2019 John M. Scott Grant Application: Category 1 General Operating 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 provide services that promote health and well-being to eligible McLean County, Illinois residents to submit a Category 1 General Operating 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.

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PURPOSE AND USE OF CATEGORY 1 GENERAL OPERATING GRANT 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. 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. Grant requests should be between $50,000 and $75,000 per year for three years.

_____________________________________

CATEGORY 1 GRANT APPLICANTS MUST: 1) Be a 501c3 nonprofit health care services organization that provides services that are broadly available to McLean County residents, which excludes hospitals, units of government, and for-profit health care practices. 2) Be 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. 3) Align with the funding goals of the John M Scott Health Commission. 4) Have sound financial management policies in place and demonstrate stewardship. 5) Fully comply with all application, reporting, and other requirements during the grant term. Funding in years 2 and 3 is subject to the availability and appropriation of funds and full compliance with all annual reporting and other requirements. 6) Provide a site visit(s) as requested by the Commission or Trustee before being eligible to re-apply for the next three-year Category 1 grant cycle.

_____________________________________

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 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
Screening Questions: Eligibility
The following questions screen applications for eligibility in this category.

2. Please certify that all of the below apply to your organization. *
   Failing to check all boxes will disqualify this application from consideration. Please use the comment box, if needed, to explain your answers.
   Check all that apply.
   - We serve McLean County residents that have an annual income at or below 185% FPL.
   - We are a tax-exempt organization per Section 501(c)3 of the Internal Revenue Code (excludes hospitals).
   - We provide services that promote health and well-being that are broadly available to a relatively large number of un- or under-served McLean County residents.

3. 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

Contact Info: Applicant Organization
Joint applications are not permitted in Category 1 and Category 1 grant dollars are not intended to be divided among multiple organizations. 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 *
5. Website *

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

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

8. EMAIL of Organization's Chief Officer *
   E.g., the executive director, CEO, President, etc.
   This may be a different person than the Grant Contact listed below.

9. Tax-ID *

10. DUNS # (optional/if applicable)

11. Facebook

12. Twitter

13. Linked In

14. Instagram

**Contact Info: Grant Lead**
This should be the person that will handle all communications related to John M. Scott Grants, including the status of your application and all future reporting requirements.

15. Full Name *

16. Title *
Executive Summary
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?

21. Write your EXECUTIVE SUMMARY here. (250 characters) *

Grant Request ($)
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 between $50,000 and $75,000 per year. 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

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 Years 2 and 3. For Years 2 and 3, enter an amount between 50,000 - 75,000. Note that continued funding in FY21 and FY22 is subject to the appropriation of funds and full compliance with all annual reporting and other requirements.

A more detailed budget narrative will follow later in this application.

22. Year 1: TOTAL ($) *

Grant "Year 1" is the remainder of City of Bloomington's fiscal year 2020 (FY20), or 1/1/20 - 4/30/20. a short "year" of only 4 months. Thus, the amount requested may be less than $50,000 and / or may be less than the other two years shown below.
23. **Year 2: TOTAL ($)** *
Grant Year 2 is the City of Bloomington’s fiscal year 2021 (FY21), or 5/1/20 - 4/30/21. Enter an amount between $50-75,000.

24. **Year 3: TOTAL ($)** *
Grant Year 3 is the City of Bloomington’s fiscal year 2022 (FY22), or 5/1/21 - 4/30/22. Enter an amount between $50-75,000.

**Narrative Questions: Tell Us About Your Organization**
This information should generally introduce us to your organization. Save comments about the specific funding request for the next section.

25. **Provide your organization’s vision, mission, and/or general description (500 characters).** *

26. **Which of the following types of services does your organization provide for un- or under- served McLean County residents?** *
Integrated care is a core value for John M. Scott Category 1 grants, and we hope to fund a diverse portfolio of health and wellness agencies and programs. Below, please indicate which types of care apply to your organization. The items listed in each row below represent the McLean County Community Health Improvement Plan (CHIP) top three priorities, plus some key areas of interest to the John M. Scott Health Care Commission. If you do not provide any of the services below, and do not intend to begin providing them even if you receive a Category 1 grant, check "do not provide." If you already provide any of the below, or you plan to begin providing any of the below as a result of getting a Category 1 grant, check "Currently or will provide" for all that apply. Offer an explanation in the Comment box for any that you will begin providing as a result of getting this grant. Note: CHIP Priority 1, Access to appropriate care, is intentionally broad and may overlap with other categories. Use the comment box to explain your choices, if needed.

*Check all that apply.*

<table>
<thead>
<tr>
<th>CHIP Priority 1: Access to appropriate health care</th>
<th>CHIP Priority 2a: Behavioral Health Care (Substance Abuse)</th>
<th>CHIP Priority 2b: Behavioral Health Care (Mental Health)</th>
<th>CHIP Priority 3: Health Eating / Active Living (&quot;HEAL;&quot; formerly &quot;Obesity&quot;)</th>
<th>Primary care services</th>
<th>Oral health services</th>
<th>Transportation services (medical)</th>
<th>Pharmaceutical services</th>
<th>Other</th>
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<tbody>
<tr>
<td>Do not provide</td>
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</tbody>
</table>
27. Broadly speaking, what social problem(s) does your 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.

28. Explain your organization’s culture of governance. What is the board of directors’ giving policy? What is the level of compliance with this policy? 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? (750 characters). *

Healthy boards have members with "skin in the game," a high level of board member 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 boards 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 the Work This Grant Will Fund

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. The information in this section should generally explain, without repeating the information above, how you will apply grant funds to further your work and support health and well-being in McLean County. There’s no field for "Program Description" or "Project Description," because Category 1 grants are intended to support general operations and build capacity. In other words, these grants support organizations, not programs within organizations (for the latter, apply in Category 2). Category 1 grants are unrestricted, so you don’t have to propose a certain "program." Instead, show us how this grant will support your mission, bolster your operations, expand your capacity, allow you to innovate, and/or deepen your impact, (etc.).

29. To what degree will a Category 1 grant support your GENERAL OPERATIONS over the three year grant period? (750 characters) *

Are you seeking Category 1 grant funds to backfill other losses, maintain the status quo, or expand? Explain that here. Document to what extent you’ve lost funding from other sources in recent years, and how that bears upon this grant request (if applicable). In other words, will a grant from the John M. Scott Trust supplant or backfill another funding source (e.g., cuts made by local, state, federal governments and/or other grant making bodies)? If yes, explain the nature and size of those losses. What was the impact on staffing and clients? What percentage of your total revenue was lost? What percent of your total revenue would this grant represent, if awarded? Use this space to make the case for why the Trust is the appropriate source of funds for the work you are proposing. What other sources of funding, or other funders, fund this type of work - or not? Explain funding gaps (if any). Why are John M. Scott Trust funds needed, specifically? (500 characters)
30. **How will you use this grant to expand your CAPACITY over the three year grant period? (500 characters)**

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. Explain incremental (i.e., year 1, year 2, year 3) and cumulative goals. How will those capacity improvements improve service delivery and benefit your clients and the community? Make sure items that have a budget impact are reflected in your budget document as well.

31. **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?

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**Kaiser Family Foundation: SDOH Chart**
32. **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). Community Health Needs Assessments (CHNA), Community Health Improvement Plans (CHIP), and related Progress Reports are available on the websites of the following organizations, and paper copies may be requested by contacting their public affairs and marketing departments: Advocate BroMenn Medical Center, Chestnut Health Systems’ Chestnut Family Health Center, OSF St. Joseph Medical Center or the McLean County Health Department. 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.

33. **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.
34. **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. (500 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.

35. **Describe the nature of your CLIENT RELATIONSHIPS. (750 characters)**

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?

36. **Use this space to provide information that didn’t fit above (optional). (500 characters)**

Answer the question we should have asked but, didn’t. (For example: How did our list of recommended reading impact the development of your proposal? What other important research guides your work? What else should we know about your industry, your clients, your working environment?)

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**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.

37. **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
38. 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.

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**Agency Budget**

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.

39. **Budget Upload** *

Download the budget template here. https://drive.google.com/file/d/1dUGm9RZPDouyeox61ktBGofo5gwW0-fH/view?usp=sharing. Populate it without changing the format or line items, and then upload the completed budget again below.

Files submitted:

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40. **If your aren’t awarded the full amount you are requesting, how will that impact general operations, capacity and proposed outcomes? (500 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.

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41. **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 50.

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**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.

42. **Federal Dollars**

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43. **State Dollars**

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44. **Local Dollars**

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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.

47. **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 general operating activities, capacity expansion, health outcomes, and equity in our community. (As a reminder, equity is achieved when the distribution of resources, opportunities, and burdens isn't predictable by gender, race, or other demographic factors.) 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. You'll explain your evaluation methodology and procedures in the next question, so don't focus on that here. Instead, use this space to name your goals and related targets. Provide baseline data if it exists, then show targets for each grant year, and for the three-year period overall. If no baseline data exists, establishing baseline data is an acceptable goal, followed by targets for subsequent years.

48. **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.
50. If funded, our organization is 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

Document Uploads

51. Board of Directors List *
Files submitted:

52. Most recent agency audit *
Files submitted:

53. Agency Logo(s) *
Files submitted:

54. IRS designation letter *
Files submitted:

55. Strategic Plan (optional)
Files submitted:

56. Business Plan (optional)
Files submitted:

57. Supporting Images/Video (optional)
Files submitted:

58. Other (optional)
Files submitted:

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