



AT THE FOREFRONT  
**UChicago**  
**Medicine**

Urban  
Health  
Initiative

# **Social Determinants of Health (SDoH) Grant**

UCM Community Benefit Grant Program

Grant Opportunity Webinar

Friday, July 17, 2020

# Agenda

Introductions

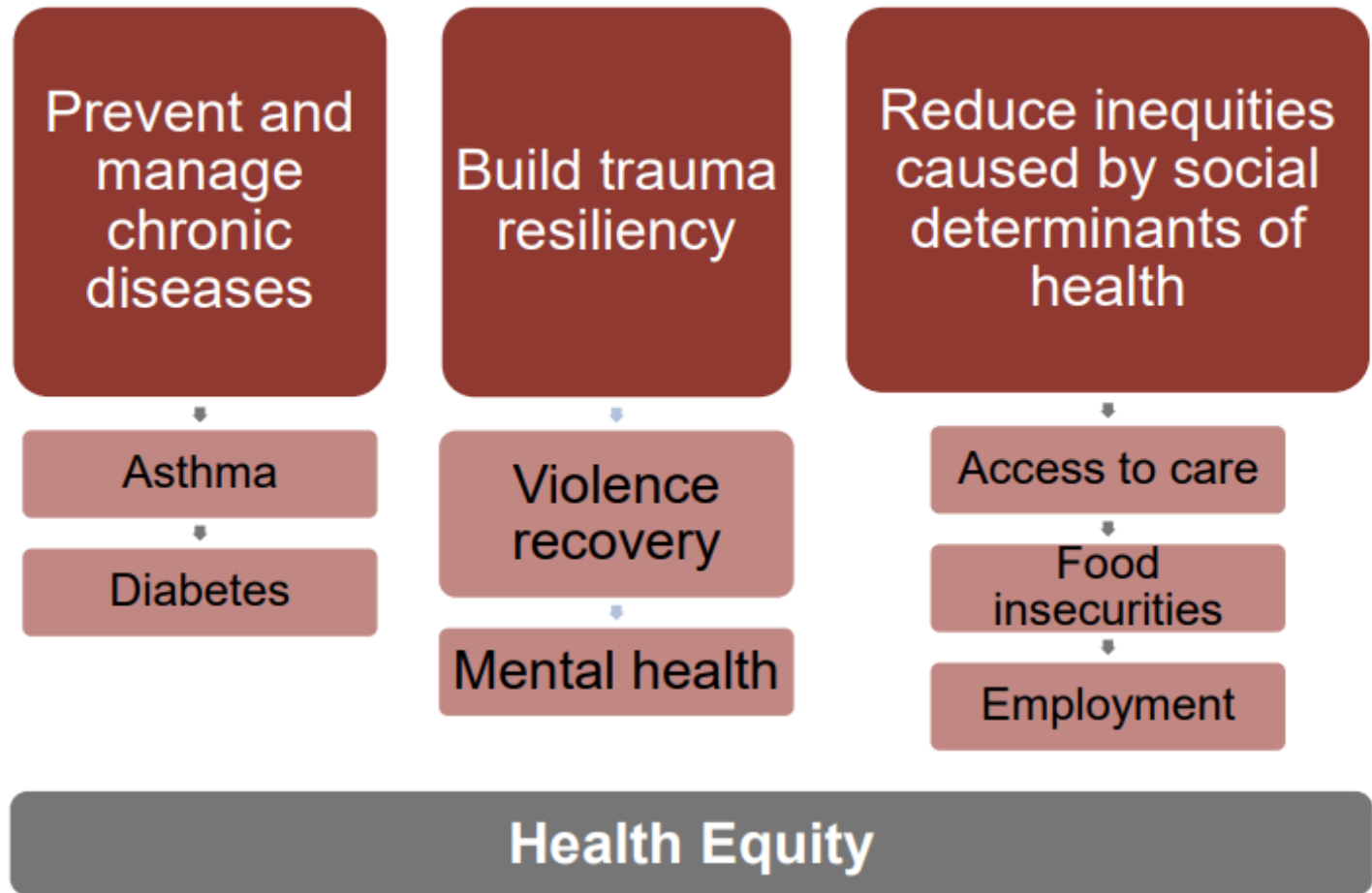
Overview of SDoH Grant Requirements

Overview of Grant Application

Questions and Answer

Closing

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



# 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”)

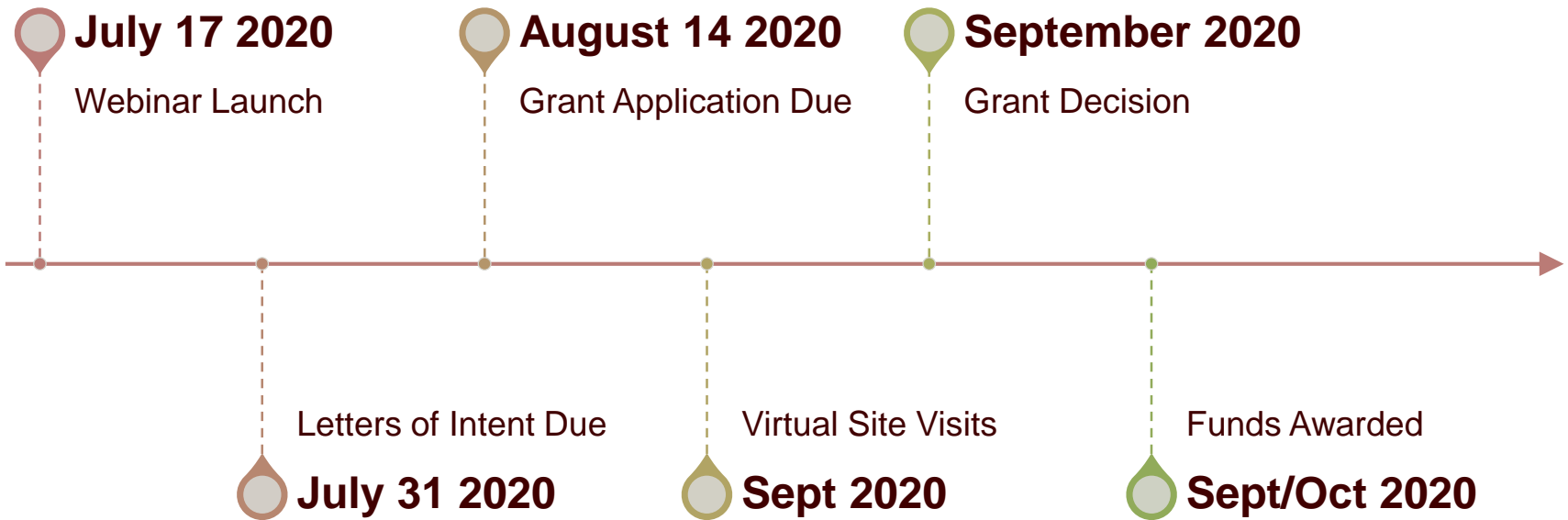


# Application Components:

- **Letter of Intent (LOI):** Submitted to [communitybenefit@uchospitals.edu](mailto: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](mailto: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](mailto:communitybenefit@uchospitals.edu)

# Questions ???

Please feel free to email questions to  
[communitybenefit@uchospitals.edu](mailto:communitybenefit@uchospitals.edu)