

Community Benefit Grants Program

Request for Proposal (RFP)

Grant Cycle: January - December 2010



*Sutter Medical Center,
Sacramento*

A Sutter Health Affiliate

With You. For Life.

Community Benefit Grants Program Request for Proposal (RFP) Grant Cycle: January – December 2010

Dear Nonprofit Community Partner:

Thank you for your interest in the Sutter Medical Center, Sacramento (SMCS) Community Benefit grants program. If you have previously partnered with SMCS to help us meet the needs of our Sacramento neighbors, thank you for your continued commitment. And if you are new to this grants process, welcome.

In 2010, Sutter Medical Center, Sacramento will invest more than \$1.7 million dollars locally through strategic community partnerships and grants. For this portion of the Community Benefit program, SMCS will award grants up to \$50,000 through a competitive process outlined in this RFP packet. It is anticipated that SMCS will award 10-20 grants.

In addition to grants awarded through this RFP process, the Community Benefit team will invite a small number of finalists to compete for a capacity-building grant valued at \$50,000. All of SMCS' investment is designed to strengthen the web of support to our most needy residents, specifically by increasing their access to medical and mental health services. And by strengthening our nonprofit sector to help deliver these valuable services, we believe we are helping to increase the quality of life in our region.

During this cycle of grant making, we will fund in these three categories:

1. Access to appropriate medical and mental health care for the uninsured and underinsured;
2. Reduction of homelessness through access to housing, primary medical care, mental health, comprehensive case management, and substance abuse treatment; and
3. Maternal and child health, specifically through abuse prevention and education, and timely prenatal care.

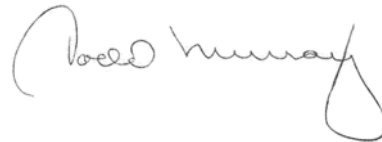
And we will target specific zip code areas so that we can more directly impact these areas of greatest need. See page 3 of this packet for more information.

Don't forget to attend one of the mandatory bidders' meetings scheduled in June. You will be able to get your questions answered, as well as learn other valuable information to help you complete your proposal.

We look forward to working with you to meet critical health needs in Sacramento County. Thank you for all you do.



Tom Gagen, CEO
Sutter Medical Center, Sacramento



Todd Murray, Chair
SMCS Community Benefit Committee

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***Components of RFP Packet**

While this RFP packet includes the Proposal Checklist, Cover Sheet, Project Narrative, Outcomes Charts and Budget elements that you will complete, they are accessible as individual Microsoft Word or Excel files at the SMCS website, at www.suttermedicalcenter.org. Download and prepare your proposal from them, and be sure to select the file that applies to the priority need area that you are seeking funding within.

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At-A-Glance

Eligibility

Are you eligible to apply for a SMCS grant? Review this checklist to determine:

- Community-based organization with a **501(c) (3)** federal designation; or a grassroots organization being provided fiscal agent oversight by an established community-based organization with such designation; or a **school or government** agency
- Primarily serve residents of **Sacramento County**, with priority consideration given to programs serving the zip codes listed on this page
- The program for which you seek funding fits within the **funding criteria** checklist on this page

Funding Criteria

The SMCS priority needs for 2010-2012 are:

1. Access to appropriate medical and mental health care for the uninsured and underinsured
2. Collaborative efforts to reduce homelessness by supporting housing, access to primary medical care, mental health care, comprehensive case management, and substance abuse treatment
3. Maternal and child health, specifically abuse prevention and education, and timely prenatal care

It is the SMCS Community Benefit program's goal to reduce unmet needs in these areas of Sacramento County:

- North Sacramento zip codes: **95815, 95838**
- Downtown, Midtown Sacramento zip codes: **95814, 95816**

Note: The program for which you seek funding through this RFP must address one of these 3 priority needs, and provide services within one or more of the zip codes listed above.

RFP Deadlines and Milestones

Mandatory Bidders' Meetings – must attend one in order to apply:

24 June, Wednesday, 9-11am
 Robertson Community Center
 3525 Norwood Avenue
 Sacramento 95838

25 June, Thursday, 1-3pm
 Robertson Community Center
 3525 Norwood Avenue
 Sacramento 95838

Note: Limit your organization's attendance to no more than two staff.

Proposals Due – 14 August, Friday, no later than 5pm – see page 5 for delivery instructions

Funding Announcements – 15 October, Thursday – successful bidders will be notified via email

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Proposal Checklist

Each segment must be checked for your proposal to be complete.

Our organization was represented at the Mandatory Bidders' Meeting on:

- 24 June 2009 at Robertson Community Center
 - Name(s) of those in attendance: _____

- 25 June 2009 at Robertson Community Center
 - Name(s) of those in attendance: _____

Our proposal includes **one (1) original and two (2) complete copies**, made up of our:

- Cover Sheet (1 page)
- Proposal Checklist (1 page)
- Project Narrative (not to exceed 5 pages)
- Measurable Outcomes (minimum 1 page)
- Project Budget (1-page spreadsheet + narrative)
- List of Board members: name, position on board, and business / community affiliation

-
- If a collaborative funding proposal, we have included the MOU and a Board list for each organization included on the Proposal Cover Sheet.

Submitted by: _____
Printed Name

Signature

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Proposal Submission Instructions

Incomplete proposals will not be considered for funding. To be considered a complete proposal, you must include the documents provided in this RFP packet. These instructions, along with the Microsoft Word and Excel files of each component of this packet can be downloaded from the SMCS website at www.suttermedicalcenter.org. Do not send additional attachments, as they will not be reviewed.

Submission Instructions

Mail by US Postal or any mailing service (no walk-ins) one original and two complete copies of your proposal packet, **to be received no later than Friday, 14 August 2009, 5:00pm** local time to:

Sutter Medical Center, Sacramento
Community Benefit Grants Program
Attn: Keri Thomas, Community
Benefit Manager
2800 L Street, Suite 746
Sacramento, CA 95816

Note: Proposals not provided in this way and by this deadline will not be considered.

Proposal Narrative

Your proposal must respond to all the elements, and in the same order as included in the Proposal Narrative, which is on page 7 of this packet. The maximum number of pages is indicated for each section. Other helpful hints:

- Do your best to be succinct while telling us about your program. You do not need to reach the maximum page limits. ***“The most valuable of all talents is that of never using two words when one will do.”***
~ Thomas Jefferson
- Be sure that your narrative reflects how you’re going to reach the measurable outcomes required of this funding opportunity.
- If you work in collaboration with other organizations, be sure your narrative tells us your distinct role as well as that of your partners.

Format of your proposal must be:

- 1” margins on all sides
- 11-point Arial font
- Headers to reflect your organizational name; footers to reflect page number
- No staples and no presentation folders. Simply paperclip your copies.

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Proposal Cover Sheet

Name of Organization (Lead Agency):		
Executive Director Name:	Program Contact Name:	
Email:	Email:	
Phone:	Phone:	
Organization's Mailing Address:	For collaborative applicants only , list additional partners who will share responsibility for implementation of these grant dollars:	
Fax:	Organization: Point of Contact: Email: Phone:	
Website URL:	Organization: Point of Contact: Email: Phone:	
Proposed Project Title:		Amount Requested: \$
Type(s) of clients to be served: <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Homeless <input type="checkbox"/> Families <input type="checkbox"/> Medically Fragile	Zip code areas of highest program focus: <input type="checkbox"/> 95814 <input type="checkbox"/> 95815 <input type="checkbox"/> 95816 <input type="checkbox"/> 95838	Number of unduplicated clients to be served:
Priority Area Addressed:		
<input type="checkbox"/> Access to Appropriate Services <input type="checkbox"/> Homelessness <input type="checkbox"/> Maternal and Child Health		

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Proposal Narrative Instructions – 5 Pages Total

Organizational Capacity to Address this Issue – 2 page maximum

Describe your organization and any collaborative partners who will work with you on this funding request. Why is your organization uniquely positioned to implement this idea?

Describe your proposed project and what unmet need in the community you will address. How have you determined that this need exists, or what services do you already provide that support you in terms of attracting clients, serving a particular demographic or neighborhood?

What agencies or organizations in Sacramento County provide similar services? How do you work with them to avoid duplication of services; or what is unique about your delivery of this service?

Program Activities and Outcomes – 2 page maximum

What strategies is your organization or collaborative proposing to address the problem? Tell us specifically **who you will serve, how many you will serve, and when and where** your program will operate.

Is this project evidence-based, or an innovative response to a need? Explain your rationale for taking this approach to impact or resolve the problem.

Tell us how you will know you've met the measurable outcomes you include on the Measurable Outcomes chart (next section). For instance, **what evaluation activities** will be part of your program? All outcomes, implementation and evaluation activities should be measurable, realistic and appropriate for the proposed project.

Tell us how the collaborative partners, if included in this funding request, will work together to ensure the success of this program. Include specific roles, and the percentage of funding they will receive for their work on this project. **As the lead agency, you will be held to account for the success of implementation.** What is your agreement with your collaborative partners in terms of decision making, project management and reporting?

Organizational and Programmatic Sustainability – 1 page maximum

Tell us why your organization is a good investment for these program dollars. Some considerations to this section include: Have you identified other forms of revenue to support this program in or beyond 2010? Do you have an outreach strategy to ensure that you will attract the clients, as well as other forms of support for this program and for your organization?

Tell us how your organization ensures its continued success and expertise. For instance: How does your organization continue to be knowledgeable in your field of expertise? How does your organization foster cultural competency among your staff?

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Project Budget and Budget Narrative

Organization Name:				
Project Name:	Last Year's Project Budget (if applicable)	Total Proposed Project Budget	Additional Support for this Project	Total Amount Requested from SMCS
I. Personnel				
Cash Source:				
In-Kind Source:				
Subtotal – Personnel				
II. Operating Expenses				
Cash Source:				
In-Kind Source:				
Subtotal – Operating Expenses				
___% of indirect costs (not to exceed 10% of your grant request)				
III. Total Project Costs				

Budget Narrative: Explain any exceptional items listed in the budget above, as well as clarify the meaning of various line items if it will help you make a compelling case for support. Be sure to explain any additional resources being applied to this program (e.g., the sources of other funding, in-kind services). Tell us what you think we should know to illustrate why this is a good investment for Sutter and the community.

What is your total budget, with % of revenue sources? Either in a list form below or by insertion of a graph into your Excel document, tell us about your organization's budget.

Total annual budget 2009:	
Percentage of total in:	
▪ Grants	
▪ Corporate Sponsorships	
▪ Fee for Service	
▪ Individual Financial Gifts	
▪ Other (define)	

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Grantee Performance and Reporting Requirements

Remember, you must attend one of the two mandatory bidders' meetings in order to submit a proposal. As summarized on page 3 of this RFP packet, the meetings will be held:

- 24 June, Wednesday, 9-11am** at the Robertson Community Center
3525 Norwood Avenue, Sacramento 95833
- 25 June, Thursday, 1-3pm** at the Robertson Community Center
3525 Norwood Avenue, Sacramento 95833

RSVP with no more than two representatives per organization by emailing looks@sutterhealth.org. Include in the Subject line the date of the meeting you plan to attend. In the body of your email, include the name of your organization and list the name(s) of those planning to attend.

If you are awarded a grant, you will be required to:

1. **Respond to quarterly surveys:** Designed to make reporting easier, you will be sent an electronic survey each quarter, in which you will be asked to report performance on your measurable outcomes and budget activity. Please note these due dates for the surveys:
 - 10 April 2010
 - 10 July 2010
 - 10 October 2010
 - 18 January 2011 – Final Report
2. **Submit a final report:** In a survey format that will be provided, grantees will be asked to submit an evaluation of the 12-month grant period in terms of measurable outcomes, anticipated and opportunistic issues that emerged from your work, and a projection of the future impact of your funded project. The due date for the final report will be 18 January 2011.
3. **Possibly host a site visit by SMCS representatives:** At the discretion of the SMCS staff, you may be asked to provide an on-site tour and overview of your program. This opportunity will be discussed with you in advance, and a mutually convenient time will be established to minimize interruption to your service delivery.
4. **Possibly present an overview of your program to SMCS representatives:** At the discretion of the SMCS staff, you may be asked to make a presentation about your program. If this is requested, SMCS representatives will help you prepare materials for the presentation, and provide sufficient support to minimize the impact of this presentation on your day-to-day activities. Additionally, you may be asked to include a short presentation by a client.

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FAQ and Other Helpful Hints

How does this funding opportunity apply to public schools?

Public schools are eligible to apply if their proposed project meets one of the defined priority needs described in this RFP packet.

Can an organization submit more than one proposal?

Yes. Pick your best programs or programmatic concepts, and submit compelling proposals.

Is there a certain amount of money allocated?

In this grant cycle, SMCS Community Benefit will grant up to \$50,000 to each winning proposal, with the average award of \$25,000. It is anticipated that 10-20 proposals will be approved.

Is sustainability a factor?

Absolutely. Proposals should include a discussion of how you plan to secure funding to keep your program in place after this grant cycle. Specific plans will be ranked higher during the review process than general plans.

We are a fiscal sponsor for several different programs. Can we apply on behalf of more than one program?

Yes. SMCS applauds cost-saving collaborations and welcomes proposals from more than one program being provided support by a fiscal sponsor.

How much information are you looking for about our board members?

Name, position on the Board, and name of their business / community affiliation.

What is meant by indirect cost, and what is allowed?

There is a 10% indirect cost amount allowed per proposed project. Indirect costs are the operating costs necessary to running the organization (rent, utilities, etc.).

Is there a minimum amount to apply for?

No. But the SMCS Community Benefit Committee appreciates thoughtful budgets.

Can we apply for more than one grant if we meet more than one priority need?

Yes. SMCS is looking for the best projects and commends organizations that do their work effectively.

Is there a particular timeline for the grant period?

Yes. This grant cycle funds activity performed January – December 2010.

Are MOUs required for collaborative partners?

Yes, Board approved and signed by the Board chairs.

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FAQ and Other Helpful Hints, continued

Please clarify ‘collaboration’ and ‘duplication of services’ to help us prepare our proposal. If you are collaborating as part of this proposal, tell us each partner’s distinct role. If you provide a service that is provided by others in Sacramento County, tell us whether or not you collaborate with those organizations; and regardless, how you are unique in providing the service(s).

We are an agency that is required to bring in matching dollars for our federal grant. What is Sutter Medical Center’s position on this in terms of our proposal? SMCS funds can be used as matching funds. Describe this in your narrative and reflect it in your project budget.

Other Helpful Hints to a Great Proposal

Proposals will be reviewed by the Sutter Medical Center, Sacramento Community Benefit Committee. Application organizations are not guaranteed to receive the funding amount requested. All funding decisions are final and there is no appeals process for the SMCS grants program. To best ensure your proposal is competitive, consider these questions:

- Is this proposal clearly aligned with one of the stated priority need topics?
- Do you plan to provide your program within one or more of the geographic zip code areas listed in this RFP packet?
- Does your proposal include measureable goals that are clear and achievable?
- Is it clear what success will look like, and how it will be measured?
- If you are requesting funding for a program already in place, do you discuss results achieved or challenges encountered to date?
- Have you explained all acronyms?
- If a collaborative request, are all partnership roles clearly identified and described in your proposal?
- Is the budget reasonable to accomplish the stated outcomes?
- Does the budget and budget narrative clearly demonstrate any in-kind resources or matching funds?