2022 Inova Health Equity Grants Request for Applications

I. BACKGROUND

Inova is Northern Virginia's leading nonprofit healthcare provider. Our mission is to provide world-class healthcare – every time, every touch – to each person in every community we have the privilege to serve. Inova's 20,000 team members provide more than two million patient visits each year through an integrated network of hospitals, primary and specialty care practices, emergency and urgent care centers, outpatient services, and destination institutes. Inova's five hospitals are consistently recognized by the Centers for Medicare and Medicaid Services (CMS), U.S. News & World Report Best Hospitals, and Leapfrog Hospital Safety Grades for excellence in healthcare. Inova is home to Northern Virginia's only Level 1 Trauma Center and Level 4 Neonatal Intensive Care Unit. Its hospitals have a total of 1,936 licensed beds. More information about Inova can be found at www.inova.org.

II. PURPOSE

The purpose of this Request for Applications (RFA) is to improve health equity and address community needs described in the Inova Community Health Needs Assessments (CHNA) available at: **https://www.inova.org/inova-in-the-community/community-health-needs-assessments**. The target population is identified as under-resourced communities with unmet health needs in the listed CHNA service areas. The objectives of the proposed program/project should be clear, reasonable, and attainable, with measurable impact on the addressed need(s).

III. ELIGIBILITY

Inova is dedicated to supporting 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 to create positive social impact however, is limited in the number of programs/projects that it can support. An organization with interest in submitting a grant request must meet the following criteria:

1. Tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code.
2. **Located in and serve** residents in areas included in the CHNAs referenced above.

Special Considerations:

Inova seeks to support eligible organizations owned and/or operated by Black, Indigenous, and People of Color (BIPOC). While this is not required of applicants, it will be taken in consideration based on the definitions in the Review Information section. In addition, consideration will be given to first time applicants. Organizations may submit more than one application for funding provided the projects are clearly distinct. However, Inova will only fund one grant per organization. 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 scholarships or grants to individuals
- Youth or adult sports teams
- Sponsorship of individuals or organizations for fundraising events, such as walk-a-thons or 5K races
- Political causes including candidates, organizations, or campaigns
- Labor groups
- Indirect/overhead costs
- Underwriting or advertising for event sponsorships including galas or award banquets

Total amount of funding available: $1,000,000
Maximum budget request: up to $50,000

IV. FUNDING CYCLE KEY DATES
    a. Funding Opportunity announced: **March 4, 2022**
    b. Application Due Date: **Wednesday, April 6, 2022 by 4:00 pm ET**
    c. Awards announced: **May 4, 2022**
    d. Funding Period: **June 1, 2022 - May 31, 2023**

V. APPLICATION INFORMATION
All applications must be in English, typed using 12-point Times New Roman font, and single-spaced with one-inch margins. Only include documents and appendices specifically requested in the Application Specifications. Do not include any attachments or materials, including video tapes or other media materials. Late applications will not be reviewed. Applications should be submitted as a single PDF document entitled "2022IHEG_Your Organization's Name".

VI. METHOD OF SUBMISSION
Please combine all application sections and appendices into a single PDF entitled "2022IHEG_Your Organization's Name", and submit the application via email to:

HealthEquityGrants@Inova.org
Subject line: "2022IHEG_Your Organization's Name"

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

VII. REPORTS & REQUIREMENTS
Inova requires two sets of reports (interim and final) and will provide the templates to be used. Report due dates will be outlined in a "Letter of Agreement" from the Grants Management Office upon notification of grant award. Reports should include:
> Narrative account of progress made toward achieving the goals of the program/project
> Unanticipated challenges and plans to address them
> 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.

To promote the work of the awardee and further enhance the regional referral network and community partnerships, awardees will be required to participate with the Unite Us/Unite Virginia platform. Resources and contact information will be available at the time of award to facilitate this process in a way that works best for the awardee's organization.

VIII. APPLICATION SPECIFICATIONS

1. Cover Letter

Provide an overview of the applicant organization. Briefly explain how the proposal furthers Inova's mission, vision, and values; how your program/project will address a health equity need/disparity identified in the CHNA; purpose of the program/project; objectives; methods; total project cost; amount requested from Inova; and how your organization intends to reach the target population. Where applicable, the cover letter should also include the organization's board and leadership information as it relates to BIPOC representation (defined in the Review Information section). Cover letters should be on organizational letterhead.

2. Narrative (maximum of 7 pages)

a) Problem Statement

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

b) Program Goals and Objectives

Describe the proposed program/project outcomes in measurable terms including the overall goal(s) and specific objectives identified to meet the goal(s). Describe how the goals and objectives will improve health equity and benefit the target population identified.

c) Methodology

Describe the process that will be used to achieve the desired outcomes. Include actions that will be taken, who will carry out the activities, the timeframe for the program/project, and long-term strategies for maintaining or expanding the program/project. Provide details regarding how the program/project will reach target population.

d) Evaluation

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

e) Project Impact

Provide a brief description of the expected impact of your program/project on targeted health equity needs for the target population. If you expect the project/program will continue after the funding has ended, include information about the sustainability approach.

f) Qualifications
Describe the applicant organization's qualifications for carrying out the proposed project. Provide evidence and support (including any qualified third-party statistics) of experience with the target population, accomplishments, qualifications of key individuals included in the budget (attach resumes in Appendix H), and administrative competence.

3. Budget and Budget Justification for the Amount Requested from Inova
Provide a detailed budget on the template and a line-item budget justification for all planned program/project expenses covered by the funds requested for 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 itemize any other funding sources that are used to support the program/project. The budget template is accessible here: https://www.inova.org/about-inova/inova-your-community/community-health-needs-assessments/inova-health-equity-grants

4. Appendices
Appendices listed below are **required** and should be submitted in the listed order below.

    A. Mandatory Grant Application Cover Form (available on the website)
    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, their occupations, and their demographics
    F. Previous year financial statements (audit preferred) **or** Annual Report if available
    G. Organization's current general operating budget
    H. Resume/Biosketch of key personnel included in the budget and essential to the implementation of the program/project (Maximum two pages each)
    I. Letters of commitment from partners, consultants, or subcontractors for activities included in this proposal (if applicable)
    J. Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA) with other organizations for collaborative or cooperative activities included in this proposal (if applicable)
    K. Documentation that the organization is a BIPOC owned/led organization (if applicable, see description in the Review Information)
    L. Completed and Signed Check List (available on the website)

IX. REVIEW INFORMATION
All applications will be evaluated on the criteria outlined below.

Evaluation Criteria	Weight
1. Significance Does the program/project address an important need that will improve health equity as outlined in Inova's CHNAs? Is the project intended to reach a CHNA identified under-resourced target population?	15
2. Approach Are the goals and objectives of the program/project aligned with the purpose of this funding opportunity? Is the program/project plan well-reasoned and suitable to accomplish the goals of the program/project? Is the timeline appropriate? Does the project identify and address potential challenges?	25
3. Overall Impact What will be the impact of the program/project?	25
4. Qualification and Expertise Do members of the project team have the required training, knowledge, and availability to accomplish the goals? Does the organization have experience conducting the proposed work with the proposed target population? Are the resources of the organization adequate to support the program/project?	20
5. Cost-Effectiveness Is the budget reasonable and adequate to support the program/project?	15
6. Special Considerations for BIPOC Owned/Led Organization and/or First Time Applicants Is the applicant organization BIPOC owned? OR Are the majority of leadership positions BIPOC? OR Are the majority of board members BIPOC? Is this a first time applicant?	-
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All grant materials are available for download on the website here:
https://www.inova.org/about-inova/inova-your-community/community-health-needs-assessments/inova-health-equity-grants