

HEALTHY LIVING GRANTS INITIATIVE

Request for Proposals

May 2017

Purpose

To fund organizations to implement proven strategies that promote access to healthy food, increased physical activity, reduced tobacco use and increased access to care for *at-risk populations* in Kansas. We define “at-risk” by education level (adults ages 25+ without a high school education vs. those with at least a high school education), income (adults ages 18+ with an annual income less than \$15,000 vs. those with annual income greater than \$15,000) and racial/ethnic minorities ages 18+ (Non-Hispanic African American vs. Non-Hispanic White, Hispanic vs. Non-Hispanic White).

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.

Unfortunately, not all Kansans currently have the opportunity to lead a healthy life and tremendous differences in health outcomes still remain for many underserved groups. Kansas has the seventh highest adult obesity rate in the nation and smoking and obesity remain the leading causes of preventable death and illness in Kansas. The problems of obesity and tobacco use are increasingly concentrated among Kansans of lower socioeconomic status and other *at-risk* populations, further compounding health and economic disparities. For example, almost one-in-three (28.7%) Kansas adults with less than a high school education smoke compared to less than one-in-ten (7.3%) adults with a college degree. Moreover, 1 in 5 Kansas kids live in poverty, and more than 20% of Kansas households with children are food insecure. Compared to the general population, the proportion of Kansas adults who report participating in physical activity is lower among Hispanics, African Americans and those with less than \$15k/year in household income.

Given the prevalence of these health issues, having access to affordable health care is essential. Research indicates people who have health insurance coverage also have a regular source of care, better overall health and better management of chronic conditions. However, 11% of Kansas adults report they could not see a doctor because of cost in the last year. And, 20% of Hispanic adults, more than 20% of adults with less than a high school education and almost 30% of adults earning less than \$15,000 per year report they could not see a doctor because of cost. This

emphasizes how these populations are disproportionately affected by these issues. Studies suggest residence zip code, household income, race and educational level have a strong relationship with health and are root causes of these differences.

In 2014, through the first successful Healthy Living Grant (HLG) Initiative, KHF funded 22 high-capacity organizations to carry out efforts focused on improving access to healthy foods, increasing physical activity and reducing tobacco use. KHF made awards to applicants whose proposed evidence-based work lacked only funding to be implemented. Grantees successfully implemented policy, systems or environmentally-focused efforts in tobacco reduction, healthy food access and active living throughout the state. However, since the first HLG Initiative, KHF's focus areas have evolved to include increasing access to health care.

With this in mind, KHF is launching a second round of Healthy Living Grants, funding up to ten organizations to implement proven strategies, *targeting at-risk populations* in Kansas that promote:

- Access to healthy food
- Increased physical activity
- Reduced tobacco use
- Increased access to care

Introduction

Through this Request for Proposals (RFP), KHF will fund up to ten nonprofit and government organizations with demonstrated success and experience to focus on improving health outcomes *for at-risk populations*. Funding through this RFP will support implementation of evidence-based, shovel-ready work to increase healthy food access and/or physical activity; decrease tobacco use; and /or increase access to healthcare. For the purposes of this RFP, "evidence-based strategies" refer to those recommended by leading health organizations (i.e., the Centers for Disease Control and Prevention, Institute of Medicine, Community Preventive Services Taskforce) or are otherwise supported by strong research and evaluation findings. Applicants will describe and substantiate the evidence base for proposed strategies.

While there are a wide range of potential evidence-based strategies that support healthy living, KHF recognizes personal changes are made in the context of the larger environment and that many health problems are related to conditions outside individuals' control. As a result, KHF is particularly interested in funding strategies that lead to implementation of policy, systems and environmental (PSE) interventions that support increased healthy food access, physical activity, access to healthcare and decreased tobacco use. For purposes of this RFP, applicants should use the following definitions for PSE interventions:

- Policy strategies include laws, ordinances, resolutions, regulation or written rules, for example, organizational policies that provide time off during work

hours for physical activity or ensure healthy food and beverage items are available in worksite cafeterias.

- Systems strategies impact possible choices and behaviors across an organization, institution or system, for example, changes to the school system to support physical activity throughout the school day and changes to health systems to ensure each tobacco-using patient is given evidence-based support.
- Environmental strategies involve physical or material changes to the economic, social or physical environment, for example, incorporating sidewalks, paths and recreation areas into community design.

KHF views PSE interventions as benefiting any individual who interacts with a broader system or environment. Programs for individual behavior change, on the other hand, are designed to support behavior change among a specified number of individuals through the delivery of information or services. *Through this RFP, KHF will fund only those programs for individual behavior change that support broader changes in policies, systems or environments.* For example, training healthcare providers to screen for tobacco use and provide brief counseling/referral is a program that may be eligible for funding *if* the training is part of a broader effort to institute an evidence-based intervention within a health care system. It is the responsibility of applicant to clearly describe any program for individual behavior change being proposed and the extent to which it is related to a PSE intervention.

Through this RFP, grant funds may support activities to implement a PSE intervention that has already been adopted by a decision-making body and activities likely to result in PSE interventions being adopted. KHF anticipates funding a range of communication and advocacy efforts to strengthen support for PSE interventions.

Initiative Objectives and Requirements

KHF envisions a Kansas in which every Kansan can make healthy choices where they live, work and play. Unfortunately, not all Kansans have the opportunity to lead a healthy life, and tremendous differences in health outcomes still remain for many. The intent of this RFP is to fund up to ten evidence-based, successful efforts that will demonstrate progress toward increased access to healthy food, increased physical activity, reduced tobacco use and/or increased access to care for *at-risk populations* in Kansas. Recognizing these disparities, KHF focuses our work in two primary areas - Civic Health and Health Equity.

Within Health Equity, KHF has identified four priority impact areas and subsequent indicators to measure and track change:

- 1) Increase Access to Care
 - a. Proportion of Kansas adults with health insurance
 - b. Proportion of Kansas adults who could not see a doctor because cost was a barrier
 - c. Proportion of Kansas adults who had a routine check-up in the past year

- d. Proportion of Kansas adults who visited a dentist or dental clinic in the past year
- 2) Decrease Tobacco Use
 - a. Proportion of Kansas adults who smoke cigarettes
 - b. Proportion of Kansas adults with mental illness who smoke cigarettes
 - 3) Increase Physical Activity
 - a. Proportion of Kansas adults participating in physical activity
 - b. Proportion of Kansas youth participating in physical activity
 - 4) Increase Healthy Food Access
 - a. Overall food insecurity in Kansas
 - b. Proportion of Kansas adults eating vegetables
 - c. Proportion of Kansas adults eating fruit
 - d. Proportion of Kansas youth eating vegetables
 - e. Proportion of Kansas youth eating fruit

These indicators are also being tracked on a subpopulation level to help KHF better understand and tackle the health disparities for the *at-risk* populations noted in the “Purpose” section of the RFP.

Grantees are required to have one staff member designated as the point of contact for this initiative. This staff member would have a leading role within applicant organization as they would be the primary contact for KHF, if funded, and required to attend all meetings related to the initiative.

To avoid any real or perceived conflicts of interest, KHF reserves the right to not fund organizations that contract with or receive funding (including grants or sponsorships) from tobacco companies or soft drink manufacturers. Applicants must include a signed statement describing any financial relationship with tobacco companies or soft drink manufacturers.

Who Should Apply

A broad range of organizations may be supported through this RFP, such as:

- Organizations representing perspectives of population groups disproportionately affected by obesity and tobacco use and those addressing lack of access to healthcare;
- Health care providers and systems;
- Local and state government;
- Academic institutions;
- Housing authorities;
- Organizations with expertise in chronic disease prevention and health promotion;

- Local tobacco or chronic disease prevention coalitions;
- Organizations serving school systems and childcare providers;
- Membership organizations;
- Parent organizations; and
- Neighborhood associations.

Eligible applicants are tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code and government organizations well-positioned to implement strategies related to these RFP objectives. Applicant organizations will be classified as a governmental organization or a "public charity" [under Section 509(a)(1) or (a)(2) of the Code].

Grants will be awarded to organizations whose proposals include:

- Evidence of successes and experience with improving health outcomes *for at-risk populations*;
- Demonstrated success and experience with implementation of *policy, systems and environmental (PSE) interventions*;
- A strong multi-sector approach; and
- Strategies that leverage or build upon efforts funded by other state, federal or foundation grants.

Available Funding and Grant Period

KHF anticipates funding up to ten organizations. Applicants may apply for a total award amount up to \$100,000. The grant period begins Oct. 1, 2017 and ends Sept. 30, 2019. The maximum grant period is 24-months. Full payment will be made at the start of the grant term.

Application Deadline

Grant proposals must be submitted via KHF's electronic submission process **by 5:00 PM CST on Thurs., June 29, 2017**. Planning to submit the proposal well ahead of the deadline enables applicants to accommodate unforeseen technical issues.

Grant Exclusions

Grant funds may **not** be used to support:

- Lobbying as defined by the US Internal Revenue Code (IRC), section 4945(d)(1). A wide range of advocacy activities that do not represent lobbying may be supported through Healthy Living funding.
- Programs for individual behavior change (i.e., weight loss programs, chronic disease self-management programs, or the provision of tobacco cessation services) will not be considered unless they are clearly part of an overall PSE strategy.

- Community design construction (i.e., pedestrian walkways and bicycle paths) will not be considered unless it is clearly part of an overall PSE strategy.
- Any of the following activities:
 - Medical research
 - Contributions to capital campaigns
 - Operating deficits or retirement of debt
 - Endowment programs not initiated by the Foundation
 - Vehicles, such as vans or buses
 - Medical equipment
 - Real estate acquisitions
 - Direct mental health services
 - Direct medical services

RFP Webpage

Applicants will find a webpage dedicated to information about this RFP at <http://kansashealth.org/grant-opportunities/hlg/>. 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.

Meeting and Reporting Requirements

Each quarter, grantees report on progress being made toward stated goals and participate in evaluation as requested by KHF. Grantees participate in quarterly check-ins with KHF, at least one of which will be an in-person site visit. In addition, applicants should plan and budget for one, one-day meeting in Wichita *per grant year*.

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

Proposal Requirements

Submit proposals 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 Relationship Statement Template (attached/uploaded with online proposal)
- G. Overall Proposal Revenue Table Template (attached/uploaded with online proposal - *if applicable*)
- H. Financial Documents (attached/uploaded with online proposal)
- I. Letters of Support (attached/uploaded with online proposal), *if applicable*

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 17 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 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.
 - 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
3. Issue Area (up to four, single-spaced pages)
 - Identify and describe the issue area (including relevant policies, systems, and environments) to be addressed.
 - Identify and describe the population to be engaged by applicant organization and disparities experienced by this population.
 - Include and describe any direct relationships applicant organization has with leaders in these communities.

4. Proposed Project Plan and Timeline (up to eight, single-spaced pages)
Provide adequate detail enabling reviewers to clearly understand the plan.
 - Provide narrative description of proposed strategies and implementation.
 - If the proposal includes “programs for individual behavior change” or “community design construction,” clearly describe how these activities will support a broader systems and/or environmental change as KHF will not provide funds for the sole purpose of supporting programs or community design construction.
 - On a single page, within the eight-page total for this section, provide a timeline to clearly identify the major activities to occur during each quarter of the grant term.
 - Provide an overview of the evidence to support proposed strategies.
 - Substantiate your proposed strategies are “evidence-based” by citing supporting reports, publications, or evaluation findings.

C. Proposal Objectives Template

Provide five-to-ten SMART (specific, measurable, attainable, relevant and time-bound) objectives using the *Proposal Objectives Template*. Refer to KHF’s guidance document for developing SMART objectives available here:

<http://kansashealth.org/wp-content/uploads/2017/03/SMART-Objectives.pdf>

Proposal objectives should reflect what applicant organization expects to achieve and is able to measure/report during grant term. Consider:

- What policy, system and environmental change(s) will occur as a result of this project?
- What will be different as a result of this project? (i.e., measurable changes in the target population, system, etc.)
- How will we know the project is making progress and was ultimately successful?

Proposed objectives are used to assess progress and impact. Grantees participate in quarterly update calls and at least one site visit per year with their program officer. In addition, Grantees submit a written grant status report at the end of each grant year.

D. Budget and Justification Template

The KHF Budget and Justification Template must be submitted with the proposal. Provide a clear budget narrative and justification for all potential costs. Applicants must request funding for necessary to successfully implement proposed activities and budget for two Wichita grantee meetings (hotel and all travel expenses), as well as other anticipated staff, sub-granting, consultants or infrastructure costs. Ensure all necessary costs are identified in justification/narrative. Complete budget narrative in support of budget table providing a description and justification for each category, and describe how you arrived at each category total.

E. Acknowledgement of Agreement Review

To ensure the applicant organization may accept a KHF grant, the application organization must submit a signed *Acknowledgement of Agreement Review*.

F. Financial Relationship Statement

To avoid potential conflicts of interest, applicant organization must disclose any financial relationships with tobacco companies by submitting a signed Financial Relationship Statement Template. KHF reserves the right to decline funding to organizations for which existing financial relationships appear to conflict with the goals of this RFP.

G. Overall Proposal Revenue Table Template (if applicable)

Applicants will complete this table only if other revenue sources support this specific funding request. Applicants will describe other pending or approved revenue supporting this effort. This is not a request for applicant’s overall organizational budget.

H. Financial Documents (Required)

- IRS Form 990
- Most recent unaudited financial statement (balance sheet)
- Most recent audited financial statement

I. Letters of Support from Partnering Organizations

If applicable, letters of support from partnering organizations indicating their commitment to work with applicant on proposed project may be included and should speak to applicant’s expertise, credibility and ability to lead and collaborate in the proposed space.

Proposal Requirement Checklist

Document	Included?
Cover Page	
Proposal Narrative	
Proposal Objectives Template	
Budget and Justification Template	
Acknowledgement of Agreement Review	
Financial Relationship Statement	
Overall Proposal Revenue Table Template	
Financial Documents	
Support Letters from Partner Organization(s) - <i>if applicable</i>	

Anticipated Timeline

RFP Released	May 15, 2017
Recorded Webinar on Website	May 26, 2017
Proposals Due	June 29, 2017
Grant Awards Announced	Week of Aug.15, 2017
Grant Term Begins	Oct. 1, 2017
Grantee Meeting #1, Wichita	Oct. 30, 2017 10 am – 4 pm
Grantee Meeting #2, Wichita	Nov. 16, 2019 8:30 am – 4 pm
Grant Term Ends	Sept. 30, 2019

Scoring Process

Scoring Table		
Proposal Section	Maximum Score	Page Limit
Executive Summary	Not Scored	1
Applicant Capacity and Experience	10	4
Issue Area	10	4
Proposed Project Plan and Timeline	15	8
Proposal Objectives	5	NA
Budget	5	NA
Support Letters from Partner Orgs	Not Scored	N/A
TOTAL	45	17 pgs + Objectives and Budget sections and Letters of Support

Contact Information

For programmatic questions, please contact Carolyn Williams, KHF senior program officer, at cwilliams@khf.org.

For questions regarding the online application process, please contact Gina Hess, KHF grants associate, at ghess@khf.org.