



# Riverside Community Health Foundation Inpatient Proposal Guidelines 2012

## About the Proposal Process

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Following the Foundation's receipt and favorable review of your Letter of Inquiry, you will then be invited to submit a proposal. Note that an invitation to submit a proposal does not signify or guarantee an award; rather, it informs you that Riverside Community Health Foundation is interested in receiving more information about your project for further consideration.

Once your proposal is received, the information will be examined to determine whether the proposed project falls within the Foundation's granting guidelines. If so, Foundation staff may request additional information; they may also schedule a site visit or interview with your organization. Follow the guidelines below to ensure proper submission of your proposal.

## Guidelines

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The applicant organization should consider the Foundation's mission, vision, priorities, eligibility requirements, and funding restrictions with respect to the funding request.

### **Mission**

Our mission is to improve the health and well being of the Riverside community.

### **Vision**

Riverside Community Health Foundation will improve the health status of its community by funding, developing, and operating partnerships and collaborations that provide expanded access to high quality health care services and education.

### **Priorities**

In keeping with its mission, the Riverside Community Health Foundation invests in organizations and programs that benefit our residents and that build vibrant and healthy communities throughout the City of Riverside. The Foundation provides funding in the area of health and seeks to support innovative approaches to prevention and education, as well as treatment and inpatient care. The Foundation supports projects that have a high likelihood to leading to sustained improvement in the health and health care access of vulnerable populations in the City of Riverside.

Health focus includes the improvement of the physical and mental health status for persons of all ages; access to and quality of treatment services; health promotion and wellness; disease prevention and improved health outcomes. Proposed projects/programs might enhance:

- Health care for the uninsured, and underinsured
- Access to health services
- Engagement of community members in addressing local health needs
- Promotion of opportunities for active living and healthy eating

- Health safety net for uninsured and underserved persons
- The health of groups that are disadvantaged by economic, social, medical, or environmental circumstances

Through its grantmaking program, the Foundation seeks to fund organizations that can:

1. Expand access to healthcare for Riverside city residents.
2. Increase health education and prevention in the community.
3. Provide programs and services that improve the health and well being of Riverside residents.
4. Demonstrate or advance effective strategies for filling significant gaps in health and health care in the City of Riverside.
5. Have a high likelihood of achieving self-sufficiency or that attract new/additional resources for services in the City of Riverside.
6. Employ *cost-effective strategies* for achieving meaningful improvements in health and health care within the community.

### **Eligibility Requirements**

To be eligible for a Riverside Community Health Foundation Grant, the applicant organization must:

- Be a 501 (c)(3) non-profit organization, school, or government agency
- Improve health care access for children and families
- Promote cooperation/partnership with other organizations
- Demonstrate organizational capacity to implement the proposed project
- Establish criteria for effectively evaluating strategies, timetables, and measurable objectives
- Serve Riverside residents from the following zip codes: 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92518, 92521, 92522 and 91752.

### **Funding Restrictions**

RCHF does not award grants for:

- Annual fund drives (i.e. membership drives, dinner, benefits, food or clothing drives);
- Individuals;
- Scholarships or fellowships;
- Food distribution/feeding programs;
- Research that does not have a direct application to implementing a community-driven health intervention;
- Media projects (film, television, radio, website, PSAs) that are not part of a broader project or strategy;
- Political campaigns, voter registration drives or lobbying for specific legislation;
- Endowments;
- Capital funding for the purchase, construction or renovation of any facilities or other physical infrastructure;
- Operating deficits or retirement of debt; and

- Indirect costs in amounts that exceed 15 percent of the total of requested personnel and operating costs, or indirect costs not directly associated with the proposed project or program.

### Funding Categories

- Inpatient Funds: 50.93% of funds are for inpatient hospital services to be used through a non-profit hospital.
- Outpatient Funds: 46.57% of funds are to be used for outpatient health care services, which involve the delivery of direct clinical care, or a clinical position to provide health care services.
- Health Education: 2.5% of funds are to be used to provide health education, prevention and promotion programs or services.

### Proposal Deadlines

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Applicants invited to submit a proposal may submit at any time; however, all applicants should submit proposals by the following deadlines to be considered for a given Board Meeting. Please allow time for the LOI process to be completed. *[See chart below].*

Letter of Inquiry (LOI)	Proposal Deadline	Board Meeting	Proposal Status Announced (via letter)
Letters of Inquiry are accepted year round. Allow 30 days for the Foundation to provide its response. If your organization is invited to apply, submit your proposal by the following deadlines. →	December 1, 2011 4:30 p.m.	January 2012	Within first 2 weeks of February 2012
	February 1, 2012 4:30 p.m.	March 2012	Within first 2 weeks of April 2012
	April 2, 2012 4:30 p.m.	May 2012	Within first 2 weeks of June 2012
	June 1, 2012 4:30 p.m.	July 2012	Within first 2 weeks of August 2012
	August 1, 2012 4:30 p.m.	September 2012	Within first 2 weeks of October 2012
	October 1, 2012 4:30 p.m.	November 2012	Within first 2 weeks of December 2012

### Proposal Instructions

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To submit a complete proposal, please read the instructions carefully about completing the application sheet, writing the narrative, completing the program budget, and submitting the proposal.

#### A. Application Sheet

The Application Sheet is available for download from the Foundation’s website, [www.rchf.org](http://www.rchf.org). Fill out the Application Sheet completely, providing information about your organization, project, and budget. Note that if there are questions about your proposal, the Foundation staff will contact the person designated as the “Proposal Contact”. The “Project Timetable” must state a specific time frame (e.g., July 1, 2012 to June 30, 2013) which indicates projected start

and end dates for the proposed project. If you should encounter any problems in formatting the Application Sheet, contact the Program Associate at (951)788-3471 or [desiree@rchf.org](mailto:desiree@rchf.org).

## **B. Narrative**

Follow the format directions below when writing the Narrative portion of your proposal, addressing the six (6) items, numbering and typing each question as you go (please do not include the bulleted items under the question):

- 7 pages maximum (narrative portion of the proposal only)
- 12-point font
- Page numbers
- Single-spaced
- One-inch margins
- Single-sided pages
- Collate. Please **do not** staple. Binder clips are acceptable.

**1. Program Summary (100 words or less)**

**2. Proposed need to be met (2 page maximum)**

Specify the need or problem to be addressed. Provide documentation of the unmet health needs, demographics of area, and statistics of population to be served.

**3. Describe the program and/or equipment and anticipated timeline for implementation. (2 pages maximum)**

Describe the program and/or equipment in detail and tell how it will work, noting its purpose, goals and objectives, who will be served, the methods and approaches to be used, the staffing and administration. Indicate what services will be provided and where the specific services will be located.

**4. Describe what benchmarks or expected outcomes will be measured to evaluate the program's effectiveness. (1 page maximum)**

What are the expected outcomes? How many will be served? (If applicable)

**5. Provide a narrative description of the budget. Also explain how you will be able to leverage these funds for the program (e.g., other funding sources such as in-kind contributions, fundraising, donor contributions, other grants, etc.). Explain how you plan to sustain the project after RCHF funds are spent. (1 page maximum)**

Explain each item listed in the Program Budget. When listing other funding sources for this project, state amounts received or anticipated.

**6. Background (1/2 page)**

Provide a brief description of your organization; include a list of key personnel/staff members, their qualifications, and responsibilities.

## C. Program Budget

The Program Budget is available on the Foundation's website, [www.rchf.org](http://www.rchf.org). Complete the budget, providing specific details. For example, if your organization is requesting funds for equipment, specify the type, amount, etc. Indicate the total projected budget for each line item; in the column on the right, specify the total amount requested from RCHF. Please note: All items listed in the Program Budget must be explained in the Budget Narrative [see *item 6a. above*], and vice versa. Be sure to check that all values or dollar amounts listed in the Program Budget match the values or dollar amounts listed in the Budget Narrative.

- **Personnel:** List the positions directly involved in the development, delivery, and support of the program activities. In the "FTE" column, indicate the Full-Time Equivalent status of each position listed. For full-time personnel, enter "1.00". For part-time personnel, enter the appropriate value corresponding to their FTE status.
- **Operating Expenses:** List direct project costs that are necessary to conduct the day-to-day operations of the program.
- **Other Expenses:** List other project costs such as subcontractors, consultants, equipment, etc.
- **Total Direct Costs:** The sum of Personnel, Operating Expenses, and Other Expenses.
- **Total Indirect Costs:** Includes administrative costs that accrue in the normal conduct of business. Examples are: accounts payable, human resource functions, liability insurance, etc.

Total indirect costs are calculated by the following formula: (Personnel + Operating Expenses) X Indirect Costs Percentage. They should be a portion related to the implementation of this program. If there are indirect costs associated with your program, enter an indirect costs percentage less than or equal to 15%. If no indirect costs are anticipated, or if your organization will be covering these costs, enter "0".

The Program Budget Excel template automatically calculates subtotals and totals; in order to prevent accidental entries or deletions, the cells that contain the formulas for these amounts have been protected. If you should require additional lines for a given category, contact the Program Associate at (951) 788-3471 or [desiree@rchf.org](mailto:desiree@rchf.org).

## Submitting the Proposal

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The proposal—Application Sheet, Narrative, and Program Budget—should total up to no more than eleven (11) pages, and include the attachments listed below to be eligible for review.

### Proposal

Place items A through C in the order listed below:

1. Application Sheet      2 pages maximum
2. Narrative                7 pages maximum
3. Program Budget        2 pages maximum

### Attachments

Submit one (1) copy each of the following attachments with the original copy of the proposal only:

1. IRS Tax Exemption Designation Letter
2. 990 Form (most recent)
3. Current list of Board of Directors
4. Audited Financial Statements for last fiscal year
5. Annual Organizational Budget

If you do not have a required attachment, you must submit a written statement explaining why you are unable to include the required attachment with your proposal. Then you must provide a document that is most similar to the required attachment. Not submitting required attachments can result in a delay in the review of your proposal, or non-consideration of your proposal.

**Please send one (1) copy of the original proposal with attachments, and three (3) copies of the proposal without attachments by mail to the attention of:**

Ninfa E. Delgado  
Vice President  
Riverside Community Health Foundation  
4445-A Magnolia Avenue  
Riverside, CA 92501

## Getting the Results

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On average, the entire grant proposal process takes 2 months, but can take up to 4 months. Within two weeks of the meeting, at which the Board makes a final decision, all applicants will be notified in writing that their request for funding was either awarded or declined.

### Awardation

Once a request has been approved, the Foundation will send notification of award within two weeks. An award letter, any special requirements for payment, and evaluation information for the grantee may also be enclosed. Payment will follow upon grantees' submission of required

documents to Foundation staff. Grantees will be required to complete a Progress Report Form and/or a Final Report Form. RCHF will notify the grantee of the dates for each deadline and will provide a copy of the necessary report form.

## **Declination**

The Foundation receives more requests than our annual funding allocation will support. Each year, a significant number of funding requests will be declined, regardless of merit. The Foundation will notify applicant organizations of the decision to deny a funding request in writing.