UChicago Medicine

Block Hassenfeld Casdin (BHC) Collaborative for Family Resilience

Building Trauma Resiliency Grant

Request for Proposals (RFP)

Letter of Intent Deadline: Monday, April 3, 2023, 5PM CST

Application Deadline: Wednesday, April 12, 2023, 6PM CST

Contents

Notes for All Applicants:

The following grant guidelines will help you prepare your proposal and assemble the required documentation. **Letters of Intent (LOIs) and Proposals for the BHC Collaborative for Family Resilience grant must be submitted by deadline**.

Prior to submission, please review all information outlined in this document, including background, eligibility criteria, types of projects funded, instructions for completing the application, review process, glossary of terms, and the submission and timeline.

Link to RFP and templates: https://www.uchicagomedicine.org/about-us/community/grants-sponsorships
Link to submit application: https://redcap.link/BHCGrant2023

Part I. Overview

- **Funding Organization:** University of Chicago Medicine, Block Hassenfeld Casdin Collaborative for Family Resilience
- **Request for Proposal:** Building Trauma Resiliency Grant
- **Announcement Type:** New
- **Date of Informational Webinar:** Monday, March 27, 2023, 12PM-1PM CST
- **Deadline for Letter of Intent (LOI):** Monday, April 3, 2023, 5PM CST
- **Deadline for Applications:** Wednesday, April 12, 2023, 6PM CST
- **Range of Number of Awards:** 3-4 Awards
- **Range of Award Amounts:** $25,000 - $50,000
- **Total Project Period Length:** 1 year, with potential to renew
- **Cost Sharing or Matching Requirement:** No. Cost sharing or matching funds are not required for applicants. Leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Executive Summary

UCM and the Block Hassenfeld Casdin (BHC) Collaborative for Family Resilience will provide grants to community-based organizations via a request for proposal (RFP) process. The goal of this funding, in alignment with the UCM Strategic Implementation Plan (pg. 10-11) and the BHC Collaborative Program Model, is to ensure that children, families, and the broader community receive the programs and services they need for long-term, holistic recovery from complex trauma. In recognition of the limited funding streams for south side organizations, these grants aim to increase funds available to eligible not-for-profit agencies or organizations that provide critical resources related to trauma prevention or recovery for children and/or families.

Funding for the 12-month project period will be awarded to organizations that implement programs or services to build trauma resilience within the UCM Service Area. The UCM Service Area (UCMSA) is comprised of the following 12 zip codes: 60609, 60653, 60636, 60621, 60615, 60637, 60620, 60619, 60649, 60643, 60628, 60617.

Applicants must demonstrate the ability to implement their proposed program at the start of the grant period. Grant amounts will be based on how many clients are served with the funding, and/or on the depth of service engagement with participants from the identified audiences.

Applicants must align their proposed program or service objectives with the following goal and objectives.

- **Goal**: Prevent, manage, and promote recovery from trauma
- **Objectives:**
  - Reduce violent re-injuries among the following target audiences: children and/or families. *Children are defined as anyone age 26 and younger. Family is not strictly defined in recognition of varied family structures organizations serve.*
  - Increase children and family engagement in violence prevention and/or recovery programs or services
  - Provide wraparound resources to support the holistic needs of children and families experiencing trauma
  - Embed trauma-informed care across systems
    - *Example strategy*: train care providers' (e.g. parents, family members, CBO staff) in trauma-informed care, cultural competency, restorative justice practices, etc.

- Increase access to mental health services (e.g. comprehensive social services, mental health, substance abuse programs or services)
  - *Example strategy: increase capacity of mental health services*
- Reduce inequities caused by social determinants of health.
  - *Example strategy: connect patients and community members to resources like housing, employment opportunities, food, and transportation*

Altogether, the results of grantees' collective efforts will impact progress towards the BHC Collaborative goal of ensuring children and families receive services necessary for long-term, holistic recovery from both immediate and long-lasting effects of trauma caused by gun violence, physical violence, family and domestic violence, sexual abuse, and/or child abuse and or neglect.

Part II. Background

The BHC Collaborative for Family Resilience is based on the premise that trauma caused by violence is best treated holistically — starting with personalized care for children and families in the medical center, continuing through discharge and recovery, and extending into the *home, school and neighborhood* — through a network of community resources.

Together, UCM and the BHC Collaborative will sponsor a grant initiative designed for the community benefit program that extends financial support to local non-profit, community-based organizations that provide programs and initiatives to under-resourced target audiences. The grant initiative aligns with one of the three primary health priority areas outlined in the Framework for Community Benefit Priorities – *Improving Trauma Resiliency*.

Based on the findings from the [2021-2022 Community Health Needs Assessment (CHNA)](#), trauma resiliency, with a focus on violence prevention, trauma recovery, and mental health, was identified as a top health priority to address in the UCM Service Area. Residents expressed that violent crime was the most prioritized health need for both children and adults. This was supported by survey results, focus group responses, and secondary data.

The overall homicide rate in the UCM Service Area is ~ 1.5 times higher than that of the rest of Chicago (56/100K vs 37/100k)[1]. What's more, the ED visit rate for assault by firearms for young adults (ages 18-39) is in the 95th percentile in Illinois and over double the rate for the City of Chicago. The majority of trauma patients receiving care in UCM either live and/or have suffered violent trauma in UCM's most immediate 12 zip code service area, which comprises 34 of the 77 community neighborhoods in Chicago. 2020 census data show that 626,264 residents inhabit this 73 square mile service area, of which the majority are historically underserved and minority populations; 73.7% African-American, 14.6% Hispanic or Latino.[2]

In Chicago communities, violence continues to be a considerable health issue. Beyond immediate health consequences, violence has a significant impact on the well-being of Chicagoans by contributing to:
- Premature death;
- Disability;
- Poor mental health;
- High medical costs;
- Lost economic opportunities

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[1] UCMC 2021-2022 Community Health Needs Assessment, pg 35.
[2] US Census Bureau (2010-2020). American Community Survey, Source geography: Tract.

The effects of violence extends beyond the injured person or victim of violence to family members, friends, classmates, coworkers, employers, and communities.

Numerous factors can affect the risk of exposure to violence, including access to education, housing, available resources for parents and children, individual behaviors, and the social environment. Interventions addressing these social and environmental factors have the potential to prevent violence and support recovery – thereby building trauma resiliency. We are seeking efforts that address violence prevention and recovery with public health approaches, such as:

- Services providing critical resources that help children, families, and the community build long-term resiliency from trauma and violence;
- Education and behavior change programs and services;
- Programs changing social norms about the acceptability of violence;
- Programs building resiliency skills (for example, parenting, conflict resolution, coping);
- Changing policies to address the social and economic conditions that often give rise to violence, including but not limited to community violence.

Urban violence is a complex and systematic issue requiring multiple stakeholders investing across a multitude of approaches and strategies. UCM identifies its role as a hospital around the trauma-informed care and community outreach necessary for individuals affected by violence, and this grant program serves as one many approaches to achieve this end.

To partner with the South Side community with this effort, UChicago Medicine formed a Community Advisory Council that includes a Trauma Care and Violence Prevention Workgroup. **UChicago Medicine and the Trauma Care and Violence Prevention Workgroup are seeking grantees who share the following values:**

- Public Health: violence prevention and reduction will emphasize public health rather than criminal justice;
- Continuous learning: the ability to be ambitious, adaptive, and fail forward;
- Racial equity: address structural racism that influences violence and ensure those most impacted by violence are engaged in decision-making and implementation;
- Fair inclusion: commitment to be transparent, respectful, and value all voices equally;
- Result-focused: be diligent, data-informed, and accountable for reducing intentional violence.

Part III. Eligibility Criteria

Who Should Apply? Organizations or coalitions seeking funding for proven (i.e. evidence-based) and promising practices in trauma resiliency with a focus on violence prevention, recovery and/or mental health.

To be eligible for a grant from the UCM BHC Collaborative for Family Resilience, organizations must meet the following criteria:

1. Applicants must be a 501(c)(3) nonprofit.
2. 100% of the funded programs or services must be offered within the 12-zip UCM Service Area: 60609, 60653, 60636, 60621, 60615, 60637, 60620, 60619, 60649, 60643, 60628, 60617.
3. Proposals must serve children and/or families within the UCM Service area that have experienced or been impacted by gun violence, physical violence, family and domestic violence, sexual abuse, and/or child abuse and or neglect.
4. Applicants must demonstrate a readiness to serve at the beginning of the grant period,

defined as the capability to provide oversight and ensure consistent and quality implementation of the proposed new or existing program, including descriptions of key staff and volunteers and their roles and responsibilities.

5. The proposed program, service, or project must pertain to **trauma resilience**, a UCM priority health area outlined in the UCM Strategic Implementation Plan.
6. Applicants must provide services to all persons in the target audience within the target geographic area, regardless of race, religion, sex, gender identity, age, disability, national origin or sexual orientation.
7. All proposals must include SMART objectives (Specific, Measurable, Attainable, Realistic, and Time- Bound) that align with UCM defined metrics (Applicants must use template in Appendix A provided by UCM. See 'Instructions for Completing the Grant Application' for details.)
8. All proposals must use the provided worksheet templates to track progress of granted dollars, goals, target metrics, etc. noted to date, as aligned with the UCM strategic framework.
9. Proposed programs/services must be modeled on evidence-based, effective, or promising practices (see glossary for more information). The proposed program or service must be based on at least preliminary evidence or an established framework of effectiveness.
10. Grantees will meet with UCM communications staff to discuss the best ways to share the organization's story and the impact its project, program, or service has on improving community health. At no cost to the organization, UCM staff may create materials in the form of a written story, video package, and/or other digital storytelling that the organization can use to promote its work and secure additional funding. The materials may also be disseminated by UCM. The organization and UCM will review and approve all material before publishing.

Part IV: Exclusions

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

- Applications from partisan political organizations.
- Applications from for-profit organizations.
- Applications requesting support for fundraising activities such as sponsorships, advertising or event tickets.
- Applications from individuals.
- Applications for memorials or endowments.
- Applications for programs, projects, or services operating and/or serving people outside of the UCM Service Area.
- Applications requesting support solely for strategic planning or program development (i.e. "planning year").

Part V. Types of Projects Funded

The vision of the BHC Collaborative for Family Resilience (BHC Collaborative) is to help young persons and their families recover from the immediate and long-lasting effects of trauma. The BHC Collaborative builds on UCM's Community Health Needs Assessment (CHNA) priority health needs in the UCM Service Area, including trauma resiliency with a focus on violence recovery and/or mental health. The UCM BHC Collaborative grants will help strengthen community-based capacity to address pressing health needs resulting from and/or contributing to trauma, so that all children and families within the UCM Service Area are better supported in building long-term trauma resiliency.

To this end, UCM will accept proposals requesting funding for 12 months for **proven (i.e. evidence-**

based) or promising practices in trauma resiliency with a focus on violence recovery and/or mental health. UCM and the TCVP workgroup will revisit the option for potential renewal of each grantee at the end of the grant period.

Only one application per organization or collaborative group will be accepted for this round of applications. In order to be eligible for consideration, proposed projects must address UCM's goals for trauma prevention and recovery on the south side and objectives for building trauma resiliency.

Grantees will be required to submit mid-point (6-month) and final (12-month) grant reports on the progress and outcomes of their funded programs.

Part VI: Instructions for Completing the Grant Application

Letter of Intent
Submit a Letter of Intent (LOI) to express your interest in applying for this grant. The letter should include the name of your organization, the contact person (title and phone) and a short description of your proposed program.
Please email the LOI to communitybenefit@uchicagomedicine.org by Wednesday, April 5, 2023, 5PM CST. **Proposals submitted without an LOI or with a late LOI will not be considered for funding**.

Application
Respond to the following sections in a separate document.
- All documents should use 1" margins, 11- or 12-point font, and 1.5 spacing.
- Do not exceed page limits. There is no minimum page requirement.
- Submit application documents as word or PDF files only.
- Use the following naming convention for all files: **<short organization name_section name>**. For example, Urban Health Initiative's files would be UHI_ proposal.doc, UHI_AppendixA.doc, etc.
- Submit all grant application documents using this link: https://redcap.link/BHCGrant2023

Section I: Applicant Information
1. Name of Organization:
2. Tax ID:
3. Tax Status:
4. Mailing Address, City, State, Zip:
5. Organization's Website Address:
6. Contact Person and Title:
7. Contact Phone:
8. Contact Email:
9. Program Title:
10. Start Date of Project:
11. End Date of Project:
12. Brief Description of Proposed Program (75-100 words)
13. Proposed Program Service Area (i.e., neighborhoods or zip codes)
14. Proposed Program Target Audience(s)

Section II: Project Description
(4-page maximum)
1. Describe your organization's mission, organizational structure, major accomplishments,

and stakeholder engagement. This will provide context for implementation of the proposed program.

2. Provide a thorough description of the program and its intended outcomes (outcomes must include, but are not limited to, the intended outcomes listed in the Executive Summary**)**. The program description should include the following components:
   - **Needs** – What specific aspect(s) of trauma resiliency does your program aim to address?
   - **Goals** – What is/are the goal(s) of your program, based on the identified needs?
   - **Target Audience** – Which audience(s) will your program serve to promote progress under trauma resiliency? Provide details on zip codes and/or neighborhoods in the UCM Service Area, and on populations served including target participant numbers in funded year of program.
   - **Objectives** – What are the program objectives? How do the objectives align with UCM (required) and program-specific (optional) outcomes?
   - **Activities** – What will the program and program staff do to move these target groups toward intended outcomes?
   - **Resources/Inputs** – What is needed from the larger environment for successful implementation of activities?
   - **Relationship of activities and outcomes** – How do the activities align with the intended outcomes?
3. What is the current stage of the proposed program's development or implementation? Please describe your ability to begin implementation at the start of the grant period, including descriptions of key staff and volunteers and their roles and responsibilities related to this specific program.
4. What factors and trends in the larger environment may influence the proposed program's ability to achieve its objectives? What are the anticipated challenges to meeting the goals and objectives?

Section III: Organizational Experience
(2-page maximum)
1. What is your experience working with children and/or families most impacted by trauma?
2. What experience do you have working in and with communities in the UCM Service Area?
3. List any other key organizations you will be partnering with and their level of commitment to working with you on this project (please attach any letters of commitment from potential partners as Appendix D).
4. What is your experience and approach to components like design, facilitation, culture building, managing competing interests, and mediating conflicts? What framework and/or approaches will you use to engage program/service participants?
5. How is trauma resiliency aligned with your mission?
6. What aspects of your program do you see as key to building trauma resiliency, violence prevention and/or recovery?

Section IV: Budget
(1-page maximum, including proposed budget table. Use Appendix B which repeats these questions and provides a budget table template)
1. What is the amount of funding dollars you are requesting?
2. Provide brief description of how funds will be utilized.
3. Use table in Appendix B to complete a project budget, including anticipated funding and justification for each line item.
4. Attach a copy of your organization's annual budget as Appendix C. (This does not

contribute to 1-page max). Please also list major sources of revenue for your organization.

Section V: Evaluation
(2-page maximum, not including Appendix A)
You must provide a plan that shows how you will meet the requirements that are in the program description. This must include your methods, tools and the sources of information that will be used to track how you are meeting the requirements over time.
1. What is your experience using data and community/constituency engagement to develop strategies and activities that work toward a clear impact, with clear metrics for measuring success?
2. How have you used your own research and the advice of community members (the public) to develop plans and activities that have had a clear impact on the community? What methods have you used to show what impact your work and activities have had on the community?
3. What is your experience with evaluation and performance measurement, and using evaluation processes to support continuous learning and program improvement? If you have existing process or outcomes data to demonstrate your programs or initiative's past performance and success, please briefly summarize in your response.
4. First, complete Appendix A: Evaluation Measures. Ensure all objectives, activities, and indicators are Specific, Measurable, Attainable, Realistic, and Time-Bound (SMART). This appendix does not contribute to 2-page maximum.
5. Next, briefly summarize your table in the narrative section, describing how you will measure the performance and impact of the program and the methods you will use to evaluate its effectiveness (e.g. surveys, interviews, logs).

Part VII. Proposal Review Process
Proposals that meet the LOI requirement and are submitted by the deadline will be reviewed by the UCM Grant Review Workgroup, which will include leadership from UChicago Medicine, as well as community representation with the Trauma Care and Violence Prevention Workgroup.

The UCM Grant Review Workgroup adheres to a strict conflict of interest policy and selects potential grantees based on the merits of each proposal.

Successful proposals must be submitted by the deadline and will be reviewed first to ensure eligibility criteria and page limits are met. Proposals meeting these requirements will then be evaluated and scored on the following:

- **Section I: Applicant Information (not scored)**

- **Section II: Project Description (30 points total) 4 Page maximum**
    a. Project is clearly defined and in alignment with the BHC Collaborative. Describes in detail the project using goals and objectives that are SMART. Provides a clear overview of the organizational structure. The proposed program or service outlined in the work plan is detailed, strong, cohesive, and linked to intended outcomes. Clearly explains potential impact of program and how it plans to address the issues. Identifies appropriate proven or promising practice, framework, approach on which model is based (20 points)
    b. Clearly describes the organization's stage of project development and/or implementation (5 points)

c. Recognition of external factors or trends that may impact program (5 points)

- **Section III: Organizational Experience (30 points total) 2 Page maximum**
  a. Experience working with children and/or families impacted by violence. Experience working in and with communities in the UCM Service Area. (10 points)
  b. Experience implementing programs geared towards building trauma resiliency (10 points).
  c. Experience and approach to organizational and program elements; relevance to building trauma resiliency (10 points)

- **Section IV: Budget (20 points total) 1 Page maximum**
  a. Budget showing each item and its cost (10 points)
  b. Justification for each item listed in the budget (5 points)
  c. Sustainability (5 points)

- **Section V: Evaluation Plan (20 points) 2 Page maximum**
  a. Objectives in alignment with required outcomes and any additional outcomes Describes how evaluation will be embedded in the project plan. Clearly describes evaluation methods, tools, and proposed outcomes. Demonstrates experience using available data and community input to develop program objectives and activities that have had a clear impact on the community. Demonstrates methods used to show what impact work and activities have had on the community. Demonstrates experience and strong understanding of evaluation, performance measures, and their relevance to program improvement and meeting goals. (10 points)
  b. Provides a clear and concise evaluation plan (Appendix A). Includes activities, indicators, targets and timeframes completed for each section. Plan shows how they will meet the requirements that are in the program description. Program objectives are clearly described and thoroughly documented (SMART Objective format). Demonstrates they will measure how well the program is working and its impact. Proposal identifies and includes methods to assess participant outcomes, evaluate program impact and progress towards meeting its objectives. Activities are well defined and linked to program objectives. Target service numbers and timeframes are realistic. (10 points)

Part VIII. Submission Process and Timeline

Applicants that have successfully submitted the LOI by the deadline are eligible to submit the application. To apply, please read and review this RFP and submit the grant application and documentation (i.e., proposal and Appendices A-D) using this link: https://redcap.link/BHCGrant2023

Please direct all questions to communitybenefit@uchicagomedicine.org

Branding Guidelines

Grant recipient(s) that are selected for funding must abide by the following branding guidelines of the University of Chicago Medicine should your program use printed or online materials:
  a. Please refer to UCM as the UChicago Medicine in all materials related to your program or initiative.

b. Display approved UCM logo on printed materials, internet sites which advertise event or program.
   - UCM will provide your organization with the appropriate logos.
   - All promotional materials using the UCM logos must be approved by UCM Marketing and Communications before distribution.

Reporting and Participation Activities

Applicants 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 site visits, progress towards goals, successes/challenges, financial statement of funds granted, and data collected. Grantees may also be required to provide an oral presentation summarizing their program and outcomes.

Once applicants are selected, site visits will be scheduled with select grantees (required).

Timeline
- Informational Webinar: Monday, March 27, 2023, 12PM-1PM CST
- Letter of Intent (LOI) Deadline: Monday, April 3, 2023, 5PM CST
- Grant application deadline: Wednesday, April 12, 2023, 6PM CST
- Announcement of grantees: May 2023
- Funds awarded: May 2023
- Site visits for selected candidates (required): Fall 2023

Part IX: Appendices

- **Appendix A** – Attach Evaluation Measures (**Use evaluation template provided by UCM**)

- **Appendix B** – Attach Budget (**Use budget template provided by UCM**)

- **Appendix C** – Attach Organization's Annual Budget

- **Appendix D** – Attach Letters of Commitment (if applicable)

Part X: 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 in order to achieve the outcome objectives. What activities will your program and its staff deliver and how will these be delivered to move towards building trauma resiliency?

Evaluation – A systematic process to measure a program against its goals and outcomes, to answer questions about the program's effectiveness and inform future program direction.

Evidence-based – Using proven strategies/practices (e.g. interventions, frameworks, approaches) to improve population health. Key components include making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned (Brownson et al., 2009).

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. Specific to UCM and the BHC Collaborative and this RFP, these are defined, high-level goals that align with the UCM Strategic Implementation Plan and guide programs to address a specific health priority issue – trauma resiliency.

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.

Performance Measurement – Directly related to evaluation, the ongoing process of collecting, analyzing, and/or reporting of program progress towards goals and objectives. This may address type or level of activities, direct outputs, or results (outcomes) of the program.

Promising Practices – Practice or approach with at least preliminary evidence or knowledge of effectiveness, given the situation, community needs and desires, evidence about what works for a particular situation, and the resources available. Indicates promise in improving outcomes, but lack a large body of or evidence or practice (PHAB, 2013).

Target Audience – Those for whom a program and/or service is intended. In this RFP, target audience refers to children age 21 and younger and/or families impacted by trauma.

Trauma Resiliency – Resilience is the human ability to adapt in the face of tragedy, trauma, adversity, hardship, and ongoing significant life stressors (Newman, 2005). In this RFP, trauma resiliency refers to programs and services that utilize a trauma-informed approach to deliver interventions that build resiliency to acute and chronic traumatic experiences.

Trauma-Informed Care – The Substance Abuse and Mental Health Services Administration (2015)

uses the following major points in defining Trauma-Informed Care:

1. Realizing that trauma has a widespread impact on individuals, families, groups, organizations, and communities and has an understanding of paths to recovery;
2. Ability to recognize the signs and symptoms of trauma in clients, staff, and others in the system;
3. Integration of trauma knowledge into policies, programs, and practices;
4. Seeks to avoid re-traumatization

References

Brownson, R. C., Fielding, J. E., & Maylahn, C.M. (2009). Evidence-Based Public Health: A Fundamental Concept for Public Health Practice. *Annual Review of Public Health, 30,* 175-201. https://www.annualreviews.org/doi/10.1146/annurev.publhealth.031308.100134

Newman, R. (2005). APA's resilience initiative. *Professional Psychology: Research and Practice, 36*(3), 227–229. https://doi.org/10.1037/0735-7028.36.3.227

Public Health Accreditation Board (PHAB). (2013). Acronyms & Glossary of Terms: Version 1.5. Retrieved http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

Substance Abuse and Mental Health Services Administration (2015). Trauma-Informed Approach and Trauma Specific Interventions. https://www.samhsa.gov/nctic/trauma-interventions. Accessed 12 Jan 2017.