

**Request for Applications**

**Transformation Community Benefit Initiative Reinvestments**

**New Ideas Fund**

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Background

The Eastern Oregon Coordinated Care Organization (EOCCO) is pleased to announce the availability of funds to support proposals that test novel and innovative ideas to improve the health and health care of EOCCO members. For example, proposed projects might test:

* New models to improve access or reduce barriers to care for EOCCO members.
* New programs to engage members in their care.
* New ideas to integrate or improve clinical services to members.
* Novel workforce initiatives.
* Novel models to reduce cost while maintaining the quality of care.

## Focus Areas

Projects should be ones that benefit all EOCOO members or could be applied in other EOCCO service area regions should they prove to be successful. Areas of focus include but are not limited to:

1. **Incentive Measures:** New approaches to improving Incentive Measures that EOCCO has had difficulty addressing.
2. **Collaborations:** Projects to create new collaborations across organizations, such as public health and primary care collaborations to improve challenging Incentive Measures.
3. **Telehealth and Broadband Capacity:** Projects to expand access to care through telemedicine, new care modalities or other approaches.
4. **Behavioral Health Integration:** Projects focused on new integration of behavioral health clinicians into primary care or primary care providers into behavioral health organizations.
5. **Assessing and Addressing Health Disparities:** Projects focused on increasing access to care to populations facing disparate health outcomes.
6. **Assessing and Addressing Health Related Social Needs:** Projects focused on integrating social determinants of health screenings and referrals, housing support, use of community health workers, and other projects that address or assess the external barriers patients face when receiving care.

Eligibility Requirements

1. **Applicants:** Eligible applicants include any interested Eastern Oregon organization demonstrating the ability to successfully complete their proposed project within 12 months of the award start date.
2. **Goals and Activities:**
	1. Proposed activities are not currently underway in the grantee’s community.
	2. Proposed goals and activities are not already funded by a past or current EOCCO grant and do not fall into a current EOCCO grant opportunity.
	3. Proposed goals and activities are not currently or expected to receive full funding from another source.
	4. Goals should align with the goals of the local or regional Community Health Improvement Plan, the EOCCO incentive measures, or aim to improve the health outcomes of the EOCCO population or a subset of the population.
3. **Population:** Proposal must target the EOCCO population. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined.
4. **Outcomes Measurement:** Proposals must define how progress to the goals will be measured.
5. **Budget**:
	1. Must directly relate to the proposed activities.
	2. Non-project related indirect expenses, funds for capital expenditures, and costs related to enhancing reimbursements or supporting state-covered services are not allowed.
6. **Community Involvement:** Project benefits and/or has documented support from multiple community partners.
7. **Sustainability:** Project should provide a plan for dissemination of results and sustainability beyond the end of the proposed grant period

# Funding Amount

The maximum funding amount per proposal is $50,000. Proposals requesting smaller amounts are welcome. Applicants are expected to propose realistic budgets for the proposed project.

Application Process to Apply to the New Idea Fund

To request EOCCO funding for new idea project, please follow the directions in this application.

Key Dates

Funds may be made available throughout the year with the following deadlines:

* Application Deadlines:
	+ January 15, 2021
	+ June 4, 2021
	+ September 3, 2021
* Review Period:
	+ January cycle: January 16 – February 12
	+ June cycle: June 5 – 25
	+ September cycle: September 4 - 24
* Applicant Notifications\*:
	+ January cycle: March 5
	+ June cycle: July 2
	+ September cycle: October 1

\* Note- Notification dates are dependent on final approval from the EOCCO Grant Subcommittee and Board of Directors and are therefore subject to change.

* Grant Period: 12 months from the projected start date

Application Components

1. Application Coversheet
2. Project Narrative
3. Budget and Budget Justification (Appendix 1).
4. Letters of Commitment (Appendix 2) for any organization that would receive funds from your grant or play a major role in its conduct.

Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.

## Submitting Your Application

Send your full application with all of the above listed Application Components in a **single PDF** to the EOCCO shared inbox CBIR@ohsu.edu. Applications that include multiple files will be returned to the applicant. **Important Note:** You will receive an email receipt. If you do not receive that email within two business days, please contact this email again.

## Review Process

A committee appointed by the EOCCO Board will make the final funding decisions subject to approval by the EOCCO Board.

**Transformation Community Benefit Initiative Reinvestments: New Ideas Fund**

# Application Coversheet

**Name of Applicant Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Director (person who will be responsible for the overall project):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Requested**:$\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Project Purpose (do not exceed space below):**

**Signatures:**

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of Organization Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Ideas Fund**

#  Project Narrative

*Please follow the instructions below to complete your project narrative, providing complete answers to each question.* ***(Up to 5 pages)***

1. What are the goals of this project?
2. Describe any preliminary or past data that support the need for implementation of this project idea.
3. What makes this project innovative?
4. Describe the target population for this project.
5. Which incentive measure(s), CHIP goal(s), or health outcomes does this project directly address?
6. What activities will you undertake? Please describe the major steps or events in your project and the month(s) when you expect each step will happen. Be detailed enough so that someone not familiar to the project can understand what will happen.

|  |  |  |
| --- | --- | --- |
| **Activity** |  **Month(s)** | **Who Will Complete The Activity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Complete the table below, including baseline data and goals you will use to measure success. All projects can select the process and outcome measures they feel are most appropriate to monitoring and evaluating the impact of their project. Please indicate the numerator, denominator, and percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goals can include but are not limited to your county’s prior year EOCCO incentive measure rate, EOCCO incentive targets, and the estimated number of members needed to reach the EOCCO incentive target. The metrics you select should be relevant to your specific project. For example, you wouldn’t provide a county rate for a program that only will impact one clinical site. If an activity does not have discrete EOCCO and non-EOCCO member data, please explain steps take to either collect this data or other approaches to measuring your project’s baseline and working toward goals.

**Note:** If funded, you will be required to report on the data and activities proposed in this table through interim progress reports and a year-end final report. Please contact CBIR@ohsu.edu if you would like free technical assistance in the development of your application to refine measuring the reach and impact of your project.

|  |
| --- |
| **EOCCO member Reach of Intervention/Activity** |
| **Target metric/goal** | **Activity planned** | **Baseline**  | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Adolescent Immunizations* | *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Non-EOCCO member Reach of Intervention/Activity** |
| **Target metric/goal** | **Activity planned** | **Baseline** | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Adolescent Immunizations* | *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Please list the members of the project team, their organizations, their roles and responsibilities on the project and their email addresses so that they can be invited to technical assistance meetings.
2. What could cause your organization to have trouble with the project and how could you reduce this risk? Please address any COVID-19 specific barriers that may affect project delivery and how your project will seek to mitigate them.
3. Please list any collaborating organizations involved in your project and submit a Letter of Commitment from each collaborating organization. Any organization that is listed must submit a letter (see Appendix 2 for a template).
4. Describe the plan to sustain this effort once the project ends.

# Appendix 1: Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, meetings and supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

***Start date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***End date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Budget Table

|  |  |  |
| --- | --- | --- |
| **Budget** |  |  |
| **Personnel:** | **In-Kind Cash Contribution** | **In-Kind non-Cash Contribution** |
| **Name** | **Role** | **FTE** | **Salary Requested** | **Benefits Requested** | **Total Requested** |  |  |
| *Example: Jane Smith* | *MA* | ***.****10* | *$5000* |  | *$5000* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Equipment and Supplies:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Travel:**  |  |  |
| **Location** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Expenses:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **GRAND TOTAL** |  | **$** |  |  |

## Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

# Appendix 2: Letter of Commitment Template

**Agreement to Participate in EOCCO Project**

Dear ***Name of project director***,

We look forward to participating in the ***Project Name*** starting ***date*** and ending ***date****.*

Our organization agrees to ***describe what the collaborating organization is expected to do including any staff responsibilities****.*

We understand that we will receive ***list any funds being provided to the collaborating organization.***

Thank you for including us in this important project.

Sincerely,

***Signature***

***Name spelled out***

***Organization name***

***Email address***

***Phone number***