

**Addison County Community Health Equity Partnership
Community Project Funding to Address Health Inequities
Request for Proposal Application Packet**

Deadline: Friday, December 9th, 2022 by 5 pm

Contact for Questions or Technical Assistance

Courtney Thorn, cthorn@portermedical.org, (802) 388-8860

Background

The VT Community Health Equity Partnership is a collaboration between the VT Public Health Institute, the VT Department of Health District Offices, and Backbone organizations, to support and fund local initiatives that aim to promote health and address health inequities that were exacerbated by the COVID-19 pandemic.

Historically, groups that have been economically and socially marginalized experience disproportionate adverse health outcomes compared to non-marginalized populations. Impacts caused by the COVID-19 pandemic highlighted the many ways in which underserved populations experience inequities related to healthcare and social determinants of health. In addition, the COVID-19 pandemic brought unprecedented challenges related to mental health, such as increased social isolation, depression, stress, and loneliness. Promoting supports for mental health and access to health care through a health equity lens have been identified as top priorities by both Addison County community members and stakeholders.

Addison County recognizes that improving health equity within our health care system requires long term learning from community members and establishing a culture that enables this work. Through the Vermont Health Equity Partnership Grant, we will build a foundation to address health inequities by increasing opportunities for prevention, treatment, and promotion of physical and mental wellbeing among underserved populations within our community.

Application Eligibility

Individuals or organizations whose focus is on historically marginalized members of our community and whose projects advance health equity where all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and ability types– and who are located in the Addison County: Addison, Bridport, Bristol, Cornwall, Ferrisburgh, Goshen, Granville, Hancock, Leicester, Lincoln, Middlebury, Monkton, New Haven, Orwell, Panton, Ripton, Salisbury, Shoreham, Starksboro, Vergennes, Waltham, Weybridge, Whiting.

About the Application Process

Applicants are required to provide a valid Tax Identification Number (TIN) in the application. Applicants are NOT required to be registered as a 501C3 (or similar) tax exempt organization. Applicants who do not have a TIN must find a fiscal sponsor with a TIN. For more information about fiscal sponsors, please email info@unitedwayaddisoncounty.org or call (802) 388-7189.

For profit businesses or individuals are eligible to apply. TIN may be an EIN (Employer Identification Number) or a SSN (Social Security Number).

Technical assistance with the application process is available for applicants looking for grant writing support. Please contact Courtney Thorn, cthorn@portermmedical.org or (802) 388-8860 to schedule a time to meet.

The application template is located on pages 4-7

Appendices are located on pages 8-16

Funding Specifics

Funding is a Cost Reimbursement model. Grant recipients will be reimbursed for expenses made in accordance with the budget and upon submission of an invoice.

The grant period ends on May 31, 2023.

All project related expenses must be incurred on or before 5/31/2023

If the organization needs financial support to provide advancement funds to start the project, UVMHN Porter Medical Center can provide assistance. Please reach out to Courtney Thorn, cthorn@portermmedical.org or (802) 388-8860.

The minimum amount awarded will be \$5,000 and the maximum will be \$30,000

Funding **CANNOT** be used for the following:

- Political campaigns
- Lobbying
- Research
- Clinical care
- Automobiles
- Construction

See Appendix A for more details

Application Formats

Applications can be submitted using a Word Document or a fillable PDF.

Organizations and individuals without formal grant-writing experience are encouraged to apply. Individuals whose primary language is not English and who do not speak, read, write or understand English can request a translated application.

If you would like a Microsoft Word version of this document, please contact Courtney Thorn at cthorn@portermedical.org

Timeline

Thursday, November 17, 2022	Release of Request for Proposals
Friday, December 9, 2022	Completed Applications Submitted by 5:00 p.m.
Thursday, December 15, 2022 (4:30-6:30 pm) – Friday, December 16, 2022 (9:00 – 11:00 am)	Project Proposal Conversations with Review Committee - 20 Minutes/Proposal
Tuesday, December 20, 2022	Final Review Committee Meeting
Thursday, December 22, 2022	Applicants Notified of Funding Decisions
January 2, 2023 – January 9, 2023	Final Documents Signed and Projects Begin

***Courtney will contact applicants to schedule a time to meet for a project proposal conversation with the Review Committee once the application has been received. Please note the two dates and times we are offering. We will do our best to accommodate applicants based on their availability.**

Selection Process

Applications will be reviewed by the Addison County Community Health Equity Partnership Steering Committee and participating community members. Steering Committee reviewers are not paid for their time. Community members receive a stipend commensurate with the time spent reviewing. If a conflict of interest arises related to any application, reviewers must remove themselves from reviewing that specific application.

Applications will be scored on their potential impact toward addressing health inequities within our community.

For Questions or Technical Assistance, Contact:

Courtney Thorn, cthorn@portermedical.org, (802) 388-8860

Submit Applications to:

Courtney Thorn, cthorn@portermedical.org

VT Community Health Equity Partnership

Community Project Funding to Address Health Inequities: Funding Application

Deadline: Friday December 9, 2022 by 5:00 p.m.

Funding is intended to assist the Addison County Community Health Equity Partnership to address health inequity(s) experienced in Addison County which were exacerbated during COVID-19, and which are described in the below.

Data Driven Problem Statement:

Through this grant we will address mental health and health care inequities by focusing on our community's mental wellbeing and access to care through a lens focusing on training and capacity building, trauma-centered care, LGBTQIA+ support, culturally competent care, and projects to elevate and better support our marginalized populations. We strongly encourage community partners to apply for this grant and share person-centered initiatives that address health equity among populations that have traditionally been underfunded or underrepresented within this community. By the end of May 2023, this grant will have allowed us to support current and new efforts and continue conversations around the sustainability of supporting health equity efforts in Addison County.

Name of Applicant:

Applicant's Street Address:

City, State, Zip Code:

Primary Contact Person:

Primary Contact Person Email Address:

Primary Contact Person Preferred Phone Number:

Tax Identification Number:

Amount Requested (no less than \$5000 nor more than \$30,000):

Please tell us briefly what the differences would be in the scope of your project at the minimum and maximum funding levels (no more than 500 characters):

Schedule of Work:

- **Start Date:** _____
- **End Date (no later than May 31, 2023):** _____

Describe the Intervention (no more than 500 characters):

Describe the Focus Population:

Describe the Desired Results (no more than 500 characters):

Describe the community partners you are/intend to work with to achieve these results:

Please explain how the intended work may positively impact the data driven problem statement described above (no more than 1,500 characters):

Identifying milestones provides a way to monitor the progress of your project and make course corrections, if needed. Provide a brief timeline overview of your project from the beginning of January 2023 - May 31, 2023. (See Appendix C.)

Please tell us how you plan to spend the funds you are asking for? Include a budget using the Budget Template provided with the application for this purpose. (See Appendix D.)

(Optional) Feel free to provide additional information you think may be useful to the reviewers in evaluating this application (no more than 1,500 characters)

Appendix A – Community Project Funding - Frequently Asked Questions

1. Do the community projects receiving funding need to be registered 501c3?

It is strongly advised that the Community Project Funding Recipient is a registered 501c3 organization, as one of the major goals of this work is capacity building. However, funds can be provided to an organization that is not a registered 501c3. The recipient will need to provide a Tax ID (EIN or SSN).

2. Can funding be provided for capital expenses?

Yes, funding can be used for capital expenses. There are restrictions on construction projects, automobiles, and any single item valued at \$5,000 or more.

3. Can funding be used to support designs and/or purchasing materials for a construction project?

The actual building of a construction project is restricted with these funds. If there is a project proposal for a contractor to support designs and/or purchasing materials, please discuss logistics with Courtney to figure out the best approach.

4. Can items be purchased for a mobile clinic? For example, blood pressure cuffs.

Yes, items can be purchased for a mobile clinic, ensuring a single item is not valued at \$5,000 or more.

5. The Terms of Award and reporting requirements are all that will be required – no additional clauses or expectations around participant data and intellectual property?

The Terms of Award, invoicing, and reporting requirements are all that will be required. Project funding recipients will also need to provide a W9 form to the funding entity.

6. Will Community Project Funding Recipients need to submit certificates of insurance?

No, Community Project Funding Recipients do not need to provide certificates of insurance.

7. Can an individual with a medical license apply for Community Project Funds? How does this work with the restriction on clinical care?

Yes - an individual that holds a license can apply for Community Project Funds. The project proposal cannot be to provide services that would be eligible for insurance billing/reimbursement (i.e. treatment of an illness, disease, or injury). Project proposals can be for non-billable items (i.e. prevention efforts, education). For example, an individual with a Registered Nurse license can apply for funds to provide an educational series to the community.

8. Can an organization both apply for a grant and serve as a fiscal sponsor for another organization?

This is allowable under the structure of the VT CHEP. The Local Collaborative / Backbone Organization will make a final decision for this. Please contact Courtney with questions related to this.

9. Are training expenses eligible for funding?

Under the VT CHEP grant, training expenses are allowable. The Local Collaborative / Backbone Organization will make the decision in the review process if the proposed project aligns with their Data Driven Problem Statement.

10. Can a Community Project propose a continuation of an already-existing project?

This is allowable under the structure of the VT CHEP. The Local Collaborative / Backbone Organization will make a final decision for this as it applies to the Data Driven Problem Statement.

11. Can the Community Project Recipient be a 501(c)(4) - a tax-exempt social welfare organization?

VT CHEP grant funds cannot be used for lobbying. If a 501(c)(4) organization receives funds, the restrictions would need to be clearly stated.

12. Can the Community Project Recipient be a 501(c)(7) - a tax-exempt social or recreational club organization?

If a 501(c)(7) organization receives funds, please contact Courtney to discuss this. The organization would need to serve the public and not just members of the organization.

Appendix B – Monthly Invoice Template

VT Community Health Equity Partnership Monthly Community Project Funding Invoice

Address Here _____

Phone Number Here _____

Make Checks Payable To: _____

DATE: _____ -- Last date of month submitting invoice for

For the period of _____

BILL TO: Sylvie Choiniere
schoiniere@portermmedical.org
UVMHN – Porter Medical Center
115 Porter Drive
Middlebury, VT 05753
FOR: Project Title

Details	Project Budget (total)	Balance Remaining After Previous Invoice	Actual Expenditures This Period	Balance To Carry Forward
categories to match the budget submitted by the Community Project				
	Subtotal			
		Amount Due:		

Appendix C – Milestone Template

Milestone Example – Addison County VT Community Health Equity Partnership

Milestone	Completed By
Thursday, November 17, 2022	Release of Request for Proposals
Friday, December 9, 2022	Completed Applications Submitted by 5:00 p.m.
Thursday, December 15, 2022 (4:30-6:30 pm) – Friday, December 16, 2022 (9:00 – 11:00 am)	Project Proposal Conversations with Review Committee - 20 Minutes/Proposal
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Milestone Template

Milestone	Completed By

Appendix D – Budget Template

Name of Organization:			
Title of Project:			
Expense Category	Description	Request	Please note other secured funding or in-kind donations toward expenses
Personnel (salary/fringe or hourly rate)			
Materials & Supplies (printing, books, art supplies, building materials, etc.)			
Travel			
Other (conferences, trainings, etc.)			
	Total Request:		Total In-Kind or Donation:
*If a category does not apply, please leave blank			

Appendix E - Post Award Expectations

Terms of Award

VT Community Health Equity Partnership Community Project Funding to Address Health Inequities:

UVMHN - Porter Medical Center

Funding is awarded for the purpose(s) described below and subject to any conditions described herein. The parties understand and agree that the activities are intended to address health inequity(s) experienced in Addison County, which were exacerbated by the COVID-19 pandemic.

Community Project Funding Recipient (Recipient):

Street Address:

City, State, Zip Code:

Tax Identification Number:

Amount: \$_____

Primary Contact Person:

Primary Contact Person Email Address:

Primary Contact Person Preferred Phone Number:

Purpose: Enter description from the Application

Provisions

- **Payment of Award** – Community Project Funding Recipients may submit invoices to **Porter Medical Center** or the **VtPHI** twice per month for actual expenses made up to the date of the invoice. Invoices to **VtPHI** must be submitted to Kyra Wood, VtPHI District Liaison by the **first and third Wednesday** of every month. Submitting twice per month is not a requirement, but an option that may be utilized. See Appendix G for the full invoicing schedule.
 1. Invoices must use the standard template provided by **Porter Medical Center** or the **VtPHI**. A monthly report is required (as described below).
 - A template, “VT CHEP Community Project Funding Invoice”, (see Appendix E), has been provided. **Porter Medical Center** is providing funds to the Community Projects, they may adjust the invoice as needed for internal purposes.
 2. The final invoice will not be processed unless accompanied by a Final Report, described in “Reporting” (See Appendix F). All invoices must be submitted to VtPHI by **Wednesday, June 7, 2023**.
- **Expenditure of Funds** – Funds are awarded for the **Purpose**, as stated above. No part of these funds may be used for a political campaign, to support attempts to influence legislation of any governmental body, nor to grant any portion of the award to other parties without the express permission from the VtPHI District Liaison and **Porter Medical Center** to do so.
- **Agreement Type** – Cost Reimbursement. The Recipient will be reimbursed for costs incurred in accordance with the budget and upon submission of an invoice.
- **Condition(s)** – If the Primary Contact Person(s) of the Recipient noted above changes during the term of this award, the Recipient shall notify the **Porter Medical Center** as soon as possible. The **Porter Medical Center** will notify these changes to Kyra Wood, District Liaison, VtPHI.
- **Audit** – **Porter Medical Center or the VtPHI** reserves the right to visit the Recipient (and can invite the District Director) to review and discuss the program or project funded with this funding contract, and to review any records related to expenditures made by the Recipient under these Terms of Award.
- **Reports** –

A. A monthly narrative report will be completed to support invoices. These are submitted to the Backbone organization. The Backbone then submits materials to VtPHI. The Backbone and VtPHI District Liaison may discuss alternate reporting structures on a case-by-case basis.

B. A Final Report must be submitted with the final invoice. The Emergent Learning After Action Review is required and the Local Collaborative may ask for additional measures for the Recipients to submit. The Emergent Learning After Action Review can be found in Appendix A.

C. A Monthly Project Activity Summary Report Template for Community Project Funding Recipients can be found in Appendix F.

- **Certifications –**

A. To the best of the knowledge of the officers and directors or trustees of the Recipient, there have been no proposals, investigations or suggestions by the Internal Revenue Service to the Recipient that the determination or ruling referred to above should be revoked or modified, and the Recipient has no knowledge of or reason to believe that any circumstances exist which could lead to the revocation of its exemption by the Internal Revenue Service.

B. The Recipient does not discriminate in conducting its affairs against any person on account of race, color, national origin, sex, religion or age.

C. The Recipient's governing body has authorized the undersigned officer to submit these **Terms of Award** and the Certifications included within.

- The Recipient commits to the **Porter Medical Center** that it will advise the **Porter Medical Center** of any change in any item contained in this document that occurs prior to the completion of the work.
- The parties may choose to revise this document upon mutual agreement.

Signature below indicates acceptance of and agreement with these **Terms of Award**.

Date: _____

Date: _____

(Signature of Backbone)

(Signature of Recipient)



Name:

Organization:

Address:

Email:

Phone:

Tax ID:

Name:

Organization:

Address:

Email:

Phone:

Tax ID: