



UChicago Medicine Ingalls Memorial

# **FY2021 COMMUNITY BENEFIT GRANT GUIDELINES**

Request For Proposals (RFP)

**Application Due Date: Thursday, April 29, 2021, 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 – **asthma, diabetes, heart disease, breast and prostate 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 [here](#).

## PART II. BACKGROUND

As part of our 2018-2019 Community Health Needs Assessment (CHNA), we analyzed data from national, state and local sources and also conducted focus groups to identify the priority health areas for the Ingalls service area. Based on the findings, asthma, diabetes, heart disease, breast and prostate cancer were identified as significant health issues to address in the Ingalls service area. Focus group participants conducted in the Ingalls service area responded that these illnesses were the most important health problems in the community. Additionally, respondents who participated in the community survey selected diabetes (48%), health issues, heart disease (41%), and cancer (36%) as some priority health needs in Ingalls service area.

Chronic disease management is an issue for the community, with heart disease and diabetes among the leading causes of death for the residents in the Ingalls service area. Diabetes-related deaths have increased across Ingalls' service area since 2006. Compared to Illinois and the United States, Ingalls' service area and South Suburban Cook County have much higher diabetes-related mortality rates. The Healthy People 2020 goal for diabetes-related mortality is 66.6/100,000, and several communities in the Ingalls' service area are substantially higher. The diabetes-related mortality rate for non-Hispanic black residents in South Suburban Cook County is also higher compared to white residents in South Suburban Cook County. Asthma is also considerable health issue in the service area. As evidenced in the 2018-2019 Ingalls CHNA, the rate of asthma related emergency department (ED) visits among youth and adults (18 and younger) is disproportionately high in Ingalls' service area compared to the rest of Cook County.

According to the Ingalls CHNA, cancer mortality is the leading cause of death in four of the 13 zip codes in the Ingalls service area. From 2011-2015, 24% of the reported cancer incidences in Ingalls' service area were breast cancer and 22% of the reported cancer incidences were prostate cancer. The data from the Illinois Department of Public Health, Division of Vital Records, reported that between 2014 and 2016, 24% of deaths in Suburban Cook County were due to cancer. According to the Alliance for Health Equity's 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 a grant from 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 **ASTHMA, DIABETES, HEART DISEASE, BREAST OR PROSTATE CANCER** and in an Ingalls strategic priority area.
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.

### 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 or endowments.

## **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, asthma), breast and prostate 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 asthma, diabetes, heart disease, breast or prostate cancer.

Please note the following:

- A. Grants must focus on heart disease (heart health), diabetes, asthma, breast and prostate cancers.
- B. Only one application per organization will be accepted for this round of applications for FY 2021-2022.
- C. Grant period: 12-months.
- D. Grant awards may range up to \$25,000 for the grant period.
- E. Funds will be disbursed in one payment.

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 mid-point and 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](mailto: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. Grant submissions close: April 29, 2021
2. Follow up questions for selected candidates: May 4<sup>th</sup> – May 7<sup>th</sup> 2021
3. Announcement of final grantees: June 2021
4. Funds awarded June 2021

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 Ingalls in all materials related to your program or initiative.
2. Display approved Ingalls logo on printed materials and internet sites which

- advertise event or program.
3. Ingalls will provide your organization with the appropriate logos.
  4. All promotional materials using Ingalls logos must be approved by Ingalls Marketing and Communications before distribution.

If you have any questions, please contact the community benefit program by email at [communitybenefit@ingalls.org](mailto:communitybenefit@ingalls.org) or call (708) 915-6435.

## **PART VII. THE REVIEW PROCESS**

Proposals submitted by **April 29** 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 late June 2021.

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. Provides a clear overview of the organizational structure. Provide a work plan describing the project plan. **(20 points)**
- b. Community need 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)**

**Letters of commitment from any collaborating community organization**

## PART VIII. GRANT APPLICATION

Directions: Please respond to all of the questions.

### 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 address the health need around heart disease, asthma, diabetes, breast and prostate cancers.
2. Describe the need for the program. Please briefly cite any statistics that indicate the problem that this program intends to solve.
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.
4. Nutrition, physical activity and body weight are key components of preventing and managing heart disease and diabetes; please emphasize how your program will address this aspect of health if your program focuses on heart disease or diabetes.

**Note:** If your project focuses on asthma, breast or prostate cancer and will include a nutrition component, please provide details in your grant application.

### Organizational Experience (2 Page maximum)

5. 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 particular project.
6. Provide evidence of demonstrated outreach initiatives and community support, including your organization's capacity to manage proposed activities and achieve outcomes.
7. 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.

8. 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.
9. 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)**

10. Please state the amount of funding requested. Provide a budget narrative describing how funds will be utilized.
11. Please attach a complete description of the proposed project's overall budget, anticipated funding and justification for each line item. SEE APPENDIX B.
12. 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.**

13. What is your experience using data to develop strategies with clear impact and performance measures?
14. What is your experience with evaluation and performance measurement and using that process to support continuous learning and improvement?
15. 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.
16. If you have baseline data to demonstrate your program or initiative's past performance and success, please include in your summary.

**APPENDIX A**

**Evaluation Measures**

Goal	Objectives	Initial Indicators/ Metrics	Targets	Methods

**APPENDIX B**

**Budget Template**

Expense Category	Requested Amount from UCM	Current or Anticipated Funding and Source	Total Budget Amount	Justification/ Explanation