

2020 Community Health Grants

COVID-19 RECOVERY GRANT PROGRAM

REQUEST FOR FUNDING PROPOSAL

Who We Are

Louisiana Healthcare Connections is a Baton Rouge-based Medicaid managed care organization that connects more than 460,000 members with quality health care. By focusing on coordinated primary and preventative care, we help our members lead healthier lives, and help our state reduce health care costs.

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.

Our Purpose

Since 2012, Louisiana Healthcare Connections has been dedicated to transforming Louisiana's health one person at a time.

Our Investment Philosophy

Good health starts in the places where we live, learn, worship, work and play. And because, at the local level, many of the solutions for good health already exist, investing in those solutions means positively impacting the health and health outcomes of all Louisianians. Deeply connected to their communities, nonprofit organizations, schools, and healthcare providers address a range of unmet social determinants – from housing, employment and safety to hunger, education, and mental health. Vital to our mission, their services go beyond the established scope and control of the traditional “health plan.”

In March 2020, Louisiana entered a State of Emergency due to the COVID-19 pandemic. Because the pandemic has disrupted the very fabric of our communities, families and individuals struggling to overcome the challenges created by this unprecedented crisis have a heightened and immediate need for social and healthcare services. In response to these emergent needs within our local communities, we have established the COVID-19 Recovery Grant Program to identify and provide support for local, community-based organizations that are creating innovative solutions to address the barriers currently affecting our state's most

vulnerable populations.

Eligibility Requirements

- Nonprofit 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 (3) 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.
- Organization's programming must address at least one of the following:
 - Financial assistance to low-income individuals and families
 - Homelessness and housing, including rent assistance
 - Food insecurity, with a special preference for infant formula
 - Social isolation
 - Transportation, including the delivery of food, diapers and infant formula
 - Utility payment assistance

Non-Discrimination Policy

With respect to employment, volunteer participation, or the provision of services, Louisiana Healthcare Connections does not support organizations that discriminate on the basis of age, sex, race, religion, national origin, sexual orientation, gender identity, or disability.

Award Information and Reporting Requirements

Grants up to \$5,000 each will be awarded to eligible community based organizations. Funded proposals will receive a formal grant agreement via email.

The grant agreement must be signed by the organization's CEO or Executive Director and be returned within 15 business days from receipt of the grant agreement. A countersigned agreement along with a check for the full award amount will be sent no later than thirty days.

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

Covid-19 Recovery Grant Cycle Schedule

May 4, 2020: RFP posted online: www.LouisianaHealthConnect.com

- Proposals will be reviewed on a weekly basis
- After each weekly review of applications received, some may be approved, some may be declined, and some may be held for consideration for funding in later weeks or months
- Accepted proposals will receive a confirmation email

COVID-19 Recovery Grant Application

COVID-19 Recovery Grant Application			
Organization's legal name:			
Doing Business As: (if different from legal name)			
Tax ID/EIN #:			
Address:			
City:		State:	
		ZIP:	
Org. Telephone:			
Org. Website:		Org. Email:	
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 annual budget:	\$		
Organization's fiscal year:	through		

<p>Do any of your board members have a connection or relationship with Louisiana Healthcare Connections or another healthcare company? If yes, please explain.</p>	
<p>Organization’s mission statement:</p>	
<p>Impact of COVID-19 <i>Provide a brief summary of the effects of the COVID-19 pandemic on your organization’s operations and/or capacity to offer services. (300 words or less)</i></p>	
<p>Funding Request</p>	
<p>Type of request (check one):</p>	
<p><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</p>	

Project Title:	
Parishes served through this funding request:	
Amount Requested:	
Proposal summary	
<p><i>Describe how your organization will use this grant funding. Include the number of people who will be served and expected outcomes. (500 words or less.)</i></p>	
Required attachments:	
<p>Please email the following information to CommunityGrants@LouisianaHealthConnect.com</p> <ol style="list-style-type: none"> 1. 501(c)3 or 509(a)(1) IRS Letter of Determination 2. Fiscal agent agreement (if applying under a fiscal agent) 3. List of the organization’s board of directors including rotation schedule and places of employment 4. Most recent Annual Report 	
Agreement	
<p><i>I certify, to the best of my knowledge, that all information included in this proposal is true and accurate. The tax-exempt status of _____ is currently in effect. And if a grant is awarded to this organization, then any proceeds from a Louisiana Healthcare Connections Community Health Grant will only be distributed to or used by _____. Proceeds will not be used to benefit any organization or individual supporting or engaged in unlawful activities.</i></p> <p><i>In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from Louisiana Healthcare Connections will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.</i></p> <p><i>Executive Director Signature: _____ Date: _____</i></p>	