

2021 Community Health Grants

REQUEST FOR FUNDING PROPOSAL

Who We Are

Louisiana Healthcare Connections is a Baton Rouge-based Medicaid managed care organization that connects more than 520,000 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 Louisianans. Deeply connected to their communities, nonprofit organizations, schools and 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.”

Louisiana Healthcare Connections seeks relationships where existing skills can be leveraged, current capacity is enhanced, and collective impact is broad but meaningful.

Our Community Health Grants reflect our focus on investing in healthy communities by funding programs that target food support, security, and sustainability. This investment also extends to programs that contribute to strengthening individuals, families and communities through food resources that include nutrition, health and wellness education.

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.)
- Healthcare providers must be in-network with Louisiana Healthcare Connections and have been in operation for at least three (3) years.
- Organizations must be based in Louisiana and serve the Medicaid population.
- Organizations must serve communities in Louisiana. Grant funding must be spent on programs that directly serve individuals and families in Louisiana.
- Project for which funding is requested must be completed within one year of the award date. Sponsorships, events, health fairs, scholarship programs, political activities and projects requiring multi-year support from Louisiana Healthcare Connections are not eligible.
- Project must align with the mission and vision of Louisiana Healthcare Connections.

Non-Discrimination Policy

With respect to employment, volunteer participation, or the provisions 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 of up to \$20,000 each will be awarded to eligible non-profits, healthcare providers, and schools. Proposals awarded a grant will receive a formal grant agreement via email. Instructions for Interim and Final Reports will be included.

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 September 30, 2021.

Organizations receiving grant funding are encouraged to promote the activities or events related to the funded project on social media. Social media guidelines will be included with the grant agreement.

All grant funds must be expended by **September 30, 2022**.

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

2021 Grant Cycle Schedule

June 14, 2021: RFP posted online: www.louisianahealthconnect.com

July 19, 2021: Proposal due by 5:00 p.m.

August 16, 2021: Grant award announced

September 30, 2021: Grant award funded

March 31, 2022: Interim report due by 5:00 p.m.

October 31, 2022: Final report due by 5:00 p.m.

September 30, 2022: Grant award expended

2021 Community Health Grant Application

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:	\$
Organization's annual budget:	\$		
Organization's fiscal year:	_____ through _____		
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? If yes, 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:

Please email the following information to CommunityGrants@LouisianaHealthConnect.com

1. Project Budget
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*

*For applicants applying as 501(c)3 or 509(a)(1)

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:* _____