OBICI
Healthcare Foundation

Application Guidelines

Updated July 2009

The mission of the Obici Healthcare Foundation is to improve the health status of the people living in Suffolk and surrounding communities:

1) **by addressing the unmet needs of the medically indigent and uninsured**

2) **by supporting programs which have the primary purpose of preventing and reducing illness and disease**

Strategic Grantmaking Priorities

The Foundation has developed two major strategic priority areas: improving access to basic healthcare for the medically indigent and reducing obesity. We will concentrate our grantmaking in these two strategic priority areas over the next several years.

Access to Basic Healthcare
The Foundation's definition of medically indigent includes the uninsured and underinsured populations. Our definition of basic healthcare includes services provided by primary care providers (family medicine, ob-gyn, internal medicine, general pediatrics, nurse practitioners, certified nurse midwives and physician assistants); oral health care provided by dentists and dental hygienists; access to low-cost pharmaceutical services and basic mental health services.

Combating Obesity
According to recent studies, behavior, poor nutrition, environment, cultural changes and lack of information play a large role in causing people to be obese. Many communities in this country have engineered activity out of the physical environment by the way they have developed their residential environments, located their schools and structured their workplaces. Combating obesity will require a multi-pronged approach incorporating best practices and innovative delivery to accommodate the local culture.

Target Populations Focus – Serving Vulnerable Populations

Serving vulnerable populations is an important focus. Vulnerable populations include, but are not limited to, frail elderly, impoverished & at risk children, culturally isolated individuals, individuals with substance abuse problems (alcohol, tobacco and illegal drugs) or behavioral health problems, and individuals or families whose health is affected by homelessness, child abuse or domestic violence.

Eligibility and Service Area of Foundation

The Foundation will consider proposals from existing and newly established tax exempt organizations with a significant presence in Suffolk and surrounding communities in our service area.

Projects with administrative headquarters located outside of our service area must demonstrate that the proposed project is designed to benefit residents of our service area.

The Foundation's service area is comprised of the areas previously serviced by the Louise Obici Memorial Hospital. The service area includes the cities of Suffolk and Franklin and the County of Isle of Wight; Surry, Dendron and Elberon in Surry County; Waverly and Wakefield in Sussex County; Courtland, Boykins, Ivor, Sedley and Newsoms in Southhampton County; and Gates County, North Carolina.

Application Restrictions:

As a matter of policy, the OBICI Healthcare Foundation typically does not award grants for:

- Lobbying or political programs or events
- Activities that exclusively benefit the members of sectarian or religious organizations
- Organizations that discriminate by race, color, creed, gender or national origin
- Biomedical, clinical or educational research
- Individual scholarships
- Direct support to endowments
- Funding that supplants existing sources of support
- Individuals, including patient assistance funds
- Annual fund drives
- Service outside of the Foundation's service
- Meetings and conferences unless they are essential to a larger project
- Direct funding for medical or social services that are already funded through existing third-party reimbursement sources
- Building, construction or capital improvement projects unless there is a financial match committed to the project and it can be demonstrated that the project would improve health and health care for the medically indigent

Renewal Application Process

Current grantees may be offered an opportunity to submit an application for renewal of an existing program. Renewal opportunities will be made on a case-by-case basis. Renewals are only funded for one year. This is a competitive application process and grant submissions will be subject to a comprehensive review process. Final award decisions will be made by the Obici Healthcare Foundation Board.

Projects considered for renewal must have:
- Met all of their previous project benchmarks and reporting requirements
- Demonstrated progress in improving access to care for the medically indigent and/or developed a program that has shown promise in prevention or reduction of illness and disease
- Have made some progress in moving towards sustainability
- Successfully achieved the previous grant's quantitative outcomes, major accomplishments and impact on the target population

Renewal Applications will follow standard application contents

Complete grant applications **(all forms)** must be submitted as follows:

- ✓ **Five (5) by mail, one (1) with original signatures**; *and*
- ✓ **A copy by e-mail to Lisa Kelch, Grants Associate, lkelch@obicihcf.org**

Mail original and four (4) copies to:

> OBICI Healthcare Foundation
> Lisa Kelch
> Grants Associate
> 1514 Holland Road, Suite 104
> Suffolk, Virginia 23434

Application Contents

Applications should contain a **Narrative Proposal** and a **Line Item Budget with a corresponding Narrative**.
> All pages of the proposal narrative must be typed. The proposal should generally be no longer than 10 pages, double-spaced, 12 font (Arial or Times New Roman) with top header, project name and page numbers.

Narrative Proposal

Executive Summary A one page *Executive Summary* should precede the main narrative and provide a brief description of the major idea and/or service that you intend to provide. This summary does not count toward the 10 pages. **Please use the *Executive Summary* form provided on our website.**

Include the following items as separate headings in your proposal.

1. **Organizational History:** Provide a brief history of your organization.

2. **Problem/need:** Include a brief statement of the problem the proposal addresses and how it relates to at least one of the Foundation's two mission elements and two strategic priority areas.

3. **Target Population:** Identify the target community or population that you will reach through the project. Community may be defined by, age, race, ethnicity, gender, disability or specific health condition. Also include the geography area served as defined in our service area.

4. **Program outline:** State what the proposed project is expected to accomplish, including identification of the agency or agencies and how the planned activities will be executed.

5. **Goals and objectives:** It is important to outline your major goals and objectives and to be as specific as possible in providing quantitative objectives if possible. (For example, an applicant could indicate that 200 patients or clients will be served by the end of the project and 85% of the clients will report that they had a positive health change as a result of the service).

6. **Measurement of Success:** Discuss anticipated quantitative outcomes and major accomplishments. Indicate significant project deliverables/outcomes which demonstrate increased skills, change in attitude or behavior, improved conditions, altered health status or new knowledge.

7. **Time Line:** Include how project activities would be carried out, including a timeline for activities and who will be responsible for the activities.

8. **Sustainability Plan:** Describe the strategy to continue the project after Foundation funding ends. Include evidence of the capability of the organization to carry out the project. If other funding sources have been identified *for this project*, list the source and amount.

9. **Memorandums of Understanding (MOU):** Applicants are strongly encouraged to submit any MOUs. These should identify how your organization and the other agency will work together to achieve a common outcome. Include activities and tasks that you each will perform.

10. **Organizational Chart:** Include an organizational chart demonstrating the reporting relationship of staff involved in proposed project.

Evaluation and Reporting Requirements

All proposals must have **specific measurable objectives** for their projects. All grantees will work with OBICI Healthcare Foundation staff to implement dependable methods for measuring particular outcomes.

The Foundation will require grantees to submit periodic program and financial reports. Grantees shall provide program progress reports and expenditure reports twice a year.

Project directors may be asked by Foundation staff to attend periodic meetings and give progress reports on their grants and/or Foundation staff will conduct periodic site visits during the term of the project. The last written report on the grant will be a summative report that will document all of the major activities and findings of the project.

Review Process

Proposals will be assessed using the following factors:

- When properly executed, will the project improve the health and health care of residents of the Foundation's service area?
- Does the project address one of the Foundations' mission priorities (addressing the needs of the medically indigent and uninsured or supporting programs which have the primary purpose of preventing and reducing illness and disease?
- Does the project address one of the Foundations' strategic priority areas of improving access to basic health care for the medically indigent or combating obesity, with a focus on serving vulnerable populations?
- Does the proposal have significant, concrete, achievable and measurable goals?
- Is there a reasonable and logical plan to implement the project and meet the stated goals?
- Do the proposed outcomes justify the funds requested?
- Is the proposal the best reasonably available option to accomplish the project goals?
- Is there evidence that the applicant will collaborate with relevant agencies that are working on similar health and health care problems?
- Will the project leverage other services, resources or funding?
- Is there evidence the applicant has a viable strategy to generate continuation funding?
- Does the applicant by reputation, experience, track record or otherwise demonstrate reliability?
- Does the applicant demonstrate the capacity to undertake and complete successfully the project in the project period?
- Does the applicant demonstrate the fiscal capacity to manage awarded funds?

The Foundation will make a concerted effort to identify strong projects that serve different communities within our service region. Final award decisions will be made by the Foundation's Board of Directors. We *may* notify applicants whose proposals have been preliminarily selected for funding. At that time, applicants may be asked to submit a more detailed work plan, budget and budget narrative. Grant awards will be made only after any detailed work plan and budget modifications are approved by the Foundation.

Budget Overview

An important component of your grant application is the preparation of a detailed budget and budget narrative. This document links the funding you have requested with the project you have proposed and should be an appropriate projection of the program expenses.

Policy guidelines established by the Foundation's Board of Trustees preclude support for:
- Lobbying or political programs or events
- Activities that exclusively benefit the members of sectarian or religious organizations
- Organizations that discriminate by race, color, creed, gender or national origin
- Biomedical, clinical or educational research
- Individual scholarships
- Direct support to endowments
- Funding that supplants existing sources of support
- Individuals, including patient assistance funds
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- Meetings and conferences unless they are essential to a larger project
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Your proposed budget will be reviewed in detail and negotiated to ensure that it meets the goals and objectives of your proposed project and that it is consistent with Foundation policies. Therefore, during budget negotiation, your budget may need revisions. If a particular line item is eliminated or decreased, you may need to identify and specify other sources of support.

Budget Guidelines

The budget should be divided into two parts: a ***line-item budget*** and a ***budget narrative***. These are independent of the 10 page proposal document. If information is contained in your proposal that will strengthen the budget narrative provided, please reference the page number. This, however, cannot substitute for a separate and complete explanation for each line item in the budget.

The sample line item budget attached shows the format in which costs associated with the proposed project should be identified. Not all line items will be applicable to your proposal and/or you may need to add line items. The column titled "Total Cost" should include both the amount requested from the Foundation and other support that will be provided to fund that line item *for this proposal*. For example, an organization calculates that staff training will cost $3500 (Total Cost). They decide to fund $1700 themselves (Other Support), and ask the Foundation to fund the remaining $1800 (Requested from OHF).

When writing the budget narrative, include an explanation for *every* line item. In general, each narrative statement should describe **what** the specific item is, **how** it relates to the project, and **how** the amount shown in the budget was arithmetically determined.

ALL BUDGETS MUST BE SUBMITTED AS AN EXCEL SPREADSHEET. NO EXCEPTIONS.

Below is a *sample line item budget* as well as a *budget narrative* guideline.

OBICI HEALTHCARE FOUNDATION

GRANT SAMPLE LINE ITEM BUDGET

(Insert Institution Name)

Grant Period : from 10 / 01 / 2009 to 09 / 30 / 2009

Budget Period : from   0 / 01 / 2009 to 09 / 30 / 2009

PROJECT YEAR 1

	Base Salary	% of Time	Total Cost	Requested From OHF	Other Support
A. SALARY EXPENSES :					
Name Position					
			$50,000	$50,000	$0
Total Salary Expense			$50,000	$50,000	$0
B. EMPLOYEE BENEFITS			$ 11,000	$11,000	$0
Percentage of Benefits to Salary Expense			**22.00%**	**22.00%**	**#DIV/0!**
Subtotal Salary & Benefits			$61,000	$61,000	$0
C. OTHER PROJECT EXPENSES					
Office Supplies			$2,500	$2,500	$0
Telephone			$2,520	$2,520	$0
Postage			$2,000	$2,000	$0
Equipment Rental			$2,400	$2,400	$0
Service Agreements			$1,400	$1,400	$0
Staff training & education			$3,500	$1,750	$1,750
Marketing / Communication			$14,000	$14,000	$0
Software			$1,500	$1,500	$0
Travel			$3,000	$3,000	$0
Other (please describe)			$0	$0	$0
Total Other Project Expenses			$32,820	$31,070	$1,750
D. CONSULTANT / CONTRACTUAL AGREEMENTS			$50,000	$50,000	$0
E. EQUIPMENT			$10,000	$10,000	$0
F. MATCHING CAPITAL PROJECT COSTS			$0	$0	$0
TOTAL BUDGET			$153,820	$152,070	$1,750

Budget Narrative

Listed within each category is a description of the information that the Foundation requires in order to review your proposed budget. Organize narrative in accordance with sections on the sample line item budget.

Salary Expenses

In addition to the information required on the sample line-item budget form, include a detailed description of the activities and FTE (full – time equivalency) of each position as it relates to the project. For example:

The Clinical Coordinator is a full time employee (1 FTE) responsible for providing operational case management and referrals.

Employee Benefits

Indicate what benefits will be provided and identify the fringe benefit note for your agency. If different rates were used for different individuals (full-time, part-time) your narrative should contain a table that summarizes the calculation for each individual.

Sample Table:

	Salary	Fringe Rate	Total
Program Director	$40,000	.25	$10,000
Clinical Director	$10,000	.10	$ 1,000
Total			$11,000

Other Project Expenses

The projected expenditures for each line-item should be listed separately along with a description of how estimates for each were determined. For example:

> ➢ *Office Supplies*

The requested office supply budget is $2,500 in year 01. This includes $1,000 for supplies such as stationary, copy paper, pens, pencils, and business cards. Additionally, $1,500 is budgeted for computer supplies to support the component of our project that involves data analysis.

> ➢ *Telephone*

There are two components with this line item: the installation of three incoming land lines, and one cell phone service. Three incoming lines will be installed for the Program Director, Executive Director, and Administrative Assistant. The estimated cost is $1,200. The cell phone service is for the Clinical Coordinator to maintain communication with agency staff and referral sources. The anticipated costs are $1,320. Therefore, the total telephone budget is $2,520.

> ➢ *Postage*

The total requested postage budget is $2,000*.* This includes costs for mailing routine correspondence to applicants, vendors and referral sources.

➢ *Equipment Rental*
We are requesting the rental of a copy machine for the purpose of copying daily correspondence and necessary reports to be sent to referral sources and other sites under our program. The rental agreement is $200 a month for an annual cost of $2,400.

➢ *Service Agreements*
We will require service contracts for a copier and fax machine in order to maintain this equipment in proper working condition. This equipment is essential to the Administrative Assistant in order to perform tasks outlined in his/her job description. Total costs are $1,400 ($200/year for the fax machine and $100/month for the copier).

➢ *Staff Training and Education*
Training/Education can be explicitly related to your proposal. An example of this would be the registration costs relating to attending a conference in the Commonwealth or Washington DC area that would strengthen staff skills in the specific subject area that is the focus of the proposal.

You can also request training/education that is not explicitly related to the proposal, but would strengthen your organization in a way that would help it meet its missions. This might include requesting support for organizational capacity building activities such as board development, strategic communications, strategic planning, or resource development. Volunteer Hampton Roads or The Cameron Foundation's Focus, Inc offers a series of such seminar and classes that are nearby, convenient and affordable. For example:

We are requesting funds for one Centers for Disease Control sponsored conference/seminar on health and wellness issues for the Program Director and our Clinical Coordinator. (*Identify the specific meetings and conferences you will attend.)* The budgeted cost for the conference is projected to be $500 a person, for a total of $1000. The costs include conference registration fees and lodging (travel to and from the conference would appear under "Travel"). Additionally, we are requesting funds for computer software training for our new patient demographic data software for a total of $500. Therefore, the total staff training budget is $1,500.

➢ *Marketing/Communications*
Funds can be allocated to increase awareness and visibility as well as promote and disseminate the program. Costs associated with the printing of brochures, newsletters, press kit, etc. should be listed along with a description. For example:

A newsletter will be printed containing information on immunizations. The total cost for design and printing 10,000 brochures is $2,800.

➢ *Software*
Itemize the software requested and include a statement outlining how the software will be used to fulfill project goals. For example:

These funds would cover the purchase of spreadsheet or database management software to track proposed admissions.

➢ *Travel*
The projected expenditures for project staff travel should be outlined. This can include mileage reimbursement for travel to/from patient's homes, and/or travel to/from conferences and seminars. The conferences and seminars can be related to the project or help strengthen the organization to better support their mission. (See "Staff Training and Education" above).

*The **basis** for the calculations as well as the **purpose** for the travel should be provided. Travel estimates for local travel should be based on your institutions current policies – for example $.405/mile.*

➢ **Consultant / Contractual Agreements**
Consultants: If consultants will be requested, then you should outline the need for each: a work plan for each, including the tasks to be accomplished, fees to be paid.

Contractual Agreements: For each proposed contract for which you request, you should provide an explanatory paragraph that describes in detail the services to be provided, the contractor, dates of contract, dollars, and tasks/deliverables.

➢ **Equipment**
The Foundation generally supports office equipment to help establish the projects.

Itemize the equipment requested and indicate how the equipment will help you manage and advance the program. Please follow your institution's equipment capitalization threshold policy to determine whether an item is classified under equipment or supplies.

➢ **Matching Capital Project Costs**
Building, construction or capital improvement projects will be considered only if there is a financial match committed to the requested project 1) at the application due date and 2) if the project can demonstrate it would improve health and healthcare for the medically indigent in the Foundation's service area.

Proposal Cover Sheet

Directions for Completing this Form:
1. Type or print clearly in ink.
2. Read each question carefully and complete all areas of this form.
3. Send completed cover sheet and proposal to:
   Obici Healthcare Foundation, 1514 Holland Road, Suite 104, Suffolk, VA 23434

Date of Submission: _____

Request ID Number Foundation use only: _____

Legal Name of Organization: _____

(Name should be the same as on the IRS Determination Letter and as supplied on IRS Form 990.)

Executive Director: _____ _____

Name   Phone Number

Contact Name: _____

Name   Title   Phone Number

Address: _____

City   State   Zip

Fax Number: _____   Email Address: _____

Org. Website: _____   Are you serving as a fiscal sponsor? _____

Program Title: _____

Dates of the Project: _____

Start Date   End Date

Amount Requested from OHF: $_____   Total Program Cost: $_____

Certification: In submitting this proposal, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any funds granted. This application becomes property of the Obici Healthcare Foundation.

_____

Authorized Official's Signature   Date

_____

Printed Name and Title

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Proposal Check List

Each copy of the proposal should include the documents listed below, in the following order:

1. _____Proposal Cover Sheet (on our website) signed by your Executive Director or appropriate agency official

2. _____Executive Summary (on our website)

3. _____Proposal: 10-12 pages, Arial or Times New Roman 12 pt font, double spaced with one inch margins on the top, bottom and both sides, pages numbered at the bottom center

4. _____Program Outcome Model (on our website)

5. _____Project Data & Outcomes Evaluation Form (on our website)

6. _____Financial Sustainability Plan (on our website)

7. _____Memorandum of Understanding

8. _____IRS Determination Letter or other document certifying your tax exempt status

9. _____IRS Form 990 from most recent year

10. _____Audited Financial Report

11. _____Annual Report, if available

12. _____A biographical profile or resume of key staff

Mail one (1) original and four (4) copies of the entire application to:
> OBICI Healthcare Foundation
> Lisa Kelch
> Grants Associate
> 1514 Holland Road, Suite 104
> Suffolk, Virginia 23434

E-mail entire application to lkelch@obicihcf.org   (NO FAXES ACCEPTED)