORS OF IMPROVED QUALITY OF HEALTH CARE SERVICES

- Increased number of clinics that achieve NCQA Level 3 medical home or health home designation.
- Increase in patient knowledge, satisfaction and engagement in health care decisions.
- Improved skills for leading and practicing in a culturally competent way.
- Reduced hospitalizations for chronic conditions, use of ED for non-emergent conditions and preventable readmissions.

The REACH Foundation offers one competitive grant cycle each year. Core Operating grants will be announced in November. Program grants will be announced in January.

KEY DATES

Letter of Intent Deadline
August 30, 4:00 p.m.

Full Proposal Deadline
October 18, 4:00 p.m.

Notification of Program Grant Awards
January 2, 2013

Full Proposal Invitations Issued
September 17

**Notification of Core
Operating Grant Awards**
November 14

Grant Terms Begin
January 2013

Full Proposal Conference
September 19

GRANT OPTIONS

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

Program Grants

Program grants support provision of health care services, public policy and advocacy activities, and service integration and expansion efforts that increase 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 generally cannot be used for expenses unrelated to health care delivery, such as 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 Period: 12 months, Grant Term Begins January 2013

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 theory of change, and that provide services 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 Period: 12 months, Grant Term Begins January 2013

Maximum Award: Based on Organization's 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 address particular health access issues 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: Organizations must provide services within Allen, Johnson and Wyandotte counties in Kansas; Cass, Jackson and Lafayette counties in Missouri, or the city of Kansas City, Missouri.

YEAR-ROUND OPPORTUNITIES

Other funding opportunities are available throughout the year. Information is available at: www.reachhealth.org, or contact a REACH Program Officer.

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 – Award Amounts Vary

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 – Typical Award: Under \$10,000

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

APPLICATION REQUIREMENTS

These grant guidelines address the first step in the application process – **the Letter of Intent (LOI)**. The Foundation uses an online application, available at www.reachhealth.org.

Letters of Intent are reviewed by Foundation program staff. Organizations whose proposals align with the REACH Foundation's mission and theory of change are then invited to submit a Full Proposal.

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 complete and attach to the application three additional documents:

1. A narrative statement (form provided) that addresses:

- 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.
- Summary of how grant funds will be used, including a description of the target population, and brief description of how services or activities will be carried out, the anticipated number to be served and a timeline. Organizations also should state if the project is new, an expansion or continuation of a current project.
- Description of how the requested grant funds will be used to improve practices, services or health outcomes, and the expected impact on the target population.

2. A budget (form provided) that outlines project costs and how REACH funds 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 will receive email confirmation that it was received.

Full Proposal

Organizations invited to submit a Full Proposal will receive information on completing the Full Proposal application. The application includes an expanded narrative, proposed evaluation and sustainability plan, and requires additional attachments, including a Board of Directors roster, documentation of incorporation, detailed budget and budget narrative, IRS Form 990, audit, current financial statements and Board-approved organization budget. The Foundation will invite applicants to a full proposal conference to walk through the process.

Application Assistance

Organizations are encouraged to contact a Program Officer or the Grants Manager for assistance with the application process.

The Foundation also offers the following help:

- Answers to frequently asked questions are available on our web site.
- Grant writing and evaluation 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 completeness 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.