Social Determinants of Health (SDoH) Grant

UCM Community Benefit Grant Program

Grant Opportunity Webinar

Friday, July 17, 2020
Agenda

Introductions

Overview of SDoH Grant Requirements

Overview of Grant Application

Questions and Answer

Closing
Figure 2: Framework for Community Benefit Priorities (Fiscal Years 2020-2022)

- Prevent and manage chronic diseases
  - Asthma
  - Diabetes

- Build trauma resiliency
  - Violence recovery
  - Mental health

- Reduce inequities caused by social determinants of health
  - Access to care
  - Food insecurities
  - Employment

Health Equity
Social Determinants of Health (SDoH) Grant

Purpose

- To reduce health inequalities caused by social determinants of health specifically targeting:
  - Access to Care
  - Food Insecurity
  - Workforce Development/Employment

- Increase funds available to eligible not-for-profit agencies that promote health equity and provide critical services – including those related to COVID19 – to improve social, economic, and environmental conditions across the UCM community
Overview of Grants

Social Determinants of Health

• Number of Awards: 2 to 3
• Amount: $25-50K for 1 year
  • Based on how many clients are served with the funding and/or on the depth of service engagement with participants from the identified audiences
• Link to RFP:
  https://www.uchicagomedicine.org/about-us/community/grants-sponsorships
Eligibility Criteria

- Applicant must be a 501(c)(3) nonprofit community-based organization

- 100% of the funded programs or services must be offered within the UCM Service Area
  - 12-zip Codes: 60609, 60653, 60636, 60621, 60615, 60637, 60620, 60619, 60649, 60643, 60628, 60617

- 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 proposed new or existing program

- Applicants must identify a UCM Research Collaborator to partner with in their proposed program

- Program must be aligned with strategic objectives and evaluation measures
Eligibility Criteria Cont.

- The proposed program, service, or project must pertain to **SOCIAL DETERMINANTS OF HEALTH**, a UCM priority health area outlined in the [UCM Strategic Implementation Plan](#).

- Applicants must provide services to all persons in the target audiences and target geographic areas, regardless of race, religion, sex, gender identity, age, disability, national origin or sexual orientation.

- All proposals must include SMART objectives (Specific, Measurable, Attainable, Realistic, and Time-bound) that align with UCM defined metrics.

- Proposed programs/services must demonstrate ability to effectively execute within communities on the South Side of Chicago.
Exclusions

Grants 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”)
Application Components:

- **Letter of Intent (LOI):** Submitted to communitybenefit@uchospitals.edu by 5pm CST on Friday, July 31, 2020

  - Include Name of organization, contact person (title and phone), short description of proposed program

- **Grant Application:** Submitted to communitybenefit@uchospitals.edu by 5pm CST on Friday, August 14, 2020

  - Narrative Sections:
    - Applicant information
    - Project description (4-page max)
    - Organizational Experience (2-page max)
    - Budget (1-page max*) – complete Appendix B
    - Evaluation (1-page max**) – complete Appendix A

  *A copy of your annual budget is **required**, in addition to your application narrative. Submit as a separate attachment. Does not contribute to the 1-pg max for the budget section.

  **A completed copy of Appendix A table is **required**, in addition to your application narrative. Does not contribute to 1-page max for the evaluation section.
Proposal Review Process Timeline for SDoH FY2021 Grant Cycle

All items must be submitted by deadlines to:

communitybenefit@uchospitals.edu
Questions ???

Please feel free to email questions to communitybenefit@uchospitals.edu