



2014 PROGRAM GRANT GUIDELINES

Letter of Intent Deadline: September 5, 2013

GRANT GUIDELINES

Access to quality, affordable health care for poor and underserved individuals is the driving force for the REACH Foundation's work. To achieve this vision, we organize our grant making, initiatives and other efforts around two targeted outcomes that we believe will strengthen health care systems and practice, and produce better health for the people we serve:

- **INCREASED ACCESS TO HEALTH CARE SERVICES AND HEALTH COVERAGE**
- **IMPROVED QUALITY OF HEALTH CARE SERVICES**

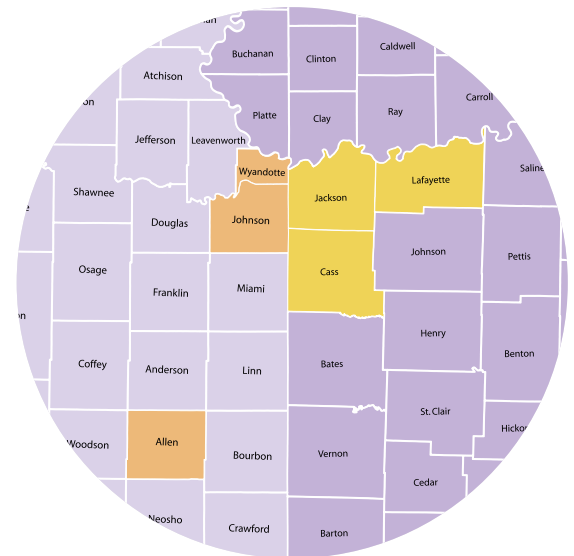
These guidelines present the foundation's funding priorities and the application process for Program Grants. Program Grants support provision of health services, public policy and advocacy activities, and service expansion and integration efforts.

FUNDING PARTNERS

In reviewing grant applications, the foundation considers how a program or project aligns with our theory of change and the potential to achieve lasting results.

We seek 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
- Are moving toward integration of services within the organization or through formal agreements with other health providers
- Demonstrate commitment to cultural competency, consumer engagement and a patient-centered approach to care
- Are able to leverage diverse funding sources



WHO IS ELIGIBLE TO APPLY

- Organizations must deliver services or carry out activities that benefit people living within the REACH Foundation service area – Allen, Johnson and Wyandotte counties in Kansas; Cass, Jackson and Lafayette counties in Missouri, or the city of Kansas City, Missouri.
- 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.
- Coalitions and other collaborative efforts may apply through an organization that meets the foundation's eligibility criteria. New or emerging organizations without approved tax-exempt status may apply through a tax-exempt organization that serves as fiscal agent.

FUNDING PRIORITIES

The longstanding health priorities of the REACH Foundation remain unchanged – oral health, mental health and safety net health care. These health priorities are reflected in a strategic investment approach called “theory of change.” The theory of change identifies strategies for achieving improvements in the foundation’s targeted outcomes. The strategies are approaches the foundation believes can, with effective implementation, bring about positive changes in health care access and coverage, and health care quality. Strategies reflect research and best practices, and what we have learned through grant making and from our partners and peers.

The theory of change serves as our guide to how and where we make investments in nonprofit organizations. For 2014, the foundation has refined some of the strategies and added new ones, creating additional opportunities for nonprofit organizations to partner with REACH. *The enclosed theory of change lists the foundation’s strategies.*

In addition to the theory of change, the foundation is encouraging innovation through new opportunities.

For 2014, the foundation is placing additional emphasis on three of its strategies aimed at promoting growth and sustainability of the oral health, mental health and safety net health care system. In the review process, additional consideration will be assigned to applications that address one or more of the following strategies:

- A. Expansion of health care access points.** While government leaders deliberate on Medicaid expansion, the safety net needs to continue to seek ways to expand access to care. Examples of grants have included after-hours clinics, satellite locations, rural health service expansion, and establishment of federally qualified health centers (FQHCs) and FQHC look-alikes.
- B. Expansion of the number and diversity of health providers, health navigators and mental health engagement specialists.** Given continuing health access challenges and the requirements of health reform, there is a need for additional health providers, particularly in rural areas, as well as health navigators familiar with local health care resources. In addition, there is a need for mental health engagement specialists to support care coordination for consumers with mental health conditions and within emerging health homes.
- C. Collaboration to address complex issues.** Improving health access and quality in an environment that struggles with a fragmented health care system, provider shortages, patient and provider language and cultural barriers, social and economic conditions, and reduced public funding requires adaptive strategies that capitalize on the strengths of multiple partners. This competitive priority encourages collaborative projects that address one or more of the **barriers** identified within the theory of change, or implement one or more strategies using a **collective action framework** (such as FSG’s Collective Impact).

ENCOURAGING INNOVATION

This new opportunity creates an avenue for applicants to propose strategies not explicitly identified in the REACH theory of change but that are responsive to one or more identified barriers and can provide a direct and measurable path to achieving one or both of the foundation’s targeted outcomes. This opportunity allows an organization to propose another approach and build evidence of the efficacy of the new strategies.

Applicants will be asked to indicate in the application which barriers or proposed new strategies the organization will address.

MEASURING PROGRESS

To be accountable for how we use the foundation's resources, REACH is committed to evaluating our efforts and using the information to inform our grant making strategies. When applying for a grant, applicants are asked to identify the project's impact area, the targeted outcome, and the specific strategy or strategies that will be carried out. Through the narrative statement, applicants provide information on the target population, the specific behavior or condition that will be addressed, the condition or behavior that will be the indicator for change, and the metric that will measure that change.

Once a grant is awarded and the project is underway, the foundation provides a grant reporting form to collect data that enables us to estimate the effects of our investment on organizations and health care consumers in our service area. Toward that end, the foundation will propose several key indicators and associated metrics for the two targeted outcomes and two impact areas in our theory of change. In addition, each of our interest areas (mental health, oral health and primary care) will be incorporated into these indicators and metrics. These indicators will be selected by long-term partners already working in our service area and who have demonstrated leadership and longevity in their respective fields.

Applicants for REACH's Program Grants will be encouraged to continue monitoring indicators that their organization has deemed important and useful, and will be asked to monitor at least one REACH-suggested outcome-level indicator and one impact-level indicator. Details will be provided to grant recipients.

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 the REACH web site, www.reachhealth.org.
- Grant writing and evaluation technical assistance workshops are offered prior to the application deadline.
- The Grants Manager will review submitted application materials for completeness up to two business days prior to the deadline.

For questions regarding the online application and required attachments, contact Becky Benak, Grants and Operations Manager, 913-432-4196.

For questions regarding program, budget and evaluation, contact a Program Officer, 913-432-4196.

KEY DATES

Letter of Intent Deadline

September 5, 2013, 4 p.m.

Full Proposal Invitations Issued

October 1, 2013

Full Proposal Application Conference

October 8, 2013

Evaluation Workshop

October 8, 2013

Full Proposal TA Workshop

October 16, 2013

Full Proposal Deadline

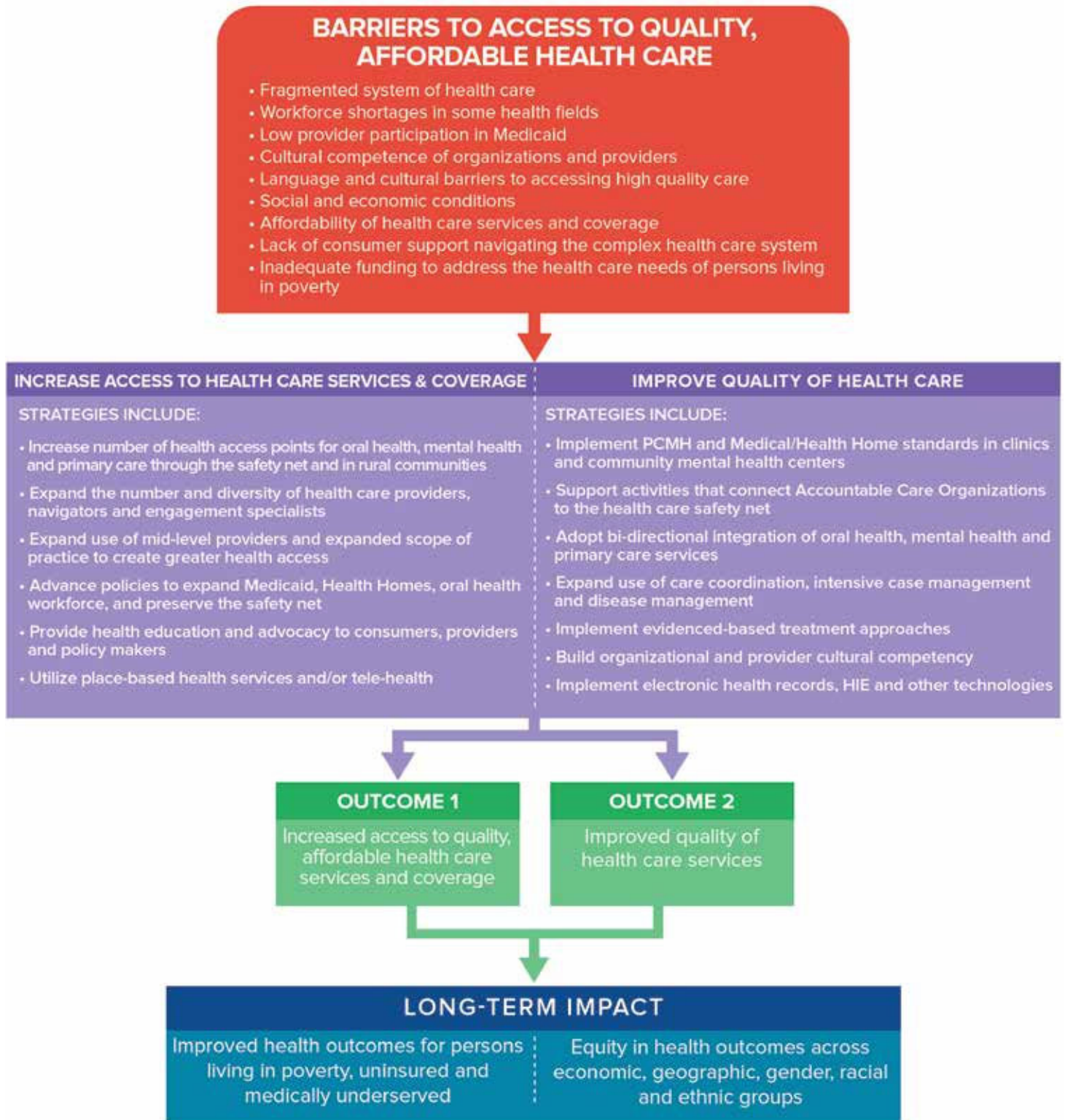
November 7, 2013, 4 p.m.

Notification of Program Grant Awards

January 3, 2014

THEORY OF CHANGE

The two impact areas that the REACH Foundation has chosen to pursue – **improved health outcomes and health equity across economic, geographic, gender, and racial and ethnic groups** – drive nearly everything we do and provide a framework and direction for the foundation’s community investments, initiatives, and policy and advocacy efforts. We call this framework our “theory of change,” a road map that guides how and where we award grants and make other investments in nonprofit organizations and initiatives.



APPLICATION INSTRUCTIONS

These 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/grants/

Letters of intent are reviewed by foundation program staff. Organizations whose LOI demonstrates alignment 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 and primary contacts, the proposed project, target population, service area and other core information. The application also requires three additional documents:

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

- The organization's mission, history and governance structure, and description of the organization's experience with the target population.
- A statement of how the organization addresses diversity and inclusion in its provision of services and governance.
- Brief 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 projected number to be served and a timeline.

2. A budget form (form is provided):

- The budget form requires an outline of the project costs and budget narrative to address how REACH Foundation funds will be used.

3. A copy of the organization's IRS letter verifying 501(c)3 status and/or a copy of the enabling statute for governmental entities.

FULL PROPOSAL

Organizations invited to submit a full proposal will receive information on completing the full proposal application. The full proposal application requires 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, most recent audit, current financial statements, Board-approved annual operating budget and statement of non-discrimination.

Beginning in 2014, the foundation will require applicants to submit a Board-approved non-discrimination policy. The policy must pertain to both employment and provision of services, and specify age, race, color, sex, religion, national origin, disability, sexual orientation or any other consideration made unlawful by applicable law. Organizations that do not have a Board-approved policy in place that includes these considerations may provide a signed statement by their Board chair affirming this statement.

The foundation will hold a full proposal conference to review the application process on October 8, 2013.

Reservation of Rights

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