

Community Health Grants

REQUEST FOR PROPOSAL

Who We Are

Louisiana Healthcare Connections is a Baton Rouge-based Medicaid managed care organization that connects more than 475,000 Louisianans with quality health care. By focusing on coordinated primary care and preventative care, we help our members lead healthier lives, while saving on health care costs for our state.

Our mission is to provide the best benefits and programs possible in order to improve the overall health of the families and communities we serve. Our vision is to deliver quality healthcare through local and community resources that reflect and honor Louisiana's unique and vibrant way of life.

Purpose

Since 2012, Louisiana Healthcare Connections has been dedicated to transforming health across the state with a priority focused on healthy communities. Our Community Health Grants Program is an effort to financially support programs that target **food support, food security, and food sustainability in local communities**. This support also extends to programs that contribute to strengthening individuals, families and communities by providing food resources coupled with nutrition, health and wellness education.

Three (3) awards of up to \$15,000 each will be awarded to eligible non-profit organizations across the state.

Eligibility Requirements

- Applicants (or their fiscal agents) must have a 501(c) 3 or 509 (a) (1) IRS designation and have been in operation for at least three years. (If a fiscal agent is used, a letter of support from the fiscal agent must be included in the attachments.)
- Organizations must be based in Louisiana and serve the Medicaid population.
- Organizations applying for the Community Health Grants Program must serve communities in Louisiana. Grant funding must be spent on programs serving individuals and families in Louisiana.

- Project for which the organization is requesting funding must be completed within one year of award. Sponsorships, events, health fairs, scholarship programs, political activities and projects requiring multi-year support from Louisiana Healthcare Connections will not be funded.
- Project must align with the mission and vision of Louisiana Healthcare Connections.
- Louisiana Healthcare Connections will not support organizations that discriminate on the basis of age, sex, race, religion, national origin, sexual orientation, gender identity, or disability with respect to employment, volunteer participation, or the provisions of services.

Grant Deadlines

June 13, 2018: RFP will be posted on our website: www.LouisianaHealthConnect.com

July 20, 2018: Applications must be received by 5 p.m.

August 1, 2018: Grant awards will be announced.

February 28, 2019: Interim reports are due by 5 p.m.

September 30, 2019: Final reports are due by 5 p.m.

Award Information and Reporting Requirements

Community organizations receiving grant approval will be sent a grant agreement via email. Interim and Final reporting instructions will be included. The grant agreement must be signed by the organization's CEO or Executive Director and returned within 15 business days. A countersigned agreement will be returned along with a check for the full award amount no later than August 31, 2018.

Organizations receiving grant funding must market activities or events related to the funded project on social media and tag. Social media guidelines will be provided with the award letter.

All grant funds should be expended by **August 31, 2019**. To be considered for future grant funding, reports must be provided on a timely basis.

Questions?

Questions concerning the grant application, application process or reporting requirements may be directed to Chelsea.T.Graves@LouisianaHealthConnect.com. All emails will receive a response within 2 business days.

Community Health Grant Application 2018			
Organization's legal name:			
Doing business as: (if different from legal name)			
Tax ID/EIN #:			
Address:			
City:		State:	
		ZIP code:	
Org. Telephone #:			
Org. Website:		Org. Email Address:	
Executive Director or Top Executive: (include prefix)		Phone #:	
Title:		Email address:	
Main contact(s) for this proposal: (include prefix)		Phone #:	
Title:		Email address:	
Board President:		Phone #:	
		Email address:	
Organization's tax exempt status/IRS designation (e.g., 501(c)(3) or 509(a)(1))	(Attach a copy of the IRS Letter of Determination. NOTE: this is not the state sales and use tax exemption certificate. If there has been a name change, provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination.)		
If not a 501(c)(3) or 509 (a)(1) nonprofit, then who is the fiscal agent?	(Attach a copy of the written agreement from fiscal agent plus fiscal agent's contact information and EIN.)		
Organization's mission statement:			

Type of request (check one):			
<input type="checkbox"/> Capacity Building Support <input type="checkbox"/> General Operating Support <input type="checkbox"/> Program/Project Support- New Project <input type="checkbox"/> Program/Project Support- Existing Project			
Project Title:			
Proposal summary: In 100 words or less, summarize the purpose of this request.			
Total project cost:	\$	Amount requested:	\$
Organizational annual budget:	\$		
Organization fiscal year:	through		
All parishes served by organization:			
Parishes served through this funding request:			
Organization's current use of social media platforms (check all that apply)	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter	<input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn	<input type="checkbox"/> YouTube <input type="checkbox"/> Other: _____
Do you have existing philanthropic partnerships with other healthcare companies? If yes, please explain.			
Do any of your board members have a connection or relationship with Louisiana Healthcare Connections or another healthcare company? Please explain.			

Organization Overview

Provide a brief summary of your organization's history, current programs and recent/notable achievements. (400 words or less)

Project Description

What is the program/project for which you seek funding? How will this project address food support, food security and/or food sustainability in your local community? What is the population you plan to impact through this project? (400 words or less)

Project Strategy

What goals and objectives will you pursue? What is the timeline for this project? Include specific activities and when you hope to complete them. (300 words or less)

Evaluation

What short-term and long-term outcomes do you plan to accomplish through this project? Explain how your project will be evaluated. How will you determine if this project is successful? (300 words or less)

Resources

What resources will your organization bring to this project? Do you have partners/collaborators for this project? If so, what roles will they play? (300 words or less)

Social Media

How do you plan to use social media to highlight your organization’s partnership with Louisiana Healthcare Connections and our Community Health Grants Program? (300 words or less)

Sustainability

Do you have plans to continue this project after the funding period ends? If so, please explain. (300 words or less)

Required attachments:

Email completed application and all attachments to Chelsea.T.Graves@LouisianaHealthConnect.com

1. Project budget and budget narrative
2. Organization’s financial statements (including operating budget and statements of support, revenues and expenses)
3. 501(c)3 or 509(a)(1) IRS Letter of Determination
4. Fiscal agent agreement (if applying under a fiscal agent)
5. List of the organization’s board of directors including rotation schedule and places of employment
6. Most recent Annual Report

Agreement

I certify, to the best of my knowledge, that all information included in this proposal is accurate. The tax exempt status of this organization is currently in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Executive Director Signature: _____ Date: _____