COMMUNITY HEALTH FUND REQUEST FOR PROPOSALS

I. BACKGROUND

Inova Health Care Services (Inova) is Northern Virginia's leading nonprofit healthcare provider, recognized in 2020 by U.S. News & World Report which named Inova Fairfax Hospital the number one hospital in the Washington, D.C. region. All of Inova's hospitals hold four- or five-star rankings from the Centers for Medicare and Medicaid Services (CMS). 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 team members serve more than two million individuals annually through an integrated network of hospitals, primary and specialty care practices, emergency and urgent care centers, outpatient services, and destination institutes. Inova is home to Northern Virginia's only Level 1 Trauma Center and Level 4 Neonatal Intensive Care Unit.

II. 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 program/project should be clear, well-reasoned, and attainable. The program/project should have a substantial impact on the addressed need(s), be practical, have measurable outcomes, and be sustainable.

III. ELIGIBILITY

Inova 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 programs/projects that it can support. To receive funding, 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 one of the areas evaluated by the Community Health Needs Assessments referenced above.

Inova seeks to support eligible organizations owned and operated by Black, Indigenous, and all people of color (BIPOC). While this is not required of applicants, it is part of the evaluation criteria. 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
- Religious organizations
- Political causes including candidates, organizations, or campaigns
- Labor groups
- Indirect/overhead costs
- Underwriting or advertising for event sponsorships including galas or award banquets

NEW: Total amount of funding available: $240,000
Maximum budget request: $20,000

IV. FUNDING CYCLE KEY DATES
a. Funding Opportunity announced by: **April 1, 2021**
b. **NEW REVISED:** Application Due Date: **May 14, 2021** by 4:00 pm ET
c. **NEW REVISED:** Awards announced: **June 11, 2021**
d. Funding Period: **July 1, 2021 - June 30, 2022**

V. APPLICATION INFORMATION
All applications must be in English, typed using 12-point Times New Roman font, single-spaced with one-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. Applications should be submitted as a single PDF document.

VI. METHOD OF SUBMISSION
Please combine all application sections and attachments into a single PDF, and submit the application via email to:

> chf@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.

VII. 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 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.

VIII. APPLICATION SPECIFICATIONS

1. Cover Letter
Provide an overview of the applicant organization as well as the purpose of the program/project, reason for

funding, and amount of funding requested. Be sure to show how the proposal furthers Inova's mission, vision, and values; addresses a community health need/disparity identified in the Community Health Needs Assessment; and intends to reach under-resourced communities. Cover letters should be on organizational letterhead.

2. Executive Summary (1 page)
Summarize all key information including a description of the need/problem, target population, purpose of the program/project, 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 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 that will be undertaken to meet the goal(s). Describe how the goals and objectives will benefit the under-resourced communities 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, time frame for the program/project, and long-term strategies for maintaining or expanding the program/project. Provide details regarding how the program/project will reach under-resourced communities.

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.

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, current programs and activities, service statistics, and strengths/accomplishments. Provide evidence and support (including any qualified third-party statistics) of experience with the target population, accomplishments, key staff members' qualifications (resumes are to be attached in Appendix H), and administrative competence.

5. Project Impact (3-5 sentences)
Provide a brief description of the expected impact of your program/project on targeted community health needs for under-resourced individuals and communities.

6. Budget and Budget Justification
Provide a detailed budget and line-item budget justification for all planned program/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 program/project.

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 occupations
F. Previous year financial statements (audit preferred) **or** Annual Report if available
G. Current general operating budget
H. Resume/Biosketch of key personnel 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)

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/disparity as outlined in Inova's Community Health Needs Assessments? Is the project intended to reach under-resourced communities?	15
2. Approach What are the goals and objectives of the program/project? Is the program/project plan well-reasoned and suitable to accomplish the goals of the program/project? Is the timeline appropriate? What are the potential challenges and how will the project team approach and address any problems that arise?	20
3. Sustainability How will the program/project continue after the funding has ended?	10
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?	15
5. Overall Impact What will be the impact of the program/project?	15
6. Cost-Effectiveness Is the budget reasonable and adequate to support the program/project?	10
7. BIPOC Owned/Led Organization Is the applicant organization BIPOC owned? OR Are the majority of leadership positions BIPOC? OR Are the majority of board members BIPOC?	15
Total	**100**