Summary

On behalf of the Trustee,¹ the John M. Scott Health Care Commission is pleased to invite organizations that provide services to promote health and well-being among McLean County residents to submit one or more grant proposals for funding from the John M. Scott Health Care Trust in August 2019.

<table>
<thead>
<tr>
<th>August 2019 Request for Proposals</th>
<th>Category 1: General Operating</th>
<th>Category 2: Community Health Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum to be awarded</td>
<td>$225,000</td>
<td>$320,250</td>
</tr>
<tr>
<td>Grant minimum per fiscal year</td>
<td>$50,000 x 3 years</td>
<td>$10,000 x 1 year</td>
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<tr>
<td>Grant maximum per fiscal year</td>
<td>$75,000 x 3 years</td>
<td>$49,999 x 1 year</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1/1/20 - 4/30/22</td>
<td>1/1/20 - 4/30/21</td>
</tr>
<tr>
<td>Max # of grants at minimum level</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>Target population</td>
<td>Broad</td>
<td>Broad or targeted</td>
</tr>
<tr>
<td>Eligible applicants</td>
<td>501c3</td>
<td>Local unit of government² or 501c3</td>
</tr>
<tr>
<td>Joint applications</td>
<td>Not permitted</td>
<td>Permitted</td>
</tr>
<tr>
<td>Cross sector partnerships</td>
<td></td>
<td>Preferred</td>
</tr>
<tr>
<td>Multi-agency collaboration</td>
<td></td>
<td>Preferred</td>
</tr>
</tbody>
</table>

Eligibility³

All grant recipients must:

- Be either a tax-exempt organization per Section 501(c)3 of the Internal Revenue Code OR a local unit of government (e.g., school district, municipality, township, county)
- Align with the funding goals of the John M Scott Health Commission (see below)
- Have sound financial management policies in place and demonstrate stewardship
- Use Trust funds to serve clients that
  - Are McLean County residents and
  - Have an annual income at or below 185% of annual Federal Poverty Guidelines⁴
- Comply with the John M Scott Health Commission’s non-discrimination policy that includes age, race, color, creed, ethnicity, religion, national origin, citizenship, marital status, sex, sexual orientation, gender identity or expression, physical or mental disability, veteran or military

¹ The City of Bloomington Council is the Trustee.
² School district, municipality, township, or county
³ Additional requirements unique to each category are listed later in this document. Please see below.
status, unfavorable discharge from military service, criminal record, or any other basis prohibited by federal state or local law, and have a procedure for handling complaints.

Application Process

Proposals will be accepted online for Category 1 and 2 grants between August 1 and August 31, 2019 at 4pm. Late applications will not be considered. Required materials include:

1. Narrative application(s) using form provided
2. Agency budget (Category 1) or Program budget (Category 2) using form provided
3. IRS designation letter and board of directors list (for 501c3 applicants only)
4. Agency logo(s)
5. Most recent audit (Category 1 only)
6. Optional supporting documents (e.g., business or strategic plans, images, evaluation tools)

The Commission reserves the right to request a presentation or meeting with applicants during the review process, but this may not be required for any or all applicants. If needed, such presentations will be coordinated by the Grant Committee in September or October 2019 and applicants should plan to make themselves available accordingly.

Review and Decision Process

A diverse group of community stakeholders and expertise (without conflicts of interest) will help review grants using a scoring tool, but the Commission reserves the right to make final grant recommendations to the Trustee based on factors in addition to the scoring tool. The Commission will continue to serve in an advisory role, recommending grant awards to the Trustee. The Trustee retains its final decision-making power over Trust spending, including grant allocations. Applicants should note that proposals, portions of proposals, or various details relating to proposals, may become part of the public record, since the trustee is a public body.

Timeline

- August 1-31 Online application window open until 4pm on August 31
- September Review, Commission recommendations, Trustee approval
- October Grant recipients notified
- November Grant agreements executed and funds released
- January 1 Grant period begins

Background

See [https://www.cityblm.org/government/departments/john-m-scott-grants-program](https://www.cityblm.org/government/departments/john-m-scott-grants-program) after August 1

We recommend that all prospective applicants familiarize themselves with the following sources of background and contextual information before submitting an application: Life and legacy of Judge John M. Scott; History of the John M. Scott Health Care Trust and Commission; Other information and related documents pertaining to Trust grants.

Questions? [jms@cityblm.org](mailto:jms@cityblm.org)
Over the past several years, the Trustee and Commission engaged in an in-depth planning process to design a grant funding model based on extensive research and stakeholder input.

- We studied **national philanthropic best practices and trends**, especially around social determinants of health. As a result, we understand that the way grantmakers interact with their grantees is evolving. Accordingly, we want to partner with our grantees, providing support and collaborating to identify best practices together - through both successes and failures. Many of the resources we discovered during this research process are linked elsewhere in the RFP materials, and we strongly encourage applicants to review them as well before submitting proposals.

- We conducted a scan of the priorities and methods of other **local funders** for two reasons: 1) to avoid duplicating their funding priorities while also 2) building upon their familiar methodologies to ease the administrative burden on applicant organizations. We sampled application and reporting forms from various regional funders and also considered the recommendations made by an expert panel in Illinois Wesleyan University’s Grant Writing Class, which included United Way of McLean County, Illinois Prairie Community Foundation, State Farm Foundation, University of Illinois Extension, and Project Oz.

- We designed our new model with the findings of various **local assessments** in mind, and intend to tie future Trust spending to these credible, consensus-based, well-vetted documents. By attaching local funding to local assessments, we hope to incentivize the implementation of local planning objectives and provide funding where funding gaps persist.

- We collected less formal input from **local healthcare stakeholders** at an “Agency Roundtable” on September 26, 2018. At that event, we explored local challenges and successes and asked the participants: “what do you wish funders knew?” Roundtable participants included prior John M. Scott funding recipients, the McLean County Community Health Council (MCCHC) Steering Committee, and the Bloomington Invest Health team. Organizations that comprise these groups and that were present at the Roundtable included Advocate BroMenn Medical Center, Center for Youth and Family Solutions, Chestnut Health Systems, City of Bloomington Community Development Department, Community Health Care Clinic, McLean County Health Department, McLean County Center for Human Services, Mid Central Community Action, OSF HealthCare St. Joseph Medical Center, and Sarah Bush Lincoln Hospital/Peace Meal.

### Funding Priorities

The information gathered through the research and community engagement efforts described above were highly instructive and helped shape the future direction of the John M. Scott Health Care Trust and Commission. Here is a snapshot of some key takeaways.

- Community well-being is best understood as resulting from a “watershed” (i.e., defining characteristics that constantly divide and direct the flow of resources) than from causes “upstream” (i.e., sequential events as resources flow along a linear path).
- Complicated problems result from complicated origins and require complex solutions.
- A single organization cannot solve a complex problem by itself.
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- Telling people to start collaborating doesn’t work as well as building upon existing partnerships, of which there are many.
- More resources should be dedicated to prevention, but cultivating the will to prevent disease is challenging since the health care economy rewards treatment.
- The return on investment from many human service programs is hard to quantify, which makes it harder to garner political will and support for the sector.
- Social problems will never completely disappear; funders should be appropriately realistic.
- In many cases, a decrease in “units of service” is a sign of progress, not failure; the need diminishes when problems are solved, not vice versa.
- Traditional funding models pit organizations against one another, which results in spending local resources less efficiently.
- Funders should incentivize and reward organizations that work together, share lessons learned, and create economies of scale by sharing resources.
- Funders should be flexible and begin from a position of trust.
- Failure should be treated as a learning opportunity, not penalized.
- Simplified reporting is preferred over increasingly irrelevant tools (e.g., logic models).
- Expectations should be clear from the start.
- Responsible fiscal management (e.g., maintaining operating reserves) shouldn’t be penalized.
- Indirect cost percentages “allowed” by [some/few] grants don’t actually cover expenses.
- Isolating operating and program costs is an administrative burden with little meaning.

Taking all of the above learning into account, we intend to remain broad in our funding approach, build upon existing local momentum, avoid duplication, and help fill in the gaps where they persist. We remain in learning mode as we work with local organizations to meet local needs in the most effective way and invite continued feedback from stakeholders so that we may continuously improve. The Trustee and Commission remain committed to honoring the Scotts’ legacy, and we are firmly grounded by their values. The Commission is committed to these values and principles and will reward applications that reflect them clearly.

- **LOCAL NEEDS:** Proposals must cite data and reflect priorities from recent McLean County assessment(s). According to Judge Scott’s original intent, we will ensure that Trust spending benefits residents of McLean County. Applicants should base their proposals on local need data cited in existing recurring, collaborative, consensus-based assessments and plans, with this caveat: sometimes assessments show a difference between what “experts” and residents think, so grant applicants should include the voices of those they serve and may draw upon their lived experience to supplement data from local assessments.

- **HEALTH EQUITY:** Applicants should clearly demonstrate to what degree their projects will improve health equity in McLean County by targeting disparities in health outcomes. In general, equity is achieved when the distribution of resources, opportunities, and burdens isn’t predictable by gender, race, or other demographic factors. Based on what we know of John and Ann Scott, they seem to have done what they could to promote equity at a time in which minority populations were pervasively marginalized. For example, Judge Scott ran for the Illinois Senate on the Republican ticket as the first “openly avowed anti-slavery candidate,” and later, he left First Presbyterian Church when its minister openly supported slavery. Additionally, Judge

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7 Supporting related data should be sourced primarily from either the 2016-2019 or 2020-2022 CHNA, but other local assessments may also be utilized. Links to permissible assessments are provided in the Resources Section.
Scott treated his wife as an equal partner, and designated a portion of his estate to the education of girls. While Judge Scott’s original vision of building a new a bricks-and-mortar hospital in Bloomington is no longer relevant, his final documents make it clear that he wanted to use his funding locally and support the health and well-being of all residents—regardless of gender, race, economic status, or other demographics. Applicants can honor the Scotts’ legacy by focusing their work on population(s) that experience disparate health outcomes (as demonstrated by recent local data, assessments, and plans - as explained above). Such target populations may be associated with a particular race, ethnicity, zip code, sexual orientation, gender identity, income status, disability, or other characteristics shown to be correlated with negative health outcomes.

**SOCIAL DETERMINANTS OF HEALTH (SDOH):** Applicants should explain how their proposed work leverages SDOH to improve health outcomes. Judge John and Ann Scott seemed to understand how factors such as financial stability, social isolation, and the built environment impact individual health and well-being. For example, Judge Scott showed an affinity for the working class—not only in some of the decisions he made from the bench, but also in a paper he wrote called “Bettering the Condition of the Laboring Class,” in which he advocated for changes to “the current social system which allowed the non-laboring class to stockpile enormous sums of wealth while another class, the laborer, could barely secure the necessities of life.” Additionally, Judge’s Scott’s original will specifically welcomed people without any friends to help them to receive care at the hospital he envisioned building. Finally, Ann Scott recalled certain unfavorable conditions when her family first arrived in Bloomington in 1844—no banks, city schools, or sidewalks. Ann said, “...In the muddy season, sociability had to be eliminated from the joys of the inhabitants of the town because of the condition of the streets.” Those conditions reportedly “grated upon the feelings” of some men, including her father, who felt that the City wouldn’t thrive unless local officials attended to basic infrastructure, including sidewalks.

These problems persist, and the relationships between them and health outcomes are supported by modern SDOH research. SDOH are “the conditions in which people are born, grow, live, work, and age” and “the fundamental drivers of these conditions,” such as education, built environment, financial security, safety, social isolation, housing quality, food access, and recreational opportunities, and other social determinants, that are highly predictive of health outcomes for both communities and individuals. In other words, health begins where people live, work, and play, and quite literally, “zip code matters more than genetic code.” Thus, the Commission invites innovative proposals that leverage social determinants of health to improve health outcomes. Such approaches may include, but are not necessarily limited to (suggestions are listed in alphabetical order):

- Built environment improvements that support wellness
- Chronic disease prevention and/or management in primary (non-emergent) settings
- Client service “wraparound” (see below)
- Community and social supports that reduce social isolation

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9 “Built environment” refers to physical spaces within which people interact, live, work and play. Examples include affordable or mixed-income housing, early childhood centers or charter schools, grocery stores, health clinics, or other commercial or community facilities, but for purposes of grant applications, should exclude publicly-funded infrastructure.
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- Exercise and recreation spaces and opportunities
- Housing access, quality, or remediation
- Increasing protective factors and decreasing risk factors associated with adverse childhood experiences (ACEs)
- Medical transportation\(^\text{10}\)
- Neighborhood safety
- Nutrition education, access to healthy foods, and consumption of fruits and vegetables
- Promoting trauma informed care and approaches in our community
- School- and community-based services

**CLIENT WRAPAROUND:** Proposals that offer wraparound services and/or maintain long-term relationships with clients are strongly preferred. More and more, research shows that retaining relationships with clients and helping connect them to whatever they need is the most likely way to stabilize their health and wellness in the long term. Each individual’s needs vary and evolve over time. Service providers should come alongside their clients, wherever they are. The Commission understands that clients can’t all be expected to meet the same outcomes, at the same time. Providers should be nimble and responsive rather than siloed and narrow in their approaches. We are interested in programs that bolster social connections and foster strong, positive relationships over time.

**TRANSPARENCY:** Proposals should make the case for why John M. Scott Funds, specifically, are needed. As stewards of a private trust, the Trustee and John M. Scott Health Care Commission are accountable to the guardian ad litem and Court and must adhere to the original intent of our benefactor. Applicants must make the case for why the Trust is the appropriate source of funds for the work they are proposing. Proposals, especially from potentially new funding partners, should document to what extent the applicant(s) lost funding from other sources in recent years, and how that bears upon their request to the John M. Scott Trust. In other words, if a grant from the John M. Scott Trust will supplant or backfill other funding (e.g., cuts made by local, state, federal governments and/or other grant making bodies), this should be clearly stated in the application materials. Additionally, if Trust funds will help draw down federal or state matching dollars, applicants should denote this, as it’s to everyone’s advantage.

**Grant Evaluation and Reporting**

We prefer honest failure over fake success, and the Commission is more interested in supporting learning and dissemination of best practices than in growth in units of service. The Commission understands that a decrease in units of service delivered may be a sign of progress, not failure. For example, rather than counting the units of food provided by a food pantry, we are more interested in how a grant helped reduce hunger and food insecurity in our community. Further, the Commission does not expect all grant recipients to meet the same outcomes, goals, or standards. Each organization has a unique capacity and mission, just as each client served has unique individual circumstances. When constructing an evaluation plan, applicants do not need to reinvent the wheel when best practices already exist. Applicants may employ strategies they or others already use to measure their success, include funding for improved self-assessment in their grant budgets, and/or look to the community metrics in the Community Health Improvement Plan (CHIP) for a guiding light. In short, in your narrative,\(^\text{10}\) For John M. Scott grants, this excludes the purchase of vehicles.
propose outcomes and targets, how you’ll get there, and how you’ll know. Show us you have a process in place for evaluating your success.

We’ve designed our reporting requirements to generate useful information and be a rewarding process for everyone involved. While grant recipients will be expected to submit semi-annual written reports, we intend to only collect information that will deepen the partnership between the Commission and grant recipients, and alert us to early successes and challenges. Final reports will include a narrative and a final budget-to-actual chart. The remainder of the “reporting” will be made in person at annual convenings among all grantees. Annual convenings will be designed to support the exchange of best practices, share lessons learned, and provide a forum for feedback between the Commission and grant recipients. Compliance with reporting requirements and attendance at convenings is required for all grant recipients to remain in good standing with the Commission, receive subsequent funding disbursements, and/or be considered for future grant cycles.

Additional Information

Category 1: Purpose and Use of Funds

Category 1 “General Operating” grants continue the Commission’s long-term commitment to providing sustaining and unrestricted funding. Category 1 grants are intended to help support general operations. While Category 1 grants are intended to remain relatively unrestricted, applicants must still demonstrate how this grant will support and improve their overall organizational capacity. Capacity isn’t just about serving a lot of people, running a lot of programs, or getting a bigger building. Rather, an organization with strong capacity exhibits sound management and healthy governance, and continuously readjusts itself to achieve its mission. Capacity building is evident through activities such as succession planning, board development and diversity, infrastructure and technology improvements, staff development and training, cultural competency, strong data collection and analysis, mission-program alignment, program evaluation, micro-enterprise and earned revenue, strategic planning, effective marketing and communications, diversified and stable funding, and other methods that help the organization continuously improve. Ultimately, capacity building should result in service improvements and benefits to clients and the community.

Category 1: Grant Size and Term

A total of $225,000 is available in Category 1. Awards made under Category 1 constitute a multi-year funding commitment (FY20, FY21, FY22) to grant recipients, pending full compliance with all application, reporting, and other requirements during the grant term. The amount requested in each of the three years may vary, but should be above $50,000 per year, and cannot exceed $75,000 per year. Applications must include a three-year budget at the agency (not program) level. Grant "Year 1" is the remainder of City of Bloomington's fiscal year 2020 (FY20), or 1/1/20 - 4/30/20. Since FY20 is a short “year” of only 4 months, the amount requested may be less than $50,000 and / or may be less than the amount requested for FY21 and FY22. Continued funding in FY21 and FY22 is subject to 1) the availability and appropriation of funds and 2) full compliance with all annual reporting and other requirements. Site

11 Grant recipients in good standing may re-apply for future three-year Category 1 grants during the 2021 application window.
visits will be required for Category 1 grant recipients that intend to re-apply for the next three-year cycle.

The multi-year Grant Term for Category 1 grants is:

- **Year 1 / FY20**: 1/1/20 - 4/30/20 (short “year”/4 months)
- **Year 2 / FY21**: 5/1/20 - 4/30/21
- **Year 3 / FY22**: 5/1/21 - 4/30/22

**Category 1: Eligibility**

Applicants in Category 1 must be 501c3 nonprofit health care services organizations that provide services that are broadly available to McLean County residents, which excludes hospitals, units of government, and for-profit health care practices. Organizations may apply for Category 1 grants if they:

- Are positioned to integrate care (such as primary care and behavioral health, and/or primary care and oral health care), AND
- Serve a large number of un- or under-served McLean County residents, AND
- Generally support one of the CHNA/CHIP priority areas.\(^\text{12}\)

While we understand that Category 1 grant recipients most likely collaborate as a matter of practice with multiple external partners, joint applications are not permitted in Category 1. Category 1 grant dollars are not intended to be divided among multiple organizations. Due to the size and unrestricted nature of the grants being awarded, the Commission has a general expectation of transparency with Category 1 grant recipients, which includes a review of the full agency (versus program) budget and all other funding sources.

**Category 1: Reporting Requirements**

- **June 15, 2020**: Mid-year written progress report due
- **December 15, 2020**: Mid-year written progress report due
- **Spring 2021**: Required convening (time, date, location TBA)
- **June 15, 2021**: Annual written outcome report due (including budget-to-actual)
- **Late 2021**: Site visits (required to re-apply for next 3-year cycle)
- **December 15, 2021**: Mid-year written progress report due
- **Spring 2022**: Required convening (time, date, location TBA)
- **June 15, 2022**: Final written outcome report due (including budget-to-actual)

**Category 2: Purpose and Use of Funds**

Category 2 grant proposals are intended to encourage new ideas and bring additional organizations to the table, with the understanding that complex problems cannot be solved by any single person or organization. Thus, under Category 2, while joint applications are not required under Category 2, they will be rewarded during the scoring and review process. Collaborative applications might build upon existing collaborations, integrate service delivery, advance public-private partnerships. Regardless of

\(^{12}\) Behavioral health (mental health and/or substance abuse), access to appropriate care, and/or healthy eating/active living (“HEAL”).
whether Category 2 proposals comprise a joint application, applicants in Category 2 are encouraged to explore how to leverage the power of local “anchor institutions” in their work. Anchor institutions (e.g., a hospital or university) are large organizations with economic and cultural connections that “anchor” them to their local community, and are thus unlikely to move out of the area if times get tough. As a result, anchor institutions are community stabilizers, and they deliberately use their huge resources to improve community well-being. In this light, the Commission hopes to strengthen relationships between local anchor institutions and community development organizations by rewarding effective partnerships during the grant review and scoring process.

Category 2 Grant Size and Term

A total of $320,250 is available in this category, which includes $213,500 from the FY20 grant budget, plus another $106,750 from the FY21 budget. The maximum grant size is $49,999 per year for 1 year; the minimum award is $10,000 for 1 year. Category 2 constitutes a one-time funding commitment to grant recipients that will be paid in two installments (75% of the award in FY20 and 25% of the award paid in FY21). The first round of Category 2 grants made pursuant to this 2019 request for proposals will have a slightly extended grant period compared to future cycles. The first Grant Term for Category 2 grants is:

- Year 1 / FY20: 1/1/20 - 4/30/20
- Year 2 / FY21: 5/1/20 - 4/30/21

Category 2: Eligibility

Category 2 proposals may be any combination of the following:

- Granted to a 501c3 nonprofit organization OR a local unit of government (e.g., school district, municipality, township, county)
- Collaborations among more than one entity, with a designated fiscal agent
- For services provided at the community, agency, or program level
- Focused on a specific target population, neighborhood, or health issue
- Innovative or pilot programs for which success cannot be guaranteed

Joint applicants should designate a lead agency that will serve as the fiscal agent and the point of contact for all communications with the Trust, including reporting requirements. Joint applications must delineate how the funding will be allocated, clear roles and responsibilities for each participating organization, and processes for information sharing and conflict resolution. Additionally, any necessary agreements should be in motion before the work begins. For example, if a Memorandum of Understanding is appropriate, applicants should execute the MOU during the application phase with a funding contingency, and attach the countersigned version to the application.

Category 2: Reporting Requirements

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13 Adapted from http://www.euro.who.int/__data/assets/pdf_file/0006/395718/Economic-Social-Impact-Health-FINAL.pdf?ua=1
14 Grant recipients in good standing may re-apply for future one-year Category 2 grants during the 2020 application window.
15 Pending final Trustee approval for FY21 in the fall of calendar year 2019.
16 The Commission’s intent is for future Category 2 grant terms to be a 12-month period mirroring the Trustees fiscal year (May 1 - April 30).
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- June 15, 2020  Mid-year written progress report due
- December 15, 2020  Mid-year written progress report due
- Spring 2021  Required convening (time, date, location TBA)
- June 15, 2021  Annual written outcome report due (including budget-to-actual)

Questions? jms@cityblm.org