

COMMUNITY HEALTH PROMOTION FUND FUNDING ANNOUNCEMENT

Background Inova Health System is a not-for-profit healthcare system based in Northern Virginia that consists of hospitals and health services, including emergency and urgent care centers, home care, nursing homes, mental health and blood donor services, and wellness classes. Governed by a voluntary board of community members, Inova's mission is to improve the health of the diverse community it serves through excellence in-patient care, education and research.

Purpose The purpose of this Request for Applications (RFA) is to address population health needs described in the Inova Community Health Needs Assessments available at: <https://www.inova.org/inova-in-the-community/community-health-needs-assessments>. The objectives of the proposed project should be clear, well-reasoned and attainable. The project should have a substantial impact on the addressed need(s), be practical, have measurable outcomes, and be sustainable.

I. Eligibility

Inova Health System is dedicated to supporting positive programs and opportunities that make a difference in the quality of life, health and welfare of the communities it serves. Inova seeks to harness the collective power of community partners, agencies and organizations to create positive social impact. Inova is limited in the number of projects that it can support. To receive funding, an organization with interest in submitting a grant request must meet the following criteria:

1. Be tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code.
2. Located in, and serve residents in one of the areas evaluated by the Community Health Needs Assessments referred to above.

Organizations may submit more than one application for funding provided the projects are clearly distinct. However, Inova Health System will only fund one grant per organization. Organizations that received funding in the past year are ineligible to reapply. Inova employees are not eligible to apply. Inova does **not** support programs or projects that discriminate on the basis of gender, race, color, religion or sexual orientation.

Funds cannot be used to support:

- Endowment or capital campaigns
- General operating costs
- Direct grants or scholarships to individuals
- Youth or adult sports teams
- Sponsorship of individuals for fundraising events, such as walk-a-thons and religious organizations
- Political causes including candidates, organizations or campaigns
- Labor groups
- Indirect/overhead costs
- Underwriting or advertising for event sponsorships including gala or award banquets

Total amount of funding available: \$60,000

Maximum budget request: \$15,000

II. Funding Cycle/Key Dates

- a. Funding Opportunity announced by: **February 1, 2019**
- b. Application Due Date: **March 8, 2019** by 5 pm EST
- c. Awards announced: **March 26, 2019**
- d. Funding Period: **May 1, 2019 - April 30, 2020**

III. Application Information

All applications must be in English, typed using 12-point Times New Roman font, single-spaced with 1 inch margins and include the provided cover page and all sections as outlined in Sections 1-7 of the attached Application Specifications. Do not include any attachments or materials, including video tapes or other media materials, other than those specifically requested in the Application Specifications. Late or incomplete applications will not be reviewed.

IV. Method of Submission

Please combine all application sections and attachments into a single PDF, and submit the application via email to:

chfc@inova.org

Subject line: "Grant Application – Your Organization Name"

You will receive an email confirmation of receipt of your application within 2 business days. Please do not call to inquire about the status of a submitted application.

V. Reports

Inova requires a minimum of two status reports (mid-year and final). Report due dates will be outlined in a "letter of agreement" from the Grants Management Office upon notification of approval. Reports should include:

- Narrative account of progress made toward achieving the goals of the grant.
- Unanticipated challenges and plans to address each.
- Program/project successes.
- Detailed line item accounting of grant funds expended.
- Outcomes supporting the effectiveness of program.
- Next steps.

Accurate and punctual status reports are a factor in future funding decisions.

APPLICATION SPECIFICATIONS

1. Cover Letter

Provide an overview of the applicant organization, purpose, reason for and amount of funding requested. Be sure to show how the proposal furthers Inova Health System's mission and goals, and addresses a community health need identified in one of the Community Health Needs Assessments. Cover letters should be on organizational letterhead.

2. Executive Summary (1 page)

Summarize all key information including a description of the need/problem, purpose of the project/program, objectives, methods, total project cost, and amount requested.

3. Narrative (maximum of 6 pages)

a) Problem Statement

Address the problem, need, and target population the project/program seeks to address. Statistics and research/evidence supporting the need for the project/program should be included.

b) Program Goals and Objectives

Describe the proposed project/program outcomes in measurable terms including the overall goal(s), specific objectives and methods that will be undertaken to meet the goal(s).

c) Methodology

Describe the process that will be used to accomplish the desired outcomes. Include actions that will be taken; impact of the proposed activities, how they will benefit the community, and who will carry out the activities; time frame for the project/program; and long-term strategies for maintaining or expanding the project/program.

d) Evaluation

Describe the methods for measuring the effectiveness of proposed activities, criteria to indicate a successful project/program, and expected outcome/achievement. Describe all data collection instruments.

4. Qualifications (1 page)

Describe the applicant organization's qualifications for carrying out the proposed project. This should include a brief summary of the organization's history, mission and goal, current programs, activities, and service statistics, and strengths/accomplishments. Provide evidence and support (including any qualified third-party statistics) of accomplishments, key staff members' qualifications and administrative competence.

5. Project Impact (3-5 sentences)

Provide a brief description of the expected impact of your project/program on targeted community health needs.

6. Budget and Budget Justification

Provide a detailed budget and line-item budget justification for all planned project expenses covered by this grant. Include individual personnel level of effort to be devoted to the project, salary and fringe benefit expenses. Also include line-item expenses for other costs such as project-related supplies, mailing, etc. See Eligibility section for description of unallowable expenses. Clearly describe any other funding sources that will be used to support the project/program.

7. Appendices

Appendices listed below are **required** unless noted otherwise.

- A. Mandatory Grant Application Cover Form (see below)
- B. Copy of current IRS tax-exempt determination letter. If tax-exempt status is pending, provide details of application and application status.
- C. Organizational chart
- D. Certificate of Incorporation
- E. List of Board of Directors and their occupation
- F. Previous year financial statements (audited preferred) **or**
- G. Annual report (if available)
- H. Current general operating budget and special project budget (if applicable)
- I. Resume/Biosketch of key personnel essential to the implementation of the project/program (Maximum 2 pages)
- J. Letters of commitment from partners, consultants, or subcontractors (if applicable)
- K. Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA) with other organizations for collaborative or cooperative activities (if applicable)

REVIEW INFORMATION

All applications will be evaluated on the criteria outlined below.

- A. Overall Impact (20%) – What will be the impact of the project/program on the population?
- B. Sustainability (10%) – How will the project/program continue after the funding has ended?
- C. Significance (20%) – Does the project/program address an important need, as outlined in Inova's Community Health Needs Assessment? How will the project/program address the need?
- D. Approach (25%) – What are the aims and goals of the project/program? Is the project/program plan well-reasoned and suitable to accomplish the aims of the project/program? Is the timeline appropriate? What are the potential problems and how will the project team approach and address any problems that arise?
- E. Project Team and Environment (10%) – Do members of the project team have the required training, knowledge, and availability to accomplish the goals? Are the resources of the organization adequate to support the project/program?
- F. Budget (15%) – Is the budget reasonable and adequate to support the project?