

## **2011 CHW COMMUNITY GRANTS ANNOUNCEMENT FOR ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER**

Catholic Healthcare West (CHW) is pleased to announce the official kick-off of the 2011 CHW Community Grants Program for St. Joseph's Hospital and Medical Center on Monday, **July 11, 2011**

### **Community Grants Overview**

CHW's Community Grants Program is designed to help communities to provide support for underserved populations. With this program CHW realizes its mission and enhances the advocacy, social justice and healthier communities' efforts of its hospitals and religious and community sponsors. CHW seeks to partner with other nonprofit organizations that are working to improve the health status and quality of life of the communities we serve and whose efforts embody CHW's [Core Values](#).

CHW's Community Grants Program is funded by contributions from its member hospitals. Typically, grant awards range from \$5,000 to \$50,000 (grants funded for amounts more than \$25,000 are for a two-year time frame) and projects funded must involve collaboration with others and St. Joseph's Hospital and Medical Center to meet the hospital's initiative.

The objective of CHW's Community Grants Program is to award grants to nonprofit organizations (**not** including hospitals) whose proposals respond to the St. Joseph's Hospital and Medical Center's grant initiative that is in direct response to its strategic priorities which were identified in the health assessment and the community benefit plan. CHW grant funds are to be used to provide services to poor, underserved and disenfranchised populations. Hospitals need not apply.

### **Initiative:**

**Catholic Healthcare West and St. Joseph's Hospital and Medical Center seeks to improve the health and well-being of Arizona through collaborative partnerships with providers and organizations to assist in coordinating care to improve the health of a population and patients' experience of care. People use hospital services everyday and are transitioned into the community to continue their healing. This year's grant funding will focus on those transitions from hospital to home where individuals will need to access follow up care, prevention services, education, housing, nutritional services, access to health care coverage and reliable caregivers. The "Communities of Care" initiative focuses on creating these collaborative; care communities where individuals can access resources in an integrated manner. We believe with this coordinated effort individuals will become more responsible for their health and well-being, better connected to the resources available to them, understand their health issues to prevent further hospital admissions, retain and maintain their health care coverage.**

**The Catholic Healthcare West's (CHW) Community Grants for St. Joseph's Hospital and Medical Center's 2011 initiative will focus on those programs that provide assistance to individuals who are suffering from multiple health issues, such as respiratory illness (Asthma, Pneumonia, Chronic Pulmonary Diseases, etc.); diabetes, hypertension, heart failure and other co-morbid conditions. Individuals with multiple, chronic conditions (MCC) may also use of alcohol, tobacco, drug and substance abuse that may result in further complications such as accidents, falls, and injuries.**

**Organizations responding to this year’s initiative are encouraged to collaborate with two or more organizations to create a “Community of Care” where a community of individuals can access a coordinated, integrated system of care. Proposals should enhance coordination of access to health insurance, health services, prevention programs, education, and sustain support for individuals with MCC. Expansion of access to community-based care for the poor, disenfranchised and underserved is an important component of any successful proposal. Group proposals are requested with clear, concise, outcome driven strategies. When submitting as groups please coordinate in identifying the collaborative proposals title and connect to the overall goal of the submission and program in which each organization is requesting funding.**

**Programs need to demonstrate how individuals will enhance their awareness and connect to integrated programs to make informed choices and empower individuals to have more control over their health care and wellness.**

### **Resource Information:**

- **Community Health Needs Assessment and Community Needs Index for Catholic Healthcare West and St. Joseph’s Hospital and Medical Center may be found on the following website:**  
[http://www.stjosephsphx.org/Who\\_We\\_Are/Serving\\_the\\_Community/index.htm](http://www.stjosephsphx.org/Who_We_Are/Serving_the_Community/index.htm) –  
[Catholic Healthcare West-Arizona Regional Community Need Index](#)
- **National Prevention Strategy – America’s Plan for Better Health and Wellness – go to [www.healthcare.gov/center/councils/nphpphc](http://www.healthcare.gov/center/councils/nphpphc)**

### **Criteria**

- Funding from \$5,000 up to \$50,000. Grants over \$25,000 are for a twenty-four month period of time. Due to availability of funds hospitals may reduce this limit.
- Strict adherence to grant guidelines outlined on grant format. Grants MUST be submitted on the CHW form.
- Proposals must identify the type of change expected and how and over what time period progress will be measured.
- Proposals should be submitted to only **ONE** Catholic Healthcare West Hospital.

### **Priorities**

- Funding up to \$50,000 and minimum of \$5,000. Grants awarded for more than \$25,000 will be for a twenty-four month period of time.
- Strict adherence to grant guidelines and submission format.
  - Proposals must meet the initiative stated by St. Joseph’s Hospital and Medical Center, use data from the hospital’s Community Health Needs Index, located at [http://www.stjosephs-phx.org/Who\\_We\\_Are/Serving\\_the\\_Community/index.htm](http://www.stjosephs-phx.org/Who_We_Are/Serving_the_Community/index.htm) –
    - [Catholic Healthcare West-Arizona Regional Community Need Index](#)
- Proposals must identify the area in the Community Health Assessment of the type of change expected and how it will be measured with the outcomes.
- Proposals should have comprehensive partnerships that are able to work on the initiative to form a “community of care”. Through collaborative partnerships, organizations can submit “joint” program grants where each organization will identify how they will meet the initiative in a cross-sector, integrated strategy that identifies the priorities of the initiative and their collective goals, objectives and outcomes.

- Special attention will be given to proposals that work with the following zip codes: 85003, 85004, 85006, 85007, 85008, 85009, 85012, 85013, 85014, 85015, 85016, 85017, 85019, 85021, 85033, 85034, 85035, 85036, 85040, 85041, 85042, 85059, and 85301.
- Special attention to proposals that address those who are disproportionately burdened by poor health, these disparities are closely linked with social, economic and environmental disadvantage (e.g. lack of access to quality affordable health care, healthy food, safe opportunities for physical activity, education and employment activities, and safe communities.)
- Diverse ethnic and cultural groups – Hispanics, African-American, Native American and underserved populations.

### **Eligibility**

- Applicant must be a 501(c) (3) nonprofit organization or have a fiscal agent that is a 501(c)(3) organization and capable of administering the project's funds.
- The project/program must be a response to the health priorities identified in the local hospital's health initiative outlined in the grant's yearly initiative.
- The project to be funded must involve collaboration with other organizations and how they will collaborate and/or integrate services with St. Joseph's Hospital and Medical Center in Phoenix, Arizona.
- Hospital and hospital systems may NOT apply.

### **Timeline**

Announcement of Initiative:	<b>Monday, July 11, 2011</b>
Letter of Intent to Apply:	<b>Due by 4 p.m. on Wednesday, July 27, 2011</b>
Author's Teleconference:	<b>Thursday, July 14, 2011    3 – 4 PM</b> <b>Wednesday, July 20, 2011    9 – 10 AM</b> <b>Monday, July 25, 2011    2:30 – 3:30 PM</b>

**Conference Call #1- 888-808-6929 ACCESS CODE: 1807744**

- Encourage/Discourage Notification Sent by **4 p.m.: Wednesday, August 24, 2011**
- Final Grant Application Due by **4 p.m.: Friday, September 16, 2011**
- Final Grant Approval by CHW Investment Committee: **Tuesday, November 29, 2011**

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All prospective applicants are asked to submit a Letter of Intent and use the attached CHW format for these letters.

***The deadline for Letters of Intent is 4:00 PM on Wednesday, July 27, 2011. Please E-mail one copy to [CommunityGrantsSJHMC@chw.edu](mailto:CommunityGrantsSJHMC@chw.edu) and Mail one (1) hard copy to:***

***Marisue Garganta  
Community Health Integration  
Catholic Healthcare West  
c/o St. Joseph's Hospital and Medical Center  
3033 North 3<sup>rd</sup> Avenue  
Phoenix, AZ 85013***

***Please note that hard copies MUST arrive on Wednesday, July 27, 2011 by 4 PM.***

***NO EXCEPTIONS.***

Letters of Intent are to be submitted by e-mail to [CommunityGrantsSJHMC@chw.edu](mailto:CommunityGrantsSJHMC@chw.edu). You will receive e-mail confirmation upon receipt. If you do not receive a receipt via e-mail, please contact Kristina Robinson at 602.406.1040. Thank you.

After the Letters of Intent are reviewed, a full proposal will be REQUESTED by **August 24 2011** from applicants whose projects BEST addresses the CHW's Community Grants Program priorities and initiative. Those applicants who qualify will be sent an outline when invited to prepare a full proposal.

COVER PAGE

**CATHOLIC HEALTHCARE WEST  
2011 COMMUNITY GRANTS PROGRAM**

**SUBMITTING LETTER OF INTENT**

**THE LETTER OF INTENT SHOULD NOT EXCEED 3 PAGES NOT INCLUDING THIS COVER PAGE. (Please use 10-point font)  
DO NOT FAX LETTER OF INTENT OR SEND VIDEOS OR ANY EXTRA MATERIALS.**

**FORWARD 1 ELECTRONIC COPY OF THE LETTER OF INTENT TO  
[CommunityGrantsSJHMC@chw.edu](mailto:CommunityGrantsSJHMC@chw.edu) NO LATER THAN 4 PM**

**MAIL 1 COPY OF THE COMPLETE LETTER OF INTENT TO NO LATER THAN 4 PM on  
Wednesday, July 27, 2011**

To:

**Marisue Garganta  
Director of Community Health Integration  
Catholic Healthcare West  
c/o St. Joseph's Hospital and Medical Center  
3033 North 3<sup>rd</sup> Avenue  
Phoenix, AZ 85013  
602.406.6580 or 602.406.1040**

**Check List – Please check the following to ensure your application is complete:**

- 1. Did you use the LOI Form to submit your proposal? \_\_\_\_\_**
- 2. Did you title your proposal to reflect all of your collaborating partners? \_\_\_\_\_**
- 3. Did you answer all the questions within the format? \_\_\_\_\_**
- 4. LOI did NOT exceed 3 pages? \_\_\_\_\_**
- 5. E-mailed by 4 PM deadline on July 27 to [CommunityGrantsSJHMC@chw.edu](mailto:CommunityGrantsSJHMC@chw.edu)? \_\_\_\_\_**
- 6. Mailed ONE copy of proposal by 4 PM deadline on July 27? \_\_\_\_\_**

**I. Applicant Information**

Name of Organization \_\_\_\_\_ Tax ID # \_\_\_\_\_ Web Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grant Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Title \_\_\_\_\_ E-mail address \_\_\_\_\_

Organizations' Executive Director \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Title \_\_\_\_\_ E-mail address \_\_\_\_\_

**III. Fiscal Agent Information (if applicable)**

Name of Fiscal Agent \_\_\_\_\_ Tax ID # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Title \_\_\_\_\_ E-mail address \_\_\_\_\_

**OUTLINE FOR LETTER OF INTENT (not more than 3 pages – 10 point font)**

Briefly summarize the *mission of your organization*.

Explain how this project or program is a *response to St. Joseph's Hospital and Medical Center's initiative*.

Briefly describe the *purpose of your request, target population, area of need, and zip codes*.

Indicate how your project incorporates **these core principles**:

1. Focus on disproportionate unmet health related needs; *[Seek to accommodate the most disproportionate unmet health-related needs of specific populations in the community]*
2. Emphasize primary prevention/address underlying causes of health problems; *[Seek through programs and services ways to address the underlying causes of persistent health problems]*
3. Contribute to seamless continuum of care; *[Seek to enhance links between hospital services, clinic services, other health-related services, and community-based services]*
4. Build community capacity; *[Seek to target resources to mobilize and build the capacity of existing community assets]*
5. Emphasize collaborative governance. *[Seek to engage diverse community stakeholders in the selection, design, implementation, and evaluation of community programs]*

Describe how **this project** is a *collaborative effort*. Include name(s) of the organization(s) with whom you are working and the nature of your collaboration for this grant.

Please indicate how you intend to work with St. Joseph's Hospital and Medical Center on this project, program and/or service.

What are the *main outcomes* for which you are requesting support?

What are the most important *activities* that will help you achieve those outcomes? Include **frequency/duration of program events or services provided.**

How will you *evaluate* your work? (Please give specific examples of your evaluation and the tools you will use. What outcomes do you intend to achieve?)

Identify *other sources* of support **for this project or program.** (Please provide example of your efforts for sustainability of the program.)

How much are you *requesting from CHW*? [Ordinarily funding from \$5,000 to \$50,000. Grants over \$25,000 are for twenty-four (24) months] Please provide an explanation of how the funds will be used. If seeking two year funding, please be specific and provide explanation for all funding requests.

Year One:

Year Two:

**Supplemental Information – Attachment – not part of three pages**

**If your organization received a CHW Grant in 2008, 2009 and/or 2010, complete the following for each year:**

<b>Year of CHW Grant and Grant Amount</b>
<b>Briefly describe the program or project</b>
<b>Briefly describe the successes you achieved with the funded project and programs. Give a brief description of the outcomes you achieved</b>