

KANSAS INTEGRATED VOTER ENGAGEMENT INITIATIVE: HEALTH DEPENDS ON A VIBRANT DEMOCRACY

Request for Proposals

August 2017

Purpose

Difficult problems – in business or in civic life – are best solved when diverse viewpoints are brought to the table and common solutions are developed that benefit all. Yet, in Kansas, a significant portion of the state’s population does not participate in the democratic process. The purpose of this Request for Proposal (RFP) is to increase civic engagement among populations who have valuable perspectives and ideas, but for various reasons do not currently participate in the democratic process at the same level as other Kansans. If they would, more Kansans’ views would be considered when policy makers debate and decide policy, leading to stronger, healthier outcomes for all.

Through this RFP, up to ten organizations will be funded to incorporate year-round, non-partisan Integrated Voter Engagement (IVE) into existing health equity work with the goals of increasing voter registration and turnout in state, national and local elections during the course of the grant period as well as ensuring that communities and individuals participate in the processes of democracy in-between elections.

Background

The freedom to participate in the democratic process is one of the most fundamental rights that we have as U.S. citizens. From the 15th and 19th Amendments to the U.S. Constitution to the Voting Rights Act of 1965 and the National Voter Registration Act of 1993, the right to have one’s voice heard and counted has undergone a lengthy and often bloody struggle. While tremendous progress has been made in ensuring that all citizens are able to participate in the democratic process, significant disparities remain in both voter registration and voter turnout.

According to the Pew Charitable Trusts’ Elections Performance Index, in 2012, Kansas ranked 35th in the nation for voter turnout, with 58 percent of the state’s eligible voting population casting their vote (by comparison, the number one state was Minnesota with 76 percent voter turnout) and also 35th for voter registration rate, with a rate of 81 percent (the number one state was Mississippi with 90 percent voter registration rate). In 2014, Kansas ranked 15th in the nation for voter turnout, with 43.4 percent of the state’s eligible voting population casting their vote (by comparison, the number one state was Maine with 58.5 percent voter turnout) and 38th in the nation for voter

registration rate, with a rate of 75 percent (the number one state was Colorado with 86.7 percent voter registration rate).

According to the U.S. Census Bureau Voting and Registration Supplement, 61.3 percent of Kansans voted in the 2016 election and 70.9 percent were registered. While Kansas appears to be on an upward trajectory with more citizens voting, broken down by race and ethnicity, there remain clear disparities in voter turnout and registration. While voter registration for white, non-Hispanic Kansans in 2016 was 74.4 percent, voter registration for black Kansans was 61.8 percent and 54.7 percent for Hispanic Kansans. And whereas turnout for white, non-Hispanic Kansans in 2016 was 65.3 percent, voter turnout for black Kansans was 44.5 percent and 48.9 for Hispanic Kansans. Broken down by gender and age, a different trend appears. While 74 percent of Kansas women were registered in 2016 and 64.9 percent voted, only 67.6 percent of Kansas men were registered in 2016 and 57.5 percent voted. And while voter registration was 84.1 percent for Kansans 65 plus and turnout was 75.2 percent, voter registration for Kansans 18 to 24 was 49.5 percent with turnout at 35.8 percent, and voter registration for Kansans 25 to 34 was 60.5 percent with turnout at 50.8 percent.

Disparities in voter registration and voter turnout mirror health disparities in Kansas. Kansans with lower levels of income and education have significantly poorer outcomes on many health indicators. Latino and African American Kansans experience higher rates of many chronic diseases and face challenges with access to health care compared to their White neighbors. When asked to rate their overall health, only 15.7% of Kansans report their overall health as “fair” or “poor.” Notably, the percentage reporting fair or poor health is much higher among Latinos (23.3%) and African Americans (24.2%) compared to Whites (14.2%). Kansans with lower levels of education and income are also more likely to report fair or poor health. One-in-three Kansas adults (36.3%) without a high school education report fair/poor health compared to only 6.9% of adults with a college degree. One-in-four Kansans (26.7%) living in households with annual incomes less than \$35,000 report fair/poor health compared to only 5.3% of Kansans living in households with incomes greater than \$75,000.

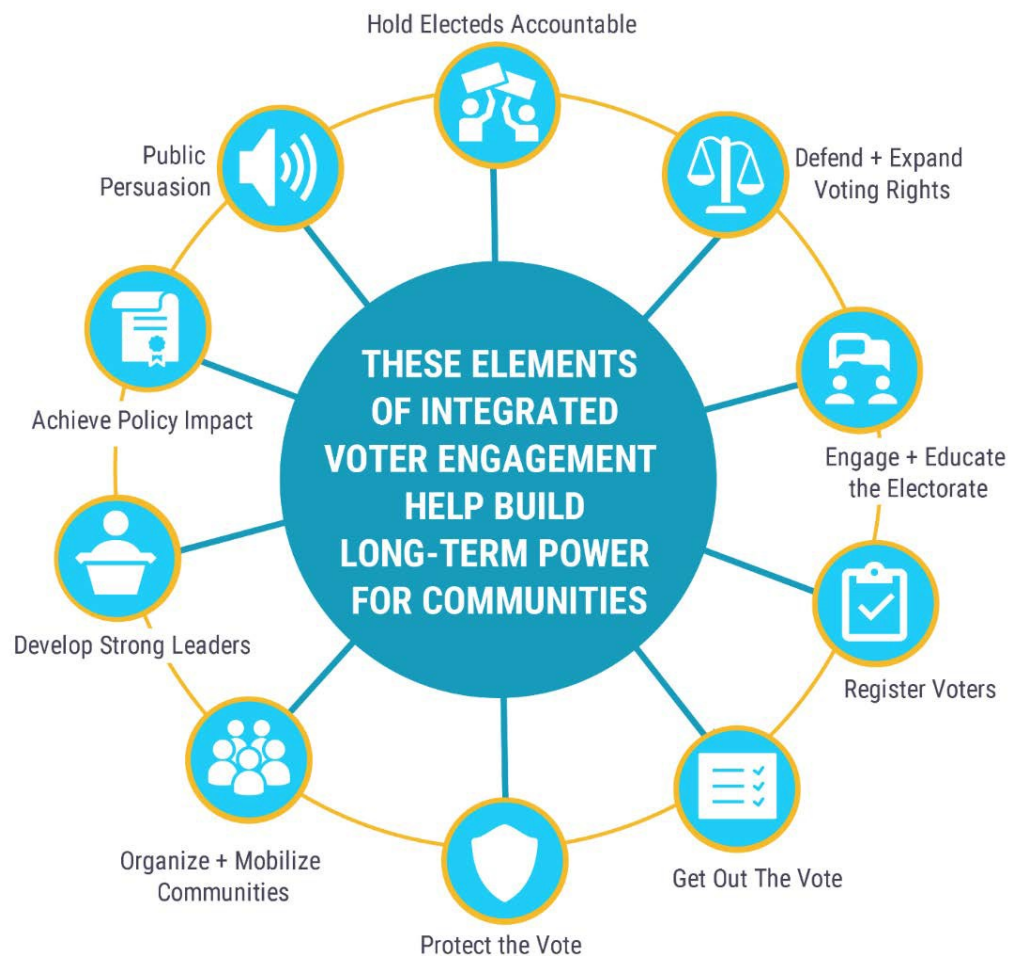
Increased health equity and improvement in health outcomes for all populations depend on a robust and vibrant democracy as health and civic disparities are intrinsically linked. The success of factors that contribute to improved health outcomes such as community-level prevention efforts, access to high quality health care, access to healthy food, and safe physical environments is reliant on how policies are shaped and resources are allocated. Therefore it is critical that an engaged electorate be part of the decision-making process, have their voice heard and their vote counted, especially those populations with the worst health outcomes and greatest barriers to accessing care.

With this in mind, the Health Care Foundation of Greater Kansas City (HCFGKC), the Kansas Health Foundation (KHF), and the REACH Healthcare Foundation in partnership are launching a new initiative, Kansas Integrated Voter Engagement: Health Depends on a Vibrant Democracy. Through this three-year initiative, the three foundations will fund up to ten organizations to incorporate year-round, non-partisan Integrated Voter Engagement (IVE) into existing health equity work with the goals of increasing voter registration and turnout in state, national, and local elections during the

course of the grant period as well as ensuring that communities and individuals participate in the processes of democracy in-between elections.

Introduction

Research has shown that non-partisan Integrated Voter Engagement (IVE) is one of the most effective ways to increase voter turnout. Unlike Get Out the Vote efforts, IVE is not limited to election cycles, but rather is a continuous, ongoing effort that increases the number of voters and ultimately leads to policy changes. Organizations that utilize IVE successfully integrate voter engagement with their ongoing work on nonpartisan issues and organizing and advocacy efforts. These organizations, "...add new people to the voter registration rolls, educate voters about election issues, make sure new and unlikely voters actually cast their ballots, and ensure that misinformation and intimidation don't inhibit people from voting. In addition, their work has a long-term impact by developing local leaders and involving people in shaping the public policy decisions that affect their lives."¹ Successful IVE is dependent on a number of key elements²:



¹ Funders Committee on Civic Participation. Integrated Voter Engagement: A Proven Model to Increase Civic Engagement. 2011.

² Funders Committee on Civic Participation. Integrated Voter Engagement: A Proven Strategy for Achieving Impact on the Issues You Care About. 2017.

Through this Request for Proposals (RFP), the three foundations will fund up to ten organizations focused on health equity to incorporate non-partisan IVE elements into their existing work with the goal of utilizing their established efforts and issue campaigns as a means to increase voter registration and turnout in state, national, and local elections during the course of the grant period as well as ensuring that communities and individuals participate in the processes of democracy in-between elections. HCFGKC, KHF, and REACH, envision an environment where active participation in democracy is a regular part of advocacy and organizing efforts and organizations bring issues together with voting, emphasizing personal contact to engage disaffected constituencies and infrequent voters.

Applicants for the Kansas Integrated Voter Engagement initiative are required to identify and describe the health equity issue areas (including relevant systems and policies) that they are currently working on and how they will incorporate year-round, non-partisan IVE strategies into those existing efforts. It is up to the applicants to determine the geographic scope of their efforts; however, applicants are required to provide a compelling and data-driven description of the chosen geographic area, including components such as number of eligible voters, registered voters, voting age population, and pertinent area Census demographics. Applicants are required to also identify and describe the populations targeted and engaged through their efforts, health disparities experienced by these populations, and disparities in voter registration and turnout. IVE efforts proposed by the applicants will need to fit into existing efforts and engage historically underrepresented populations in policy, systems change and the democratic process within and beyond election cycles. As HCFGKC and REACH fund in both Kansas and Missouri, up to two of the ten grantees will be located in Missouri in either Cass, Jackson, or Lafayette counties.

Objectives

The Health Care Foundation of Greater Kansas City, Kansas Health Foundation, and the REACH Healthcare Foundation believe that greater civic engagement from populations most affected by health and voting disparities can lead to public policies that reduce those disparities and improve health outcomes. The intended objectives for this initiative include:

- Grantees create an infrastructure that integrates ongoing, year-round voter registration, education, and mobilization efforts into health equity issue work;
- Grantees work to mobilize and bring into the fold populations that are new to the political process, historically underrepresented, and affected by health disparities;
- Grantees seek out and develop trusted leaders drawn from the very communities they will work to mobilize;
- Grantees develop stronger organizational capacity to do IVE work; and
- Grantees develop stronger relationships with one another and the three foundations.

Funded Activities

In addition to the grant awards each grantee receives, funds will be set aside for IVE technical assistance for the cohort of grantees. These funds will be used to support the

grantees' access to IVE tools and trainings to build skills and organizational capacity. Examples of IVE support include:

- Coaching with IVE experts to help grantees develop and implement an IVE work plan;
- Meetings focused on skills-building with a diverse set of IVE practitioners and via peer learning; and
- Infrastructure upgrades with access to database systems that support IVE efforts.

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 the three foundations and will be required to attend all meetings related to the initiative.

Grantees will serve in an advisory capacity for the three foundations to inform future civic engagement funding opportunities and activities.

Who Should Apply

Applicant organizations must be tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. Eligible applicants are tax-exempt organizations qualified under Sections 509(a)(1) or (a)(2) of the Code and have the primary purpose or function of supporting, promoting, or furthering the improvement of health and whose efforts serve those areas funded by the Health Care Foundation of Greater Kansas City, Kansas Health Foundation and the REACH Healthcare Foundation (the entire state of Kansas and the following counties in Missouri: Cass, Jackson and Lafayette).

Eligible applicants must demonstrate credibility in the health equity issue area in which they propose to do IVE work and are well-positioned to increase voter registration and turnout in state, national, and local elections during the course of the grant period as well as ensure that communities and individuals participate in the processes of democracy in-between elections in Kansas.

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

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

Available Funding and Grant Period

Applicants may apply for up to \$75,000 annually for three years for a total of \$225,000. HCFGKC, KHF, and REACH anticipate funding up to ten organizations through this initiative. As HCFGKC and REACH fund in both Kansas and Missouri, up to two of the ten grantees will be located in Missouri -- in Cass, Jackson, or Lafayette counties.

The grant period includes three 12-month funding periods that begin December 1, 2017 and end November 30, 2020.

Application Deadline

Grant proposals must be submitted via KHF's electronic submission process by 5:00 PM CST on Thursday, September 7, 2017. Planning to submit the proposal well ahead of the deadline enables applicants to accommodate unforeseen technical issues.

RFP Webpage

Applicants will find a webpage dedicated to information about this RFP at <http://kansashealth.org/grant-opportunities/IVE/>. 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 this initiative and the application process.

Meetings will be held in the following locations:

- Monday, August 7, 2017, Garden City, 1:00 PM – 3:00 PM CST
- Wednesday, August 9, 2017, Kansas City, 9:00 AM – 11:00 AM CST
- Friday, August 11, 2017, Wichita, 9:00 AM – 11:00 AM CST *

To participate in one of the applicants meetings, please RSVP by providing the following information to Dian Ringer, KHF program assistant, at dringer@khf.org:

- Name(s)
- Organization(s)/Affiliation(s)
- Meeting location preference
- Number attending for your organization/coalition

**If you are unable to attend any of the above mentioned informational meetings in person, the Wichita meeting will be available via webinar. To attend via webinar, please email Dian Ringer at dringer@khf.org with the information requested above.*

We encourage all prospective applicants to attend one of the meetings; however, attendance is not required to apply or be considered for funding.

Frequently Asked Questions

Answers to *Frequently Asked Questions* will be posted online. As KHF will serve as the lead on this initiative, applicants are welcome to submit questions any time by contacting Elina Alterman, KHF program officer, at ealterman@khf.org.

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 HCFGKC, KHF, or REACH;
- Vehicles, such as vans or buses;
- Medical equipment;
- Real estate acquisitions;
- Direct mental health services;
- Direct medical services;
- Partisan political activity;
- Candidate endorsements; and
- Lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945(d)(1).

Meeting and Reporting Requirements

At the beginning of the grant term, grantees will be expected to spend up to two days in Wichita for a cohort retreat. Two staff members from each grantee organization will be expected to attend. Applicants should plan and budget for this.

Grantees will be required to participate in quarterly conference calls with the three foundations and other organizations funded through this RFP. In addition, applicants should plan and budget for one in-person meeting per year in addition to the cohort retreat at the beginning of the grant term.

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 HCFGKC, KHF, and REACH.

Proposal Requirements

As KHF will serve as the lead on this initiative, proposals must be 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)

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 foundation 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. The foundations will draw 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.
 - 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, grassroots organizing, and voter registration, education, and mobilization.

3. Issue Area (up to three single-spaced pages)
 - Identify and describe the health equity issue areas (including relevant systems and policies) the organization currently works on and into which IVE efforts would be incorporated.
 - Include two specific examples of the organization utilizing advocacy and/or grassroots organizing to affect change on health equity.
 - Identify and describe the populations engaged by the applicant organization and health disparities experienced by these populations.
 - Include whether the organization has direct relationships with leaders in these communities and describe those relationships.
4. Vision for Integrated Voter Engagement (up to eight single-spaced pages)

Ensure adequate detail is provided to enable reviewers to clearly understand the proposed plan.

 - Describe how the organization will incorporate year-round, non-partisan IVE strategies into existing health equity work.
 - Include a description of the key elements of IVE that the organization will utilize and how they will be incorporated into health equity efforts.
 - Describe the geographic scope of the organization's IVE efforts, including data components such as numbers of eligible voters, registered voters, voting age population, and pertinent area Census demographics.
 - Describe the populations that will be engaged by the applicant organization, the level of current civic engagement, and the voting disparities experienced by these populations.
 - Include whether the organization has direct relationships with leaders in these communities and describe those relationships.
 - 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.

C. Proposal Objectives Template

Provide three to four SMART (specific, measurable, attainable, relevant, and time-bound) objectives per grant year 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/SMART-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 the grant term. When developing objectives, consider:

- How will we know we have built organizational capacity to successfully implement IVE initiatives?
- What are signs that we have created an infrastructure that integrates ongoing, year-round education and mobilization efforts into our existing health equity work?
- How will we know we have mobilized and brought into the fold populations that are new to the political process who are historically underrepresented and affected by health disparities?

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 based on proposal objectives describing progress to date 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. Ensure all necessary 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

Proposal Requirement Checklist

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

Document	Included?
Cover Page	
Proposal Narrative	
Proposal Objectives Template	
Budget and Justification Template	
Acknowledgement of Agreement Review	
Financial Documents	

Proposals are due by 5:00 PM CST on Thursday, September 7, 2017.

Timeline and Scoring Process

Following is the anticipated timeline for the RFP:

RFP Released	July 27, 2017
Applicants Meetings	Garden City: August 7, 2017, 1:00 – 3:00 PM CST Kansas City: August 9 , 2017, 9:00 – 11:00 AM CST Wichita: August 11, 2017, 9:00 – 11:00 AM CST
Proposals Due	September 7, 2017 by 5:00 PM CST

Grant Awards Announced	Week of October 23-27, 2017
Grant Term Begins	December 1, 2017
Final Grant Term Ends	November 30, 2020

Scoring Process

HCFGKC, KHF, and REACH have 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:

Scoring Table		
Proposal Section	Maximum Score	Page Limit
Executive Summary	Not Scored	1
Applicant Capacity / Experience	10	4
Issue Area	10	3
Vision for Integrated Voter Engagement	15	8
Proposal Objectives	5	NA
Budget	5	NA
TOTAL	45	16 pgs + Objectives and Budget sections and Letters of Support

Contact Information

As KHF will serve as the lead on this initiative, all questions and correspondence should be sent to KHF directly.

If you have programmatic questions, please contact Elina Alterman, KHF program officer, at (316) 491-8412 or ealterman@khf.org.

If you have questions regarding the online application process, please contact Gina Hess, KHF grants associate, at (316) 491-8411 or ghess@khf.org.