



CAPE COD HEALTHCARE

---

# Community Benefits Program Annual Strategic Grants FY2020 Request for Proposal (RFP)

**Cape Cod Healthcare**  
Office of Community Benefits  
297 North Street, Building 3, 3<sup>rd</sup> Floor  
Hyannis, MA 02601

**COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020****OVERVIEW:**

Cape Cod Healthcare (CCHC) is pleased to announce the FY2020 Annual Strategic Grant Request for Proposal (RFP). CCHC is committed to enhancing the quality of, and access to, comprehensive health care services for all the residents of Cape Cod.

The FY2020 Annual Strategic Grant RFP focuses **one major health priority** in healthcare outlined in the **2020-2022 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report and Strategic Implementation Plan**.<sup>1</sup>

**PHYSICAL HEALTH CONDITIONS**

Proposals must be designed to reduce and/or prevent the occurrences and severity of chronic and infectious diseases in Barnstable County through best practices and collaborative approaches. The following conditions are targeted:

- a. Cancer
- b. Chronic & Infectious Disease(s)
- c. Maternal Health
- d. Heart Failure
- e. Pulmonary Rehabilitation
- f. Diabetes
- g. Oral Health/Dental Services
- h. Nutrition
- i. Dementia and Alzheimer's Disease and other neurological health conditions
- j. Stroke

The 2018 Massachusetts Attorney General's Community Benefits Guidelines for Non-Profit Hospitals clearly states that **social conditions** in which people are born, grow, live, work, and age play a key role in determining health outcomes and health disparities. Accordingly, effective Community Benefits programs are critical in addressing unmet public health needs and promoting health equity. Cape Cod Healthcare Community Benefits has addressed this in the 2020-2022 Community Health Needs Assessment Strategic Implementation Plan as a collaborative partnership approach with the Cape Cod community over the next three years. .

---

<sup>1</sup> The FY20 -22 CHNA Report and Strategic Implementation Plan will be released at the end of September 2019, please [click here](#) or visit [www.capecodhealth.org/about/caring-for-our-community/](http://www.capecodhealth.org/about/caring-for-our-community/) for other information related to the FY20 strategic grant process.

**COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020****FUNDING GUIDELINES:**

- Applicants are **required** to (1) identify a physical health condition and a target population as specified below and (2) propose a program that features evidence-based strategies and collaboration that will demonstrate improved health outcomes for target populations.
- Applicants are **required** to demonstrate a change in condition that expands improves or reduces a particular health status indicator or systems/operations process improvement with intentional impact to the community over a planned timeline.
- Applicants are **encouraged** to identify how AGING and ACCESS to healthcare will be addressed in the proposal.
- Applicants are **encouraged** to identify how any improvements to the social determinants of health (transportation, housing, healthcare workforce) will be linked to/or part of the proposal.

**PROPOSAL SCORING ELEMENTS:**

1. Health Priority
2. Health Indicators, Measurable Outcomes and Community Impact timeline
3. Organizational Strength & Collaborative partner roles
4. Budget & Sustainability post grant award
5. Focus on Cross Cutting themes of Aging and Access to Healthcare
6. Inclusion of social determinants of health
7. Build health equity by meeting the Needs of Vulnerable Populations
8. Feature evidence-based practices, promising practices or best practices

Please review **Attachment D** for detailed information related to this RFP scope, qualifications, review process, and technical assistance.



## COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020

### **GRANT AWARDS:**

Cape Cod Healthcare Community Benefits will award up to \$300,000 total for programs executed in FY20 (January 1, 2020 – September 30, 2020) through a competitive grant-making process as outlined in this RFP packet. Grant awards will range from \$15,000 to \$30,000 and are for one year only.

### **RFP SUBMISSION REQUIREMENTS:**

Please organize submitted proposals by the structure and content outlined below. Incomplete proposals will be disqualified.

1. **Cover Sheet** (Attachment A)
2. **Proposal Narrative** with a maximum length for the narrative of five (5) pages, excluding cover sheet and budget sheet. **See below for outline of proposal narrative elements.**
3. **Budget Worksheet** (Attachment B): Please note that no more than 10% of funds requested may be applied to administrative fees and or overhead expenses.
4. **Copy of IRS 501c3 determination letter** and/or Fiscal Agent Memorandum of Understanding.
5. **List of Board of Directors** or Steering Committee. If a fiscal agent will be used, also include list of their Board of Directors.
6. **Letters of Collaboration** from collaborating organizations that detail their involvement in proposed project. Letters of support not considered.
7. **Measurable Outcome Goals and Timeline of Expectations**
8. **Interim Summary & Outcomes Report.** All FY20 CCHC Community Benefits grantee organizations must submit an Interim Project Summary & Outcomes Report aligned with contract reporting requirements. NO new Grants will be awarded to FY19 Grantees that were not compliant with request for year-end outcome reports.

**COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020****PROPOSAL NARRATIVE REQUIREMENTS:**

The proposal narrative should be submitted on white paper with 12-point type font with 1” margins on all sides. The narrative sections should include headers to reflect applying organization’s name and date; footer to reflect page number. Proposals must address all narrative elements in the **order** outlined on the following pages and include number and heading in narrative outline (example: 1. Organization 2. Alignment...).

All proposals must meet the outlined narrative requirements. **Proposals that do not include or adequately address all of the narrative requirements will be disqualified.**

**1. Organization (125 words)**

Provide the organization’s Mission Statement, organizational experience related to like-sized program/project in proposal. Identify success or failure encountered that improves this proposal and staffing capacity to address the issue during this grant period.

**2. Alignment with Community Benefits Priorities (500 words)**

- Identify the physical health condition being addressed and incorporate Barnstable County demographic data (including available health indicator(s)) to define the scope and magnitude of the issue.
- Identify the specific target population(s) that will be impacted through activities
- Identify if program addresses cross cutting themes of aging and/or access to healthcare.
  - Identify program elements that address a social determinant of health:
    - Transportation
    - Housing
    - Healthcare Workforce

**3. Program Overview (500 words)**

Describe the program and strategies that will be implemented to address the problem, including clearly defined goals, specific anticipated outcomes and evaluation activities to measure outcomes. If you are including strategies that address aging or access to healthcare, and/or any of the three social determinants of health, please describe in this section of the narrative.



**COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020**

**4. Community Impact (250)**

Describe the impact that the program will have on vulnerable population(s) in Barnstable County. Applicant should reference all demographic, health indicator and assessment data that will demonstrate a measurable impact (behavior change). Include anticipated numbers of persons affected by health condition, locations changes, staffing changes, and/or changes to the system of care along with long-term benefits or expansion possibilities.

**5. Collaboration and Innovation (250)**

- a. Describe how this proposal features current or potential coordination with Cape Cod Healthcare.
- b. Identify any collaborators and their specific roles. If the proposal does not feature collaboration with other organizations, explain why the applicant works alone.
- c. Identify if this program is an evidenced based practice or is based on a like best practice found elsewhere. Provide summary, source, location and date of development For example, Healthy Aging 2020 best practice dated X or Stanford evidenced based program dated X.
- d. If your program is not evidenced based or a best practice is not available then explain how your innovation project could become such based on impact for the gap identified.
- e. Include information on community engagement and/or human centered design in your, planning, and implementation of the program and/or input into the proposal.

**6. Budget and Sustainability (125)**

- a. Provide a budget narrative with detailed descriptions of expenses and income for this project.
- b. Identify other prospective, pending or secured funding sources for this project.
- c. Describe the plans for future sustainability of the project through replication, funding sources, reimbursement, earned income and/or commitment and strength of collaborative partnerships.

Disclose all sources of funding for collaborative projects, including in-kind services such as volunteers, community resources, etc.

**COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020**
**OUTCOMES REPORTING REQUIREMENT:**

If a proposed project is awarded funding, reporting to CCHC is required. CCHC will require an Annual Summary & Outcomes Report and reserves the right to request documentation of outcomes related to the proposed project at any time during the duration of the grant or if applicant submits a proposal in response to the Community Benefits Strategic Grant RFP FY2020.

Project elements that will be required on reports include, but are not limited to:

- a) Program goals,
- b) Health Indicators and Measurable outcomes (behavior changes) and achievements, c) Community impact and related short/long term timelines
- d) Collaboration and Expansion Possibilities
- e) Project sustainability.

These reported outcomes will be submitted to the Massachusetts Attorney General’s Office as part of CCHC Community Benefits annual reporting requirements.

**GRANT APPLICATION SUBMISSION REQUIREMENTS:**

- **Submit one (1) SIGNED electronic copy** to [communitybenefits@capecodhealth.org](mailto:communitybenefits@capecodhealth.org) with “Response: Community Benefits Proposal” clearly identified in the subject line by **Friday, September 13, 2019 at 4:00 pm.**

**Submit two (2) SIGNED original copies** via U.S. Mail, FedEx, or UPS to Mary Pumphery at the Office of Community Benefits, Cape Cod Healthcare, 297 North Street, Building 3, 3<sup>rd</sup> Floor, Hyannis, MA 02601. All mailed documents must be postmarked by **Friday, September 13, 2019 at 4:00 pm.**

**FY20 RFP TIMETABLE:**

<b>RFP Release</b>	<b>August 16, 2019, 2019</b>
RFP Question and Answer Period	August 19 – August 30, 2019
Technical Assistance Available to Applicants	<b>To be scheduled:</b> Sept. 5, 6, or 7, 2019
<b>Deadline for Proposal Submission</b>	<b>September 13, 2019</b>
Notification of Awards	December 2, 2019
Grant Period	January 1 – September 30, 2020
<b>Annual Summary &amp; Outcomes Report Due</b>	<b>October 1, 2020</b>



**COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020**

**Attachment A: Community Benefits Strategic Grant RFP Cover Sheet**

**REQUIRED:** Please check the primary Cape Cod Healthcare FY20 -22 Community Health Needs Assessment physical health condition that best aligns with your proposal:

- Cancer
- Chronic & Infectious Disease(s)
- Maternal Health
- Heart Failure
- Pulmonary Rehabilitation
- Diabetes
- Oral Health/Dental Services
- Nutrition
- Dementia and Alzheimer's Disease and other neurological health conditions
- Stroke

Please check the **cross-cutting theme** in your proposal:

- Aging
- Access

**EQUITY:** Please check the vulnerable population(s) that your proposal addresses:

- >65
- 18-24
- Low Income Individuals
- Low Income Families
- Non-English Speaking

Social Determinants of Health: Please check the SDOH if addressed

- Transportation
- Housing
- Healthcare Workforce





COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020

Project Title: \_\_\_\_\_

Name of Organization or Collaborative: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Collaborative partner(s) for this grant: \_\_\_\_\_

Name and title of accounting contact for payment: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Total amount of funding requested from CCHC: \$**\_\_\_\_\_

Does your organization have 501 (c) (3) status? Yes  No

Will a fiscal agent be utilized for this project? Yes  No  (If yes, please submit Attachment C.)

Have you received funding in the past from Cape Cod Healthcare? Yes  No

If applying as a multi-agency collaborative, please include the name(s) of any partner organizations that have received funding in the past from Cape Cod Healthcare:

\_\_\_\_\_

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020

Attachment B: Budget Worksheet

Name of Organization or Collaborative: \_\_\_\_\_

TOTAL AMOUNT NEEDED FOR PROGRAM: \$ \_\_\_\_\_

TOTAL AMOUNT REQUESTED FROM CCHC : \$ \_\_\_\_\_

Are you seeking or do you currently have other financial support for this program? Yes  No

Will your organization/ partner agencies contribute financial support for this program? Yes  No

*Organizations should include all prospective, pending or secured sources of funding in the table below and in Section 6 in the proposal narrative.*

Name of Project: \_\_\_\_\_

Instructions:

- Do not allocate more than 10% of CCHC requested dollars to administrative fees and or overhead expenses.
- All expenses and contribution categories below must reflect costs based on the nine-month grant term of January 2020– September 2020. Grantee will be required to utilize 100% of the grant awards by September 30, 2020.
- Include the financial contributions that the applicant organization(s) will allocate to the proposed project in column (D) in the detailed expense category. If the program is entirely dependent on outside funding, please leave column (D) blank.

DETAILED EXPENSE CATEGORIES	(A) TOTAL PROGRAM EXPENSE	(B) CCHC GRANT REQUEST	(C) REQUESTED/ RECEIVED FROM OTHER SOURCES	(D) OWN ORGANIZATION/ COLLABORATIVE CONTRIBUTION
Personnel Expenses:	\$ _____	\$ _____	\$ _____	\$ _____
Consultants/Contract Services:	\$ _____	\$ _____	\$ _____	\$ _____
Equipment/Supplies:	\$ _____	\$ _____	\$ _____	\$ _____
Travel:	\$ _____	\$ _____	\$ _____	\$ _____
Administrative Fees /Overhead Expenses:	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020

Attachment C: Fiscal Agent Worksheet (If applicable)

Name of fiscal agent: \_\_\_\_\_

Name of fiscal contact person: \_\_\_\_\_

Fiscal agent address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name and title of accounting contact for invoicing if different from fiscal contact person: \_\_\_\_\_

Name of project manager: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please include a list of fiscal agent's directors with your proposal.

## COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020

**Attachment D: General Information**

- 1.1 **Purpose:** The purpose of this RFP is to solicit proposals under certain terms and conditions in support of Cape Cod Healthcare’s Community Benefits mission to enhance the quality of, and access to, comprehensive health care services for all the residents of Barnstable County.
- 1.2 **Background:** As a non-profit, tax exempt 501 (c) (3) organizations, CCHC provides benefits to the community commensurate with our tax exempt status. The provision of Community Benefits support is an important component of Cape Cod Healthcare’s mission. Strategic oversight is provided by the Community Health Committee, which in turn is responsible to the Cape Cod Healthcare Board of Trustees. The Committee is comprised of individuals involved in the local health and human services arena that represent community-based organizations, community advocacy groups and county government, as well as two members of the CCHC Board of Trustees.
- 1.3 **Scope and Terms:** CCHC seeks to award funding to non-profit organizations offering programs and/or initiatives that align with CCHC’s Community Benefits mission, and specific priorities. The contract term of the grant shall be for a period of nine (9) months upon receipt of a signed grant contract. Grant Recipients will be required to provide an Annual Summary & Outcomes Report no later than October 31, 2019, or upon request by CCHC at any time during the duration of the grant. If the Grant Recipient is unable to meet the contractual requirements or provide services per contract terms, the contract will be suspended or cancelled depending on circumstances and funding will be discontinued. Any funds not expended over the course of the contract must be returned to CCHC within 60 days of contract termination.
- 1.4 **Definition of Partners:** Cape Cod Healthcare will be referred to as “CCHC”. Respondents to the RFP shall be referred to as “Applicants”. The Applicants to whom the contract is awarded shall be referred to as the “Grant Recipient”.
- 1.5 **CCHC Community Benefits will not fund the following requests through this process:**
- Programs outside of stated priorities
  - Programs serving areas outside Barnstable County
  - Duplicative programs in the same service area
  - Political or fundraising campaigns
  - Construction or renovation activities, leased property or property acquisitions
  - Event expenses or incentives including food, beverages, gifts, or tokens
  - For-profit ventures

**COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020****Attachment D: General Information****1.6 Review Process**

- a) Proposals will be reviewed and evaluated by CCHC staff and the CCHC Community Health Committee.
- b) Grants will be awarded based on alignment with stated priorities and RFP requirements.
- c) Grant funding will not exceed \$30,000 per proposal.
- d) Awards are officially voted on and approved by the Community Health Committee and presented to the Board of Trustees of CCHC. Committee members affiliated with any proposal will recuse themselves from voting on such.

**1.7 Award of Proposal and Distribution of Funds**

Applicants will be notified by December 2, 2019. Awards will be announced publicly in January 2020. CCHC and grant recipients will execute a formal Agreement. Grant recipients will be required to submit invoice(s) to CCHC for the program. Funding is subject to compliance with the terms of the Agreement.

**1.8 Confidentiality**

Information contained in the proposals will be held in confidence until all evaluations are concluded and awards have been made. Funding and other information that is part of the offer cannot be considered confidential after an award has been made.

**1.9 Technical Assistance**

All communications related to the RFP shall go through the Office of Community Benefits. It is the responsibility of the Applicant to inquire about any requirement of this RFP that is not understood.

Technical assistance sessions will be offered to applicants on either September 5, 6 or 7 at Cape Cod Hospital. ZOOM (online video webinar) access will be provided for those unable to attend in person. The technical training session will be recorded. Attendance is encouraged. Please email [communitybenefits@capecodhealth.org](mailto:communitybenefits@capecodhealth.org) to register for a training session.

**1.10 Communication**

General inquiries about this RFP can be directed to the Office of Community Benefits, Cape Cod Healthcare, by email [communitybenefits@capecodhealth.org](mailto:communitybenefits@capecodhealth.org) or phone 774-470-5511.



COMMUNITY BENEFITS STRATEGIC GRANT REQUEST FOR PROPOSAL FY2020

**Attachment E: RFP Application Checklist**

- Completed grant application cover sheet (Attachment A)
  - Project Narrative: five (5) page limit
  - Completed Budget Worksheet (Attachment B)
  - Attached proof of non-profit status
  - Attached current list of board members
  - Interim Summary & Outcomes Report (Applicable only if applicant organization is a FY2019 CCHC Community Benefits grantee)
- 

If applying with a partner organization or as a multi-agency collaborative, please include:

- Letter of Collaboration from partner(s)
- 

If using a Fiscal Agent, please include:

- Completed Fiscal Agent Worksheet (Attachment C)
- Fiscal Agent Memorandum of Understanding and Fiscal Agent list of board members