



## 2024 Community Collaboration for Health Equity Grant

### Request for Applications

#### I. ABOUT COMMUNITY HEALTH NETWORK

Community Health Network is dedicated to providing Exceptional Care, Simply Delivered. We are deeply committed to enhancing health and well-being in the communities we serve. Ranked among the nation's most integrated healthcare systems, Indianapolis-based Community Health Network is Central Indiana's leader in providing convenient access to exceptional healthcare services, where and when patients need them—in hospitals, health pavilions and doctor's offices, as well as workplaces, schools and homes. As a non-profit health system with more than 200 sites of care and affiliates throughout Central Indiana, Community's full continuum of care integrates hundreds of physicians, specialty and acute care hospitals, surgery centers, home care services, MedChecks, behavioral health and employer health services. Community Health Network was created more than 60 years ago by our neighbors, for our neighbors. We proudly trace our roots to the community leaders, civic organizations and countless friends who went door-to-door raising funds to build a hospital in their community. We've never forgotten our heritage. Today, we're still strongly tied to the community...after all, that's how we got our name. We're proud to extend health services and community service beyond the walls of our facilities and look forward to partnering with community-based organizations. More information about Community Health Network can be found at [www.ecommunity.com](http://www.ecommunity.com)

#### II. PURPOSE

The purpose of this grant is to improve health equity and address community needs outlined in the Community Health Network Community Health Needs Assessment (CHNA). The CHNA reports for each of the five Community Health Network hospitals are available at:

<https://www.ecommunity.com/community-benefit/archived-reports> Proposals must address one (or more) of the five significant health needs identified in the CHNA Report:

- Mental Health
- Substance Use
- Maternal and infant health
- Obesity/Chronic Disease
- Social Determinants of Health

The objectives of the proposed program/project should be clear, reasonable, and attainable, with measurable impact on the addressed need(s).



### III. ELIGIBILITY

Community Health Network is dedicated to supporting community-based organizations that make a difference in the quality of life, health, and well-being of the communities it serves. Community Health Network seeks to partner with existing community programs to create positive social impact however, is limited in the number of programs/projects that it can support. An organization with interest in submitting a grant request must meet the following criteria:

1. Tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code.
2. Located in and serve residents in communities as defined in the CHNA reports referenced above.

#### Special Considerations:

As a major local corporate citizen, Community Health Network is leading by example in supporting more just and equitable communities. Community Health Network seeks to support eligible organizations that are minority, women and veteran led and/or serving under resourced neighborhoods and underrepresented populations. While this is not required of applicants, it will be taken in consideration based on the definitions outlined in the Evaluation Criteria section.

Organizations may submit more than one application for funding provided the projects are distinct. However, only one grant will be funded per organization. Community Health Network does not support programs or projects that discriminate on the basis of gender, race, color, religion, or sexual orientation.

#### Community Benefit and DEI Funds cannot be used to fund:

- Endowment or capital campaigns
- General operating costs
- Direct scholarships or grants to individuals
- Youth or adult sports teams
- Sponsorship of individuals or organizations for fundraising events, such as walk-a-thons or 5K races
- Political causes including candidates, organizations, or campaigns
- Indirect/overhead costs
- Underwriting or advertising for event sponsorships including galas or award banquets

Maximum budget request: up to \$45,000

### IV. KEY DATES

- a. RFA announced: March 25, 2024
- b. Application Due Date: May 1, 2024
- c. Awards announced: June 7, 2024
- d. Funding Period: July 1, 2024 – June 30, 2025



## V. APPLICATION INFORMATION

Only include documents and appendices specifically requested in the Application Requirements. Late applications will not be reviewed. Applications should be submitted as a single PDF document. Please include your organization name in the document title along with "CHNwGrant".

## VI. METHOD OF SUBMISSION

Please combine all application sections and appendices into a single PDF entitled and submit the application via email to: [communitybenefit@ecomunity.com](mailto:communitybenefit@ecomunity.com) with the subject line:  
Subject Line: "Community Grant Request 2024 – *your organization's name*"  
All applications must be submitted by 4:00 p.m. EST on Wednesday, May 1, 2024.

## VII. REPORTING REQUIREMENTS

Community Health Network will require two reports throughout the grant year, an interim report due January 31, 2025 and final report due July 31, 2025. Community Health Network will provide a report template to be used. Reports should include:

- Description of progress made toward achieving the goals of the program/project
- Unanticipated challenges and plans to address them
- Detailed line item accounting of grant funds expended
- Outcomes supporting the effectiveness of program
- Next steps
- Impact Story (can be anonymous)

## VIII. APPLICATION REQUIREMENTS

### 1) Cover Form (*template provided*)

Provide an overview of the applicant organization. Identify which one of the five significant health needs identified in the CHNA that your program/project will address. Include total operating budget in addition to amount requested from Community Health Network. Cover form template can be found at  
<https://www.ecommunity.com/community-benefit/health-equity-grant>

### 2) Narrative

- a. Problem Statement: Address the problem, need, and target population the program/project seeks to address. Evidence supporting the need for the program/project should be included.
- b. Goals and Objectives: Describe the proposed program/project outcomes in measurable terms including the overall goal(s) and specific objectives identified to meet the goal(s). Describe how the goals and objectives will improve health equity and benefit the target population identified.



c. Methodology: Describe how the project will achieve desired outcomes, including actions that will be taken, who will carry out the activities, how target population will be reached, timeline for the program/project, and long-term strategies for sustainability of the program/project.

d. Evaluation: Describe the methods for measuring the effectiveness of proposed project including metrics to indicate a successful program/project.

e. Project Impact: Describe the expected impact of your program/project on health outcome and health equity needs for the target population.

f. Qualifications: Provide evidence and support of experience with the project, target population and accomplishments.

### **3) Budget and Budget Narrative**

Provide a detailed budget on the template and a line-item budget narrative for all planned program/project expenses covered by the funds requested for this grant. Include line-item expenses for costs such as project-related supplies, materials, etc. If requesting personnel support, include individual salary and fringe benefits. Budget template can be found at <https://www.ecommunity.com/community-benefit/health-equity-grant>

### **4) Additional Application Requirements**

- Copy of current IRS tax-exempt determination letter. If tax-exempt status is pending, provide details of application and application status
- Previous year Annual Report (*if available*)
- Letters of commitment from partners for activities included in this proposal (*if applicable*)

## **IX. REVIEW CRITERIA**

All applications will be reviewed by an internal committee.

| Evaluation Criteria  | Weight |
|--|--------|
| <p>1. Impact</p> <p>Does the program/project address a significant health need identified in Community Health Network's CHNA?</p> <p>Does the program/project address a need that will improve health equity?</p> <p>What will be the impact of the program/project?</p> | 40     |
| <p>2. Approach</p> <p>Are the goals and objectives of the program/project aligned with the purpose of this funding opportunity?</p> <p>Is the program/project plan suitable to accomplish the goals of the program/project?</p>  | 20     |



Are the goals well-defined and measurable?

Is the timeline appropriate?

Does the project identify and address potential challenges?

3. Capacity

Does the organization have experience with the proposed project/program?

Does the organization have an existing experience with the target population?

Are the resources of the organization adequate to support the program/project?

20

4. Fiscally Responsible

Is the budget reasonable and adequate to support the request?

Does the organization have a plan sustainability plan?

15

5. Special Considerations

Is the applicant organization minority, women or veteran owned or led?

Is the applicant organization serving an under-resourced neighborhood or

directly serving an under-represented population?

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