HEALTH EQUITY PARTNERSHIP
Request for Proposals
July 2016

Purpose

To build the internal capacities of organizations focusing on issues related to health disparities, increase and strengthen their networks, and ultimately develop the groundwork to strengthen the health equity movement in Kansas.

Background

The mission of the Kansas Health Foundation (KHF) is to improve the health of all Kansans. We envision a culture in which every Kansan can make healthy choices where they live, work and play. To guide our work in making this vision a reality, KHF supports efforts in two primary areas: civic health and health equity.

While significant health improvements have been achieved through medicine and public health, individuals’ health and wellbeing are also influenced by where and how they live, and the unfortunate reality is that tremendous differences in health outcomes still remain for many underserved groups and communities. For example, access to safe and affordable housing, quality education, a living wage, freedom from violence, and the ability to safely engage with one’s community can all make the difference between great and poor health outcomes. If all Kansans had a fair chance to be healthy, there would be 62,000 more adults ages 25-44 with some education beyond high school; 36,000 fewer people unemployed; 46,000 fewer children in poverty; 7,800 fewer violent crimes; and 73,000 fewer households with severe housing problems. Moreover, nearly 1,800 deaths per year could be avoided.1

The Office of Minority Health defines health equity as “the highest level of health for all people” and notes that achieving equity requires “address[ing] avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”2 Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; language spoken; immigration/documentation status; religion; socioeconomic status; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Additional factors to which unequal access influences health include high-quality education; nutritious food; decent and safe housing; affordable and reliable public transportation; culturally sensitive health care providers; violence-free environment; health insurance; clean water; and employment. Together, these factors may be referred to as “the multiple determinants of

health.” Furthermore, systems (the practices, policies and procedures of institutions, government entities, agencies, and other organizations) that operate within and between the multiple determinants of health can ameliorate and/or exacerbate health disparities.

From safer working conditions, to clean water and safe food, progress towards improved health outcomes has historically been linked to social justice movements based on the values of fairness and human rights. Successful movements help shift social values and fundamentally transform the culture and operations of those very systems that affect health disparities. Social movements can span years and require concerted, intentional movement building, which in addition to consistently engaging core allies, the public, and those in positions of power to address systemic problems and promote alternative visions or solutions, also includes nurturing leadership, increasing public consciousness, and building organizational infrastructure.

With this in mind, KHF is launching a new initiative, the Health Equity Partnership, funding up to ten organizations to build internal capacities, strengthen networks, and ultimately develop the groundwork to strengthen the health equity movement in Kansas.

**Introduction**

Through this Request for Proposals (RFP), KHF will fund up to ten organizations to build long-term partnerships with one another and KHF anchored in strategic alignment to strengthen the health equity movement in Kansas. KHF envisions an environment in which organizations working on different issues related to health disparities regularly connect, are aware of and support one another's efforts, and build power together.

Applicants for the Health Equity Partnership will propose to address systems and policies that affect health disparities within one issue area, such as (but not limited to):

- Health
- Mental health
- Substance abuse
- Children and families
- Youth
- Education
- Housing
- Environment
- Economic justice
- Labor and employment
- Disability
- Race and ethnicity
- Immigration
- LGBTQI
- Criminal justice
- Domestic violence

---

Applicants are required to identify and describe the issue area (including relevant systems and policies) to be addressed, the population that would be engaged by the applicant organization and disparities experienced by this population.

Once a Letter of Intent (LOI) is submitted, applicants will receive an invitation to participate in an online nonprofit capacity assessment administered by the TCC Group at no charge to the applicant. This assessment, the Core Capacity Assessment Tool (CCAT), will enable applicants to prioritize those organizational capacities to strengthen before they can successfully impact their respective issue areas. Applicants will use the results of the CCAT to inform their grant proposal. The CCAT will also provide proposal reviewers with a standardized overview of organizational capacity for all applicants.

During Year One of this initiative, grantees will focus on building organizational infrastructure and capacity, nurturing leadership and building and strengthening connections with one another and other organizations working within their issue area. During Years Two and Three of this initiative, grantees will continue building capacity while implementing advocacy campaigns related to their issue areas and strategies to advance health equity. Proposed activities, objectives and budgets for each subsequent year will be reviewed prior to the start of future grant years.

The organizations applying for this RFP will take the lead on their projects while engaging other organizations working within their chosen issue area. Multiple partnering organizations should inform the project’s agenda and direction and applicants are required to provide letters of support from other organizations indicating commitment to work with the applicants on this initiative.

Core to movement building is aligning the various strategies of multiple organizations – both working on similar and different issue areas – towards common goals though coordination and the building of strategic alliances, networks and initiatives. As such, grantees will be expected to work together from time to time. Grantees will also serve in an advisory capacity for KHF to inform future health equity funding opportunities and activities.

**Core Capacity Assessment Tool (CCAT)**

The CCAT is a nationally-recognized capacity building tool that has been taken by over 5,000 nonprofits and is designed to provide organizations with clarification around the areas of capacity building from which they would most readily benefit. Please note, the CCAT is NOT a report card; instead, it provides a snapshot of the applicant organization’s strengths and challenges, based on the perceptions of the organization’s leaders. The CCAT maps a potential path to internal improvement that leaders can follow.

The CCAT is a 146-question online survey that takes approximately 30-45 minutes to complete. It can be taken by as few as three and as many as 20 individuals who have leadership responsibilities in the organization (typically key executive and management staff responsible for resource allocation decisions, as well as 1-3 board members). The CCAT provides an opportunity to assess the organization’s effectiveness and is useful
as a senior leadership tool for reflection on the organization’s capacities in four core areas:

- Adaptive Capacity
- Leadership
- Management
- Technical Capacity

Upon completing the CCAT, applicants will receive a customized report that can be used as a starting point for internal discussions; suggested checklist for changes; barometer for comparison to similar organizations; way to track organizational growth and development; and method for involving board members in discussing organizational capacities. Applicants may also participate in a personalized CCAT interpretation session with the TCC Group which will include a discussion of the report, prioritizing the capacities most needed to build, how this would best be accomplished and identifying the resources needed to realize the changes sought. Applicants would use this data to inform their grant proposal and plans for building and strengthening organizational capacity in Year One of the grant. More information, including frequently asked questions about the CCAT can be found here. Applications that do not take the CCAT and incorporate its results into the grant proposal will not be reviewed.

**Objectives and Requirements**

KHF believes that the stronger the internal capacities of organizations focused on health disparities and the better connected they are to one another, the more robust the health equity movement in Kansas will be. The intended objectives for this initiative include:

- Grantees develop stronger organizational capacity;
- Grantees build momentum towards policy change to achieve health equity;
- Grantees develop stronger relationships with one another and with KHF;
- Grantees translate information into action to achieve health equity.
- Grantees support development of a stronger social movement regarding health equity in Kansas; and
- Grantees implement advocacy strategies\(^5\) to advance policy priorities advancing health equity or protect against potential harmful policies.

Grantees are required to have one staff member designated as the point of contact for this initiative. The staff member must play a leading role within the grantee organization as they will be the primary contact for KHF and will be required to attend all meetings and convenings related to the initiative.

**Funded Activities**

During Year One, grantees will be funded to enhance organizational capacity and strengthen relationships with other organizations that can help advance work related to the issue area.

\(^5\) For the purpose of this RFP, "advocacy strategies" is defined as working to build support for a cause or goal, using tactics such as (but not limited to) educating the public and policymakers about an issue, activism, community organizing and mobilization, leadership development, and, potentially, lobbying.
During Years Two and Three, grantees will be funded to continue capacity building efforts as well as implementing a range of advocacy strategies.

NOTE: KHF only supports lobbying activities for issues authorized by our Board of Directors. At this time, KHF supports lobbying for the following policy objectives:

- Medicaid Expansion
- Establishing a mid-level Dental Therapist model in Kansas
- Federal reauthorization of child nutrition programs
- Increasing per capita public health funding in Kansas

During Year One, grant funds cannot be used for lobbying. Any future use of grant funds for lobbying purposes would require approval by KHF staff.

**Who Should Apply**

Eligible applicants are nonprofit organizations that demonstrate credibility in the area in which they propose to work and are well-positioned to build networks and momentum for policy and systems changes that will advance health equity in Kansas.

Grants will be awarded to organizations whose proposals demonstrate the following:

- Collaboration with other organizations in the implementation of grant activities;
- Experience in building or being a part of a collaborative network or coalition;
- Representation of a population disproportionately affected by health disparities;
- Experience in mobilizing network/coalition members and organizations to accelerate change; and
- Experience in utilizing advocacy and/or grassroots organizing to affect change.

**Available Funding and Grant Period**

Applicants may apply for up to $100,000 annually for three years for a total of $300,000. KHF anticipates funding up to ten organizations through this initiative. The grant period includes three 12-month funding periods that begin December 1, 2016 and end November 30, 2019.

**Letter of Intent**

Applicants are required to notify KHF of their intent to submit a proposal by 5:00 PM CST on Monday, August 22, 2016. Proposals submitted by organizations that do not submit a letter of intent by the deadline will not be reviewed. Organizations that submit a letter of intent are under no obligation to later submit a full proposal.

Letters of intent must be submitted using KHF’s online proposal module via the following link: [Health Equity Partnership – Online Letter of Intent](#)

The letter of intent must include:

- Name and address of the applicant organization;
- Primary contact person’s name, title and contact information;
• Health disparities issue area to be addressed; and
• Organizations applicant anticipates partnering with on the project.

Upon receipt of the letter of intent, KHF will provide a link to the online proposal form. TCC Group will contact applicant organization to provide personalized CCAT link.

RFP Webpage

Applicants will find a webpage dedicated to information about this RFP at www.kansashealth.org/healthequitypartnership. In addition to basic details about the RFP, this site also includes a pre-recorded informational webinar, links to required attachments and a list of Frequently Asked Questions about the RFP.

Optional Applicants Meetings

Interested applicants are encouraged to attend one of three RFP information sessions to be held throughout the state. These meetings will provide interested applicants with an opportunity to learn more and ask questions about the Health Equity Partnership, the CCAT, the specific opportunity available through this RFP and the application process.

Meetings will be held in the following locations:
• Tuesday, August 2, 2016, Garden City, 10:00 AM – 12:00 PM CST
• Wednesday, August 3, 2016, Topeka, 1:30 PM – 3:30 PM CST
• Friday, August 12, 2016, Wichita, 9:00 AM – 11:00 AM CST

To participate in one of the applicants meetings, please RSVP by providing the following information to Blair Weibert, Kansas Health Foundation Program Assistant, at bweibert@khf.org:
• Name(s)
• Organization(s)/Affiliation(s)
• Meeting location preference
• Number attending for your organization/coalition

We encourage all prospective applicants to attend one of the meetings; however, attendance is not required to apply or be considered for funding. In addition, a pre-recorded webinar will be posted at www.kansashealth.org/healthequitypartnership after Wednesday, August 10, 2016, providing meeting highlights for those unable to attend in person and a refresher for attendees. Answers to Frequently Asked Questions will be posted online, and applicants are welcome to submit questions any time by contacting Elina Alterman, Kansas Health Foundation Program Officer, at ealterman@khf.org.

CCAT Orientation

TCC Group will be participating in the three optional applicants meetings, describing the CCAT process. Applicants that are unable to participate in one of the in-person applicant meetings must contact TTC Group directly at khfccat@gmail.com.
Grant Exclusions

Grant funds may not be used to support any of the following activities:

- Construction projects of any kind
- Medical research
- Contributions to capital campaigns
- Operating deficits or retirement of debt
- Endowment programs not initiated by KHF
- Vehicles, such as vans or buses
- Medical equipment
- Real estate acquisitions
- Direct mental health services
- Direct medical services

Meeting and Reporting Requirements

At the beginning of the grant term, grantees will be expected to spend up to three days in Wichita for a cohort retreat.

Grantees will be required to participate in quarterly conference calls with KHF and other organizations funded through this RFP. In addition, applicants should plan and budget for one, two-day meeting in Wichita per year.

Grantees must submit grant and financial status reports according to the schedule outlined in the grant agreement.

Each quarter, grantees will be expected to report on the progress being made toward their stated goals. Grantees are expected to participate in evaluation as requested by KHF.

Proposal Requirements

Proposals are submitted using KHF’s online proposal module. To be considered, submissions must include:

A. Cover page (completed online)
B. Proposal Narrative (attached/uploaded with online proposal)
C. Proposal Objectives Template (attached/uploaded with online proposal)
D. Budget and Justification Template (attached/uploaded with online proposal)
E. Acknowledgement of Agreement Review (attached/uploaded with online proposal)
F. Financial Documents (attached/uploaded with online proposal)
G. Letters of Support from Collaborating Organizations (attached/uploaded with online proposal)
Applicants must request funding for all necessary technical assistance, communications support and any other assistance required to successfully implement the proposed activities.

A. Cover Page
The cover page is completed online and requires the following information:
- Organization information (name, address, phone, email, etc.)
- Contact information:
  - Person authorized to sign the grant agreement
  - Person responsible for completing the proposal
- Project title
- Project term

B. Proposal Narrative
The proposal narrative is limited to 16 single-spaced pages and must be developed using 12-point Times New Roman font and one-inch margins. Clearly organize the proposal narrative using the following four sections.

1. Executive Summary (up to one single-spaced page)
   - This section is not scored but should provide KHF staff and reviewers with an overview of the proposed activities and intended outcomes.
   - Provide the following on the Executive Summary page:
     - Full name and email address of the person responsible for completing the proposal.
     - Project title.
     - Requested funding amount.
     - Requested funding period.
     - Focus of the grant proposal.
     - Brief narrative overview of the proposal. KHF draws from this narrative when announcing grant awards.

2. Applicant Capacity and Experience (up to four single-spaced pages)
   - Describe applicant organization’s mission and how this proposal is related to that mission.
   - Describe applicant organization’s capability and resources to ensure timely start-up and implementation of the proposed activities.
   - Briefly discuss the results from the CCAT and identify your organization’s strengths and areas for improvement.
   - Identify and describe qualifications and related experience of key personnel who would direct/oversee the proposed effort.
     - Include length of service of Executive Director/Manager in their current role and past experience(s) in leadership positions; and
     - Describe the role of the board of directors and the current board’s level of engagement
   - Describe applicant organization’s experience with advocacy, collaboration, coalition building and affecting policy and systems change.
Include two specific examples of how the organization has used advocacy to advance policy priorities or protect against potential harmful policies.

3. Issue Area (up to three single-spaced pages)
   - Identify and describe the issue area (including relevant systems and policies) to be addressed through this initiative.
   - Describe how the chosen issue area intersects with two other issue areas.
   - Identify and describe the population that would be engaged by the applicant organization and disparities experienced by this population.
     - Include whether the organization has direct relationships with leaders in these communities and describe those relationships.

4. Vision for Capacity Building (up to eight single-spaced pages)
   Ensure adequate detail is provided to enable reviewers to clearly understand the proposed plan.
   - Describe how grant funding will help develop stronger organizational capacity to make progress toward applicant organization’s vision/mission.
     - Utilizing the results of the CCAT, include the capacities most needed to be built, how this would be accomplished, and identify the resources needed to realize the changes sought.
   - Identify any other organizations that will serve as partners in key roles for this initiative, with a clear delineation of roles and mechanisms for ensuring accountability when necessary.
   - Describe how the grant funding will help develop more robust networks and relationships with other organizations.

C. Proposal Objectives Template
Provide five to ten SMART (specific, measurable, attainable, relevant, and time-bound) objectives for the proposal using the Proposal Objectives Template. Refer to KHF’s guidance document for developing SMART objectives available at the RFP webpage, http://kansashealth.org/sites/default/files/SMAR-Objectives.pdf.

Proposal objectives should reflect what the applicant organization expects to achieve and will be able to measure and report on over the course of Year One of the grant term. When developing objectives, consider:
   - What about our organization will be different because of this project?
   - How will we know we have built organizational capacity and strengthened our networks?

Grantees’ proposed objectives will be used to assess the progress and impact of the funded grants. Applicants will be expected to submit a grant status report at the end of each grant year.

D. Budget and Justification Template
The Budget and Justification Template must be submitted with the proposal. Provide a clear budget narrative and justification for all potential costs. As Year One will be focused on organizational capacity building, applicants should budget for any
anticipated staff, trainings, sub-granting, technical assistance, consultants or infrastructure. Ensure all necessary capacity building costs are identified in the budget justification/narrative.

Complete budget narrative to support budget table by providing a description and justification for each category. Please describe how you arrived at your total for each category.

E. Acknowledgement of Agreement Review
To ensure the applicant organization is able to accept a grant from KHF, the organization must submit a signed Acknowledgement of Agreement Review.

F. Financial Documents (Required)
- IRS Form 990
- Most recent unaudited financial statement (balance sheet)
- Most recent audited financial statement

G. Letters of Support from Collaborating Organizations
As collaboration, building collective capacity and power are core tenants of this RFP, please submit a minimum of three letters of support from partnering organizations indicating their commitment to work with the applicant on the proposed project. The letters should speak to applicant’s expertise, credibility and ability to lead and collaborate in the chosen project space.

Proposal Requirement Checklist

Applicants may use the following checklist to ensure all requirements are included in their proposal:

<table>
<thead>
<tr>
<th>Document</th>
<th>Included?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Page</td>
<td></td>
</tr>
<tr>
<td>Proposal Narrative</td>
<td></td>
</tr>
<tr>
<td>Proposal Objectives Template</td>
<td></td>
</tr>
<tr>
<td>Budget and Justification Template</td>
<td></td>
</tr>
<tr>
<td>Acknowledgement of Agreement Review</td>
<td></td>
</tr>
<tr>
<td>Financial Documents</td>
<td></td>
</tr>
<tr>
<td>Letters of Support from Collaborating Orgs.</td>
<td></td>
</tr>
</tbody>
</table>

Please see “Letter of Intent” on page 5 for the instructions on obtaining the link for submitting the final proposal. Proposals are due by 5:00PM CST on October 14, 2016.
Timeline and Scoring Process

Following is the anticipated timeline for the RFP:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Released</td>
<td>July 21, 2016</td>
</tr>
<tr>
<td>Applicants Meetings</td>
<td>August 2, August 3, and August 12, 2016</td>
</tr>
<tr>
<td>Letter of Intent Due</td>
<td>August 22, 2016</td>
</tr>
<tr>
<td>Proposals Due</td>
<td>October 14, 2016</td>
</tr>
<tr>
<td>Grant Awards Announced</td>
<td>November 11, 2016</td>
</tr>
<tr>
<td>Grant Term Begins</td>
<td>December 1, 2016</td>
</tr>
<tr>
<td>Final Grant Term Ends</td>
<td>November 30, 2019</td>
</tr>
</tbody>
</table>

Scoring Process

KHF has organized a team of knowledgeable stakeholders invested in this project to review and recommend proposals for funding under this RFP. Proposals receiving the highest overall scores and meeting all proposal requirements will be eligible for funding. Point values for scoring are outlined below:

<table>
<thead>
<tr>
<th>Proposal Section</th>
<th>Maximum Score</th>
<th>Page Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>Not Scored</td>
<td>1</td>
</tr>
<tr>
<td>Applicant Capacity and Experience</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Issue Area</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Vision for Capacity Building</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Proposal Objectives</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Budget</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>Letters of Support from Collaborating Orgs.</td>
<td>Not Scored</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>45</strong></td>
<td><strong>16 pgs + Objectives and Budget sections and Letters of Support</strong></td>
</tr>
</tbody>
</table>

Contact Information

If you have programmatic questions, please contact Elina Alterman, Kansas Health Foundation Program Officer, at ealterman@khf.org.

If you have questions regarding the online application process, please contact Blair Weibert, Kansas Health Foundation Program Assistant, at bweibert@khf.org.