UChicago Medicine Ingalls Memorial

FY 2023 COMMUNITY BENEFIT GRANT GUIDELINES

Request For Proposals (RFP)

Application Due Date: Friday, April 7, 2023, 5:00 PM CST
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PART I. INTRODUCTION

The University of Chicago Medicine Ingalls Memorial (Ingalls) is committed to improving the health of residents of the south suburban Chicago area as outlined in our Community Health Needs Assessment and Strategic Implementation Plan. As part of this commitment, Ingalls is sponsoring a grant initiative designed for the community benefit program that extends financial support to local non-profit, community-based organizations to provide programs and initiatives to at-risk and underserved populations aligned with our strategic health priorities.

- Prevent and manage chronic diseases: heart disease, diabetes and cancer

Prior to submitting your grant proposal, please review the following information on the background, eligibility criteria, types of projects funded, instructions for completing the grant, the review process, and the submission and timeline. This application can be accessed online https://issuu.com/communitybenefit-ucm/docs/ucm-ingalls-chna-2021-2022.

PART II. BACKGROUND

As part of Ingalls Memorial 2021-2022 Community Health Needs Assessment (CHNA), we analyzed data from national, state and local sources and conducted focus groups to identify the priority health areas for the Ingalls service area. Based on the findings, heart disease, diabetes and cancer were identified as significant health issues to address in the Ingalls service area, the 13 ZIP code area in the Thornton Township.

Chronic disease management is an issue for the community, with heart disease and cancer among the top two causes of death for the residents in the Ingalls service area. Preventable chronic disease hospitalization rates are among the highest 1% in Illinois. These diseases affect Black community members at an unequal rate. The heart disease mortality rate is 26% higher for Non-Hispanic Black population compared to other racial and ethnic groups. The Ingalls Memorial service area also has a higher percentage of individuals with high blood pressure when compared to South Suburban Cook County. High blood pressure affects nearly 40% of the adult population. Moreover, the rate of diabetes is 15% higher in the Ingalls service area than in South Suburban Cook County. Type 2
diabetes emergency department visit rates also disproportionately affect the Non-Hispanic Black population. Unfortunately, the rate for diabetes has remained unchanged for several years.

According to the Ingalls Memorial 2021-2022 CHNA, on average, people who live in the Ingalls Memorial service area have a more advanced stage of cancer when they are diagnosed than other residents in South Suburban Cook County. This is significant because when cancer is diagnosed at a later stage, it has a worse prognosis. The diagnosis rates for prostate cancer, lung cancer and colorectal cancer are significantly higher than the rest of the region. According to the Alliance for Health Equity’s 2018-2019 CHNA for Chicago and Suburban Cook County, inequities in the social determinants of health such as access to quality healthcare and the unjust distribution of resources between communities is a contributing factor to the high cancer mortality rates.
PART III. ELIGIBILITY CRITERIA

To be eligible for the Community Benefit Grant program, organizations must meet the following criteria:

1. Applicant must be a 501(c)(3) nonprofit.
2. Applicant must either be located in and/or deliver the majority (51%) of programming in the Ingalls service area.
3. The program or project must be related to **DIABETES, HEART DISEASE OR CANCER** and benefit residents who reside in Thornton Township.
4. Applicants must provide services to all regardless of race, religion, sex, age, disability, national origin, or sexual orientation.
5. All proposals must include SMART objectives (Specific, Measurable, Attainable, Realistic, and Time-Bound) that align with Ingalls defined metrics (PLEASE COMPLETE APPENDIX A. PLEASE ADD ROWS TO THE TABLE FOR ANY ADDITIONAL MEASURES).
6. All proposals should use the provided worksheet template formats and track progress of granted dollars, goals, targets, etc. noted to date.
7. Grantees must share the organization’s story and the impact its project has on improving community health by submitting requested reports

Part IV. EXCLUSIONS

Generally, grants requesting the following types of support are excluded and will not be considered:

1. Applications from partisan political organizations.
2. Applications from for-profit organizations.
3. Applications requesting support for fund raising activities such as sponsorships, advertising or event tickets.
4. Applications from individuals.
5. Applications for memorials, endowments or capital campaigns.
PART V. TYPES OF PROJECTS FUNDED

The vision of Ingalls is to enhance community health and wellness in the Ingalls service area. In alignment with the Community Health Needs Assessment (CHNA), projects should prioritize chronic diseases (heart disease, diabetes, and cancers). The Community Benefit Grant program will help strengthen the community’s capacity to address pressing health needs within the Ingalls service area so all people may live healthy and fruitful lives.

To this end, Ingalls will accept proposals requesting funding for 12-months for programs centered on the prevention or management of heart disease, diabetes, or cancer.

Please note the following:

A. Grants must focus on heart disease (heart health), diabetes and cancers.
B. Only one application per organization will be accepted for this round of applications for FY 2022-2023.
C. Grant period: 12-months.
D. Grant awards may be up to $25,000 for the grant period.
E. Funds will be disbursed in one payment.
F. All funds must be used during this funding cycle (unless approved by Ingalls).

The Grant Review Committee will determine the award amount based on the budget and the needs of the program. Ingalls may request additional information related to the grant proposal. Grantees will be required to submit end of grant reports with the progress and outcomes of their program. Failure to report will disqualify an organization from participating in the next funding cycle. Additional check-ins may be requested.

PART VI. SUBMISSION PROCESS AND TIMELINE

To apply, please read and review this application form and submit the completed questions, documentation (e.g., budget) and all necessary additional criteria (e.g., letters of commitment from collaborating organizations) to the Ingalls Community Benefit program at communitybenefit@ingalls.org.

The grant award(s) will range up to $25,000 for the grant period, which is for 12 months. The Grant Review Committee will determine the award amount based on the budget and the needs for the program.

1. RFP Announcement: March 10, 2023
2. Grant submissions close: Friday, April 7, 2023 at 5pm
3. Follow up questions for selected candidates: mid-May 2023
4. Announcement of final grantees: end of May 2023
5. Funds awarded June 2023

Grant recipient(s) that are selected for funding must abide by the following branding guidelines of Ingalls should your program use printed or online materials:

1. Please refer to Ingalls as UChicago Medicine Ingalls Memorial in all materials related to your program or initiative.
2. Display approved Ingall’s logo on printed materials and internet sites which advertise event or program.
3. Upon request, Ingalls will provide your organization with the appropriate logos.
4. All promotional materials using Ingalls’ logos must be approved before distribution.

If you have any questions, please contact the community benefit program by email at communitybenefit@ingalls.org.

PART VII. THE REVIEW PROCESS

Proposals submitted by April 7 will be reviewed by Ingalls Grant Review Committee. The Committee adheres to a strict conflict of interest policy and selects potential grantees based on the merits of each proposal. Final grantees selected will be notified in mid-June 2023.

Grantees that are selected for funding will be required to adhere to a reporting process that will be communicated at the time funds are awarded which will include progress towards goals, successes/challenges, financial statement of funds granted, and data collected. Successful proposals will be evaluated and scored on the following qualities:

Project description (30 points total) 4 Page maximum
   a. Project description. Describe in detail the project using goals and objectives that are SMART (Specific, Measureable, Attainable, Realistic and Time-Bound). Provides a clear overview of the organizational structure. Provide a work plan describing the project plan. (20 points)
   b. Community needs for the project. Provide a clear description of the problem and the needs of the target community/population supported by primary and/or secondary data. (10 points)

Organizational Readiness (20 points total) 2 Page maximum
   a. Provide organization’s background. Please provide clear and concise details on experience addressing chronic conditions within the target population and/or geographic area. (5 points)
   b. Provide in detail the organization’s approach and experience partnering with the community. (5 points)
   c. Describe the organization’s approach and strategies used to provide outreach to the community. (5 points)
   d. Organizational capacity to manage proposed activities and achieve outcomes. (5 points)

Budget (20 points total) 1 Page maximum
   a. Budget showing each item and its cost. (Appendix B is an example form that may be used) (10 points)
   b. Provide a clear budget justification for each item listed in the budget. (5 points)
   c. Describe the organization’s ability to sustain program activities over time. (5 points)

Evaluation Plan (30 points) 2 Page maximum
   a. Describe how evaluation will be embedded in the project work plan. Clearly describe evaluation methods, tools, and proposed outcome. (15 points)
   b. Provide a clear and concise evaluation plan. Please include activities, indicators, targets and timeframes completed for each section. (15 points)
PART VIII. GRANT APPLICATION

Directions: Please respond to all of the questions. Questions may be transferred into a new document.

APPLICANT INFORMATION

Name of Organization:
Tax ID:
Mailing Address, City, State, Zip:
Tax Status:
Contact Person and Title:
Contact Phone:
Contact Email:
Submission Date:
Program Title:
Start Date of Program:
End Date of Program:
Organization’s Website Address:

Project Description (4 Page maximum)

1. State the program title and describe how your program will prevent or manage heart disease, diabetes, and/or cancers.

2. Describe the need for the program. Please briefly cite any statistics that indicate the problem that this program intends to solve. (Please reference UChicago Medicine Ingalls Memorial 2021-2022 CHNA, if needed).

3. Please provide a thorough description of the program, including the goals, number of intended lives served, objectives and timeframe of the program. Attach a work plan to Appendix A that outlines the program’s goals, target audience, objectives, activities, resources/inputs and outcomes. Description should include the following components (for definitions, see RFP Glossary on page 10):
   a. Needs – what specific aspect(s) of heart disease, diabetes or cancer does your program aim to address?
   b. Goals – What is/are the goal(s) of your program, based on the identified needs?
   c. Target Audience – which audience(s) will your program target to ensure progress?
   d. Objectives – what are the program objectives? How do the objectives align with Ingalls Memorial strategic implementation plan?
   e. Activities – what will the program and program staff do to move these target groups toward intended outcomes?
   f. Resources/Inputs – what is needed from the larger environment for successful implementation of activities?
   g. Relationship of activities and outcomes – which activities are being implemented to
produce progress on which outcomes?

**Organizational Experience (2 Page maximum)**

4. Describe your organization’s mission, organizational structure, major accomplishments (please provide any data/outcomes you have on this program or related programs) and the experience of the staff who will be dedicated to this project.

5. Provide evidence of demonstrated outreach initiatives and community support, including your organization’s capacity to manage proposed activities and achieve outcomes.

6. Please list any other organization(s) you will be partnering with and their role in the specified program and indicate whether or not each of these is a non-profit organization. If no other organizations are associated with this program, please indicate so. Please include letters of commitment from each collaborating organization.

7. Describe how this program will be promoted to the target population intended to be served. Identify outreach, communication and recruitment methods that will be used to increase awareness and participation in this program.

8. Identify the primary service area; please include the community or neighborhood name as well as zip codes that this program is intending to serve. Also, state the number of participants expected to be impacted directly through the funds being sought through this program grant and their demographics.
Budget (1 Page maximum)

9. Please state the amount of funding requested. Provide a budget narrative describing how funds will be utilized.

10. Please attach a complete description of the proposed project’s overall budget, anticipated funding and justification for each line item. SEE APPENDIX B.

11. Please provide your organization’s annual budget. Please also provide a list of major sources of revenue for your organization.

Evaluation (2 Page maximum)
Applicants must provide an evaluation plan that demonstrates how the recipient will fulfill the requirements outlined in the program description. The applicant must include methods, tools and data sources that will be used to track performance over time.

12. What is your experience using data to develop strategies with clear impact and performance measures?

13. What is your experience with evaluation and performance measurement and using that process to support continuous learning and improvement?

14. Describe how your organization will measure the performance and impact of the program or initiative and the methods it will use to evaluate its effectiveness (e.g. case study reviews, interview protocols, logs). Please ensure your objectives and measurement techniques are Specific, Measurable, Attainable, Realistic, and Time- Bound (SMART). Please complete Appendix A.

15. If you have baseline data to demonstrate your program or initiative’s past performance and success, please include in your summary.
RFP GLOSSARY

- **Activities** – In this RFP, activities refer to what are typically thought of as **process objectives**. These are the interventions delivered through program implementation to achieve the outcome objectives. What activities will your program and its staff deliver and how will these be delivered to address social determinants of health?
- **Goal(s)** – Broad statements about the impact to be achieved with your target audience, but generally apply to longer time periods such as five years. Goals do not typically include specific, measurable terms.
- **Indicators** – Specific information that will be collected and used to measure your program’s activities and objectives; performance benchmarks used to determine programmatic success.
- **Intended Outcomes** – Broader statements describing the intended effects of the program in the program’s target audience. These are defined, high-level goals that align with the UChicago Medicine Ingalls Memorial 2021-2022 Strategic Implementation Plan and guide programs to address a specific health priority issue – social determinants of health.
- **Objectives** – In this RFP, objectives refer to **outcome objectives**. These are specific statements about outcomes to be achieved that are stated in measurable terms (i.e. SMART Objectives). The expected results to be achieved by the program.
- **SMART objectives** – Objectives that are Specific, Measureable, Attainable, Realistic, and Time-Bound.
- **Target audience** – Those for whom a program and/or service is intended.
APPENDIX A

**Evaluation Measures**

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<th>Targets</th>
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Budget Template

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<th>Current or Anticipated Funding and Source</th>
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<th>Justification/Explanation</th>
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