2019 John M. Scott Grant Application: Category 2 Community Health Priority Grants

On behalf of the Trustee, the John M. Scott Health Care Commission (https://www.cityblm.org/government/departments/john-m-scott-health-commission) is pleased to invite organizations that serve McLean County, Illinois residents to a Category 2 Community Health Priority Grant proposal during August 2019. The application will open on August 1 and close at 4pm on August 31, 2019. Grant polices and procedures are available here: https://www.cityblm.org/home/showdocument?id=22017. Please direct questions about this grant program and this application form to jms@cityblm.org.

PURPOSE AND USE OF CATEGORY 2 COMMUNITY HEALTH PRIORITY GRANT FUNDS:
Category 2 “Community Health Priority” grants 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 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. A total of $320,250 is available in Category 2. Awards made under Category 2 constitute a one-time funding commitment (the duration of FY20 and FY21) to grant recipients. Grant requests should be between $10,000 and $49,999 total.

CATEGORY 2 GRANT APPLICANTS MUST: 1. Align with the funding goals of the John M Scott Health Commission. 2. Have sound financial management policies in place and demonstrate stewardship. 3. Fully comply with all application, reporting, and other requirements during the grant term. Future grant requests are dependent upon full compliance with all annual reporting and other requirements.

CATEGORY 2 GRANT APPLICANTS MAY: 1. Be a 501c3 nonprofit organization OR a local unit of government (e.g., school district, municipality, township, county). 2. Represent collaborations among more than one entity, with a designated fiscal agent. 3. Be for services provided at the community, agency, or program level. 4. Be focused on a specific target population, neighborhood, or health issue. 5. Be for innovative or pilot programs for which success cannot be guaranteed.

JOINT APPLICATIONS: 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.

GRANT WRITING TIPS: See https://www.cityblm.org/home/showdocument?id=22303. Try to avoid repeating content - there’s no penalty for writing LESS than than the maximum character count! By limiting answers on this form to short paragraphs, we hope to get only the very best arguments and information. Make every word count!

HOW TO SUBMIT YOUR FINAL PROPOSAL: Download the PDF version of the application first. Compile all of your answers in another forum and save your work somewhere else. Once it's
complete and backed up, return to this form and paste in your answers. You cannot save each page as you go on this platform, so it’s best to begin populating it once your proposal is finished. This form will not allow you to advance to the next screen or submit your form until you make entries in all of the required fields.

Once you complete the application form, click "submit," and you will see the message in the screen shot below. After you submit the form, you will receive a confirmation email that includes your entire application as well as a link to return to the form and continue editing it. You may return to the form and make changes - even after clicking 'submit - until 4pm on August 31. We will not begin reviewing applications until September 1.

* Required

1. Email address *

Screen Shot: Confirmation message for successfully submitted applications

2019 John M. Scott Grant Application: Category 2 Community Health Priority Grants

Thank for applying for a John M. Scott Category 2 grant. We received your application and will be in touch later in the review process with follow up questions and to announce the status of your proposal.

NOTE: Edits to this form, even after submission, are allowed up until the deadline, on August 31 at 4pm, after which time, no changes can be made. Please direct any questions to jms@cityblm.org.

Executive Summary of Your Program or Project
2. **Write your EXECUTIVE SUMMARY here. (250 characters)** *
   The "elevator speech." If someone only read one or two sentences about this proposal, what would you want them to know? What are you asking for? How will you use Trust funds? What’s the end game? This statement may, in fact, be the only thing that the Trustee sees before approving the Commission’s grant recommendations. What should they know?


3. **To which community health priority in the CHNA/CHIP is this program MOST related? ** *
   We hope to fund a diverse portfolio of projects to support the CHNA/CHIP. The items listed below represent the top three priorities from the most recent CHNA. Please indicate which priority health area applies the MOST to this program or project. We understand there will be overlap, but choose only 1. Note: CHIP Priority 1, "access to appropriate care," is intentionally broad and intended to capture social determinants of health and / or specialties such as oral health care. Use the comment box to explain your choices, if needed.
   *Check all that apply.*

   - 1. Access to appropriate care
   - 2a. Behavioral Health: Mental Health
   - 2b. Behavioral Health: Substance Abuse
   - 3. Healthy Eating / Active Living ("HEAL;" formerly Obesity)

**Basic Information and Certifications: Lead Applicant / Fiscal Agent**
Joint applications ARE permitted, but NOT required, in Category 2. Social media information is optional, but if provided may be used by the City of Bloomington to recognize grant recipients.

4. **Name of Applicant Organization / Fiscal Agent** *


5. **Please indicate which of the below applies to the lead applicant organization. ** *
   Choose one. For joint applications, choose the one that represents the fiscal agent for this project.
   *Check all that apply.*

   - We are a tax-exempt organization per Section 501(c)3 of the Internal Revenue Code (excludes hospitals).
   - We are a unit of local government (either a school district, municipality, township, or county).
6. We serve McLean County residents that have an annual income at or below 185% FPL. *
A "no" answer will disqualify this application.

Mark only one oval.

☐ Yes
☐ No

After the last question in this section, stop filling out this form.

7. Our organization certifies that it complies with the John M. Scott Health Care 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 status, unfavorable discharge from military service, criminal record, or any other basis prohibited by federal state or local law. *

Additionally, we have a procedure for handling discrimination complaints and can provide that procedure upon request. (A "no" answer will disqualify this application from consideration.)

Mark only one oval.

☐ Yes
☐ No

After the last question in this section, stop filling out this form.

8. Lead Applicant Website *

9. FULL NAME of Lead Organization's Chief Officer *

E.g., the executive director, CEO, President, etc.
This may be a different person than the Grant Contact listed below.

10. TITLE of Lead Organization's Chief Officer *

11. EMAIL of Lead Organization's Chief Officer *

12. Tax-ID # for Lead Organization (FEIN) *

13. Lead Organization's Board of Directors List - Upload

If the lead organization is a 501c3 and has a board of directors, please upload a board lists here. Include names, officers, and contact information.

Files submitted:

14. DUNS # (optional/if applicable)
15. Facebook Page

16. Twitter Handle

17. Linked In Page

18. Instagram

19. **Will the Chief Officer listed above also serve as the main contact for communications related to the John M. Scott Grant?** *
   
   *Mark only one oval.*
   
   [ ] Yes  
   [ ] No, the grant contact is someone else.

**Grant Contact**

Provide contact information for the Grant Contact, if that person is a different person than the organization’s chief officer listed above.

20. **FULL NAME** of Main Grant Contact

21. **TITLE** of Main Grant Contact

22. **EMAIL** of Main Grant Contact

**Narrative Questions: Tell Us About The Lead Organization / Fiscal Agent**

This information should generally introduce us to your organization. Save comments about the specific funding request for the next section.
23. **Provide the lead organization's vision, mission, and/or general description (500 characters).** *

24. **Broadly speaking, what social problem(s) does the lead organization work to solve in our community? What, in your view, are the root causes of the problem(s)? (750 characters)** *

   Specific data isn't necessarily required here. Save that for the narrative question about "need" in the grant proposal section below. Instead, help us understand you view of the root problem that drives the need for your type of intervention. Keep asking yourself "why" until you get the the bottom of it.

25. **Explain the lead organization's culture of governance. What is the board of directors' giving policy (if applicable)? What is the level of engagement among your governing body? How are your clients and stakeholders involved in governance? How diverse is your governing body and senior leadership team? Do you have related policies or goals? (500 characters).** *

   Healthy organizations are governed by leaders with "skin in the game," a high level of engagement, and diversity of thought. For diversity, you may consider race, ethnicity, country of origin, gender identity, sexual orientation, age, socio-economic status, physical abilities, or whatever types of skills and characteristics reflect your service population. Few organizations are perfect in these areas, so we aren't looking for perfection, but rather, honest self-assessment and related areas for improvement in the future.

26. **Is this a joint application?** *

   If your organization will keep the entire grant allocation, check "no." If you are serving as a fiscal agent and plan to divide the grant funds with another organization, check "yes."

   *Mark only one oval.*

   - [ ] Yes  **Skip to question 26.**
   - [ ] No   **Skip to question 46.**
Basic Information and Certifications: Partner Organization

Joint applications ARE permitted, but NOT required, in Category 2. Social media information is optional, but if provided may be used by the City of Bloomington to recognize grant recipients.

27. Name of Partner Organization *

28. Please certify which of the below applies to the partner applicant organization. *
   Choose one. This may be a different answer than the lead organization. We encourage cross-sector collaboration.
   Check all that apply.
   
   [ ] We are a tax-exempt organization per Section 501(c)3 of the Internal Revenue Code (excludes hospitals).
   
   [ ] We are a unit of local government (either a school district, municipality, township, or county).

29. The partner organization certifies that it complies with the John M. Scott Health Care 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 status, unfavorable discharge from military service, criminal record, or any other basis prohibited by federal state or local law. *
   Additionally, we have a procedure for handling discrimination complaints and can provide that procedure upon request. (A "no" answer will disqualify this application from consideration.)
   Mark only one oval.
   
   [ ] Yes
   [ ] No

30. The partner organization serves McLean County residents that have an annual income at or below 185% FPL. *
   A "no" answer will disqualify this application.
   Mark only one oval.
   
   [ ] Yes
   [ ] No

After the last question in this section, stop filling out this form.

31. Partner Organization Website *

32. FULL NAME of Partner Organization's Chief Officer *
   E.g., the executive director, CEO, President, etc.
   This may be a different person than the Grant Contact listed below.
33. **TITLE of Partner Organization's Chief Officer**

34. **EMAIL of Partner Organization's Chief Officer**

35. **Tax-ID # for Partner Organization (FEIN)**

36. **Partner Organization's Board of Directors List - Upload**
   If the partner organization is a 501c3 and has a board of directors, please upload a board list here. Include names, officers, and contact information.
   Files submitted:

37. **DUNS # (optional/if applicable)**

38. **Facebook**

39. **Twitter**

40. **Linked In**

41. **Instagram**

**Narrative Questions: Tell Us About The Partner Organization**
This information should generally introduce us to your partner organization. Save comments about the specific funding request for the next section.
42. **Provide the partner organization's vision, mission, and/or general description (500 characters).** *

43. **Broadly speaking, what social problem(s) does the partner organization work to solve in our community? What, in your view, are the root causes of the problem(s)? (750 characters)**

   Specific data isn't necessarily required here. Save that for the narrative question about "need" in the grant proposal section below. Instead, help us understand your view of the root problem that drives the need for your type of intervention. Keep asking yourself "why" until you get the the bottom of it.

44. **Explain the partner organization's culture of governance. What is the board of directors' giving policy (if applicable)? What is the level of engagement among your governing body? How are your clients and stakeholders involved in governance? How diverse is your governing body and senior leadership team? Do you have related policies or goals? (500 characters).** *

   Healthy organizations are governed by leaders with "skin in the game," a high level of engagement, and diversity of thought. For diversity, you may consider race, ethnicity, country of origin, gender identity, sexual orientation, age, socio-economic status, physical abilities, or whatever types of skills and characteristics reflect your service population. Few organizations are perfect in these areas, so we aren't looking for perfection, but rather, honest self-assessment and related areas for improvement in the future.

**Narrative Questions: Tell Us About Your Collaboration**

The fiscal agent will receive all funds and be responsible for distributing them to partners based on your agreement and proposal. The fiscal agent will also sign the grant agreement and be responsible for reporting requirements.
45. How will you share the WORK? Does this proposal build on existing momentum, or is it a new partnership? What is the role of each collaborator in this effort? What is your process for making important decisions, especially if conflict arises? (500 characters) *


46. How will you share the GRANT FUNDS? How will resources will be allocated between or among partners? For which purposes? (500 characters) *


Grant Request ($)
Enter an amount using a whole number for all three years between $10,000 - $49,999. A more detailed budget narrative will follow later in this application. Grant dollars will be paid in two installments (75% of the award in FY20 and 25% of the award paid in FY21). The first Grant Term for Category 2 grants is as follows:
Grant term begins in FY20 on 1/1/20.
Grant term ends in FY21 on 4/30/21.

47. TOTAL ($) *


Capital Requests
We are flexible in terms of how applicants define capital. Use your own definition, based on your own financial policies. However, for John Scott Grants, please exclude new construction, since Trust grants are relatively small compared to the cost of building and maintaining new facilities. Capital requests to the Trust might include, but aren’t necessarily limited to: durable medical or other equipment, facility/infrastructure improvements/renovation, and/or technology equipment and upgrades.

48. Based on the terms above, do you plan to use Category 1 grant funds for "capital" expenditures? *
If so, isolate these costs in your budget and share your definition of capital below. If not, enter "zero" in your budget on the line item for capital, and proceed to the next section.
Mark only one oval.

☐ Yes
☐ No
49. If "yes," please explain. (500 characters)

If your proposal includes capital expense(s), please cite your organization's definition of "capital expenses" in this space. For example, if your organization normally classifies "durable goods that cost more than $1,000" as a capital expense, use that same standard in your grant budget proposal and narrative and tell us how much capital spending you are proposing, its use and purpose, and how it will enhance your capacity and improve health outcomes in McLean County.

Narrative Questions: Tell Us About the Work This Grant Will Fund

This information should generally explain, without repeating the information above, how you will apply the grant funds to further your work and support health and well-being in McLean County.

50. Which SOCIAL DETERMINANTS OF HEALTH (SDOH) are most relevant to the work you are proposing, and why? (750 characters) *

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.” How does your work draw upon the understanding that health begins where people live, work, and play? Reference the MOST RELEVANT determinants identified by the World Health Organization research. You may want to use the six categories and related examples in each column shown in the KFF slide (see below). Which apply to your work? How will you leverage those areas to support health outcomes? Which health outcomes?

Kaiser Family Foundation: SDOH Chart
51. **What data support the LOCAL NEED for the work you are proposing? Be specific. (750 characters)**

Use this space to demonstrate NEED, not targets or goals. First, focus on the MOST relevant data from the McLean County CHNA(s). If space permits, you may cite data from other credible local assessments as well. There's no need to use academic-style citations, but you might parenthetically indicate your source (e.g., "2016-19 CHNA," or "MCRPC Regional Housing Plan," etc.) so we know the data are credible.
52. **Identify your TARGET POPULATION, and how that population experiences health disparities. (750 characters)**

   Who will you serve with this grant funding? What are their defining characteristics? Be specific. Include related demographics (e.g., age, race, ethnicity, zip code, sexual orientation, gender identity, income status, disability, or other characteristics). Are any of these demographics known to be correlated with negative health outcomes? If so, offer supporting data.

---

53. **Explain how you'll ensure that John M. Scott Grant Program grant are only used for 1) McLean County residents 2) that have an annual income at or below 185% FPL. (750 characters)**

   If you only serve clients that reside in McLean County, and who are at or below a certain income level, explain those parameters. If you serve a broader population in terms of residency and/or income level, explain the processes by which you'll target Scott funds to lower-income residents that reside in McLean County. Broad strokes are permitted; for example, if 75% of your clients reside in McLean County and are below 185% FPL, and you know this because you collect residency and income information at intake, then you can ensure funds are targeted appropriately by showing that the Scott funds do not exceed 75% of your total budget. If you do not already collect residency or income information, explain why, and how you might develop this capacity to meet this requirement.

---

54. **Offer a PROJECT DESCRIPTION and explain the details of the work that this grant will support. (1000 characters)**

   Answer the questions we didn’t ask yet. What important research underpins this work? What should we know about your industry, your clients, your working environment? What activities are you planning to conduct using Trust funds? Is this a pilot project? Is it scaling something that already exists? Who’s doing the work? Where? What’s the scale and nature of the work?
55. **Describe how you and your partner organization, if applicable, interact with your clients. What's the nature of your RELATIONSHIP with the people you aim to serve? (750 characters)**

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. 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. Consider: How long/for what period of time do you serve your target population? Is it short or long term? Is your approach narrow or comprehensive? Do you serve individuals or families? Do you serve them in a clinical setting or in their homes and communities? How do you ensure their basic needs are met? How do you tailor your approach to the individual?

---

56. **How do you plan to leverage the power of ANCHOR INSTITUTIONS in this work? (500 characters)**

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.

---

**Narrative Questions: How Will You Evaluate the Impact of This Grant?**

In terms of grant evaluation, we are flexible and we want you to create your own evaluation plan, because we understand that not all organizations or people can be expected to meet the same outcomes at the same time. Remember, you may use goals and outcomes cited in the Community Health Improvement Plan (CHIP) and related progress reports or in other local planning documents; you don’t have to invent new ones (but you may). Down the road, when you submit grant reports, you’ll include your progress on whatever you propose here, so be sure to keep a copy of this plan on file for future retrieval.
57. **Cite GOALS with TARGETS for 1) improving health outcomes, 2) reducing or eliminating disparities, and/or 3) generally improving health equity in McLean County. (750 characters)**

   Connect the dots between your project description above and health outcomes in our community. (You'll explain your evaluation methodology and procedures in the next question, so don't focus on process and tools here. Instead, use this space to name your goals and related targets.) This is especially important if you are proposing less traditional approaches to health care, or supporting social determinants of health where the connections may not be intuitive or obvious. Provide baseline data if it exists, then show targets. If no baseline data exists, establishing baseline data is an acceptable goal.

58. **Explain the PROCESS by which you will evaluate the success of the goals and targets you identified above. (1000 characters)**

   Assess your readiness for evaluating the success of this grant funding. Design an evaluation plan that is most appropriate for the nature of your work. Create efficiencies by leveraging processes that your organization may already have in place. Consider: how does your organization already generally define and measure success at the individual, family, household, and community level? What processes are already in place that you may build upon? Which do you need to add or begin doing for the first time? You may evaluate your own progress with traditional tools such as pre and post tests, questionnaires, surveys, focus groups, etc. However, we understand that using such tools to evaluate pilot projects, innovation, and qualitative work isn’t always meaningful. Other tools such as market studies, testimonials, or a discussion of lessons learned may capture more meaningful data. Include, if necessary, items related to evaluation in your budget.

59. **Upload Evaluation Tool(s) - optional**

   Files submitted:
60. If funded, our organizations are willing to comply with an evaluation of the Trust's grant program as requested.*

The advisory commission is exploring ways to evaluate the impact of the new grant program in our community. If a project evaluator is brought on board, would you be willing to support their work as requested throughout the grant period? This may entail periodic phone calls, surveys, and/or focus groups. A "no" answer will not necessarily disqualify this application. Rather we are assessing the level of capacity available for this type of assessment, and whether it's perceived as potentially valuable to the community by our stakeholders.

Mark only one oval.

☐ Yes
☐ No
☐ Maybe

Program or Project Budget ($)
The Commission has a general expectation of transparency with its grant recipients. Applications must include the budget information requested below. For Category 2, provide a PROJECT level budget, rather than an agency level budget. Your total revenue should equal your total expenses, since this is a project budget.

REVENUE ($)

Use whole numbers. Program level only.

61. John M Scott Category 2 Grant Request*
   Must be between $10,000 - $49,999.

62. Earned Revenue*
   Program fees should be cited here.

63. Third Party Payors*
   Insurance and Medicaid reimbursements should be cited here.

64. Individual and Corporate Donations*
   Insurance and Medicaid reimbursements should be cited here.

65. Non-Governmental Grants*
   Insurance and Medicaid reimbursements should be cited here.
66. **Government Grants / Other Public Funding** *
   Excluding Medicaid

67. **Other (optional)**

68. **Comments (750 characters)** *
   Use this space to explain the sources of revenue above as needed.

---

**EXPENSES ($)**

Use whole numbers. Program level only.

69. **General Operating / Overhead / Administrative** *

70. **Capital Expenses** *
   If none apply, enter "zero."

71. **Program Personnel** *

72. **Equipment** *
   That doesn't meet your definition of capital.

73. **Materials and Supplies** *

74. **Other (optional)** *
Narrative Questions: Program or Project Budget

76. If your aren't awarded the full amount you are requesting, how will that impact the proposed work? (750 characters) *

Be very specific. You might propose alternatives, show options, and/or adjust goals and targets accordingly. Explain how the amount of funding impacts your ability to scale (or not). Differentiate the impact on your clients as individuals from the impact on staff and from the impact the community.

77. If funded, do you intend to reapply for funding for this same program for FY22 - during the application window that will be open in the summer of 2020? *

This is an important consideration for the Commission's planning purposes. It won't necessarily impact funding decisions for this cycle.

Mark only one oval.

☐ Yes
☐ No
☐ Maybe / Unsure / Depends

78. Do you plan to use this grant as a local match to draw down matching dollars? *

Mark only one oval.

☐ Yes
☐ No

Skip to question 83.

Matching Funds (Optional/if applicable)

How many federal, state, or other matching funds will this grant draw down? Enter whole dollars below to show how much the draw down is (in other words, the amount you'll receive as a result of using John M. Scott as the match). In most cases, this will be more than the John M. Scott Grant itself. Use comment box to explain if desired. Please skip this section if the John M. Scott Grant will not draw down a match.
Additional Supporting Uploads
Only the logo is required below. Exercise your judgement about which other documents might strengthen your application. They are not required but in some cases might be necessary depending on the nature of your project.

84. **Agency Logo (s) - Lead and Partner Organizations** *
   If this is a joint application, upload the logos for all partners. If not, upload at least one for the lead application organization.
   Files submitted:

85. **Strategic Plan (optional)**
   Files submitted:

86. **Business Plan (optional)**
   Files submitted:

87. **Supporting Images/Video (optional)**
   Files submitted:

88. **Other (optional)**
   Files submitted:

A copy of your responses will be emailed to the address you provided