

Obici Healthcare Foundation Grant Application Guidelines

The mission of the Obici Healthcare Foundation is to improve the health status of the people living in the service area by responding to the medical needs of the indigent and uninsured and by supporting programs which have the primary purpose of preventing illness and disease.

Values

The Obici Healthcare Foundation adheres to the highest standards by embracing the following set of values:

- **Service** – We will act with compassion, sensitivity and creativity to make a significant improvement in the health status of our community.
- **Integrity** – We will act with honesty and fairness, give our best efforts and take responsibility for our actions.
- **Community Involvement** – We will act as a team with the community to promote good health and good healthcare for all.
- **Financial Stewardship** – We will act responsibly to make the Foundation strong and support healthcare programs that are effective.

Strategic Grantmaking Priorities

The Foundation has four major strategic priority areas:

- Improve Access to Basic Healthcare
- Obesity Prevention
- Chronic Disease Management
- Insure More People

Improve Access to Basic Healthcare

The uninsured rate in the Obici Healthcare Foundation's service area ranges from 14.4% in Suffolk to 25% in Gates County, NC. The uninsured and underinsured often go without medical care or end up using the emergency room for the care they need. Individuals need medical homes where they have adequate access to primary and routine care, diagnostic services, medication, health education and resource referrals.

Based on community input and the changing healthcare environment, the Foundation will give priority to proposals that best provide access to a medical home and coordinated access to services in these areas:

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| • Primary medical care | • Medications |
| • Mental health services | • Nutritional education |
| • Maternal and child health services | • Medically necessary transportation |
| • Dental care | • Nutritious food distribution |

Grantees providing these resources to individuals are encouraged to work to assure individuals have a primary care provider/medical home as part of their program design.

Obesity Prevention

According to research, behavior, poor nutrition, environment, sedentary lifestyles, cultural customs and beliefs, income and lack of information play a large role in causing people to be obese. Prevention is recognized as the most effective approach for battling obesity. Early childhood presents the optimum opportunity to focus on obesity, especially if remediation strategies include persons and institutions that influence children, such as parents, teachers, physicians/pediatricians, peers, schools and afterschool programs. The Foundation will support programs that provide comprehensive, evidence-based obesity proposals targeting children. Proposals should demonstrate widespread community support and involvement.

Chronic Disease Management

Chronic diseases are defined by the Centers for Disease Control and Prevention (CDC) as, “Those diseases that are prolonged, do not resolve spontaneously and for which a complete recovery is rarely achieved.” A report published by the Virginia Department of Health (2006) estimated that there are 2.2 million Virginians living with a chronic disease. Each year chronic disease care costs the state about \$24.6 billion.

Funding preference will be given to coordinated, cost effective and patient-centered solutions that support the early detection, intervention, and management of the following chronic diseases:

- Diabetes
- Hypertension
- Heart disease
- Stroke
- Lower respiratory diseases

Grantees providing these services are also encouraged to work to assume individuals have been screened for eligibility with Medicaid.

Insure More People

A study conducted by the Virginia Health Care Foundation reported that one million Virginians (about 15%) are uninsured. The ranks of the uninsured are not limited to the unemployed, as nearly 74% of the uninsured in the state live in households with at least one full-time worker. Many Western Tidewater residents are eligible for publically-funded insurance products but are not enrolled. In addition, many workers qualify for employer sponsored medical insurance but cannot afford the co-payments or premiums. The Foundation will support programs that increase enrollment in FAMIS, Medicaid and Medicare Part B and/or D. In addition, we will support innovative strategies that expand participation in employer-based insurance products.

Types of Funding

The following are four types of funding the Foundation offers:

Program Grants: Program grants provide support for specific activities of a non-profit organization that provide goods or services. These initiatives have explicit objectives, predetermined time frames and costs, and they support the mission of the recipient organization

Capital Grants: Capital grants are intended to facilitate an acquisition of equipment, building or land. Construction grants also can be awarded for building renovations. The minimum amount awarded for a capital request is \$5,000.

Planning Grant: Planning grants provide support for the development of the work on an initial project. This may include the coordination of meetings and fees associated with planning of a project and a consultant may be used to provide expert advice. Maximum amount awarded by the Foundation \$25,000.

Community Engagement Grants: Application and Guidelines outlined on the Foundation web site. Community Engagement grants do not fall into a specified round.

Duration of Grants

As a general rule, grants will be made on a one-year basis, with each grant requiring an application and a formal review. However, applicants may seek annual renewal of support at a reduced amount for a previously funded project or purpose. Such renewal of support may span a period of up to three years, with annual applications. This option is only available to Program Grants.

Eligibility Requirements

The Foundation will consider proposals that meet the following requirements:

- The organization must have 501(c)3 status or be a public entity
- The proposed program must address the mission and priorities of the Foundation
- The organization must have a current 990 filed with the IRS
- The portion of the program paid for by the Foundation must benefit residents of our service area
- The Foundation's service area encompasses the areas previously served by the Louise Obici Memorial Hospital. The service area includes the cities of Suffolk and Franklin and the County of Isle of Wight; Surry, Dendron and Elberon in Surry County; Waverly and Wakefield in Sussex County; Courtland, Boykins, Ivor, Sedley and Newsoms in Southampton County; and Gates County, North Carolina.

Funding Standards

As a matter of policy, the Obici Healthcare Foundation does not award grants for:

- Lobbying or political programs or events
- Activities that exclusively benefit the members of sectarian or religious organizations
- Organizations that discriminate by race, color, creed, gender or national origin
- Biomedical, clinical or educational research
- Individual scholarships
- Direct support to endowments
- Funding that supplants existing sources of support
- Individuals, including patient assistance funds
- Annual fund drives
- Projects outside of the Foundation's service area

- Meetings and conferences, unless they are essential to a larger project
- Direct funding for medical or social services that are already funded through existing third-party reimbursement sources

Applications

The Foundation's process for requesting has two stages:

- The first stage involves the preparation and submission of Concept Papers, which includes a Project Description and Preliminary Budget.
- Upon approval of Concept Papers, the Foundation Board provides an opportunity for the applicant to submit a full proposal
- All grant applications and reports will be submitted using the online application system managed by the Foundation and accessible through our website at www.obicihcf.org. Select the Online Application and then How to Apply.

Review Process

Proposals will be assessed using the following factors (all having equal weight for consideration):

- When properly executed, will the project improve the health and health care of residents of the Foundation's service area?
- Does the proposal have significant, concrete, achievable and measurable results? (changed from goals)
- Is there a reasonable and logical plan to implement the project and meet the stated results? (changed from goals)
- Do the proposed results justify the funds requested?
- Does the proposal demonstrate the best reasonably option to accomplish the desired results?
- Is there evidence that the applicant will collaborate with relevant agencies that are working on similar health and health care problems?
- Will the project leverage other services, resources or funding to sustain beyond the Foundation's funding?
- Is there evidence the applicant has a viable strategy to generate continuation funding?
- Does the applicant by reputation, experience, track record or otherwise demonstrate reliability?
- Does the applicant demonstrate the capacity to undertake and complete the project successfully during the project period?
- Does the applicant demonstrate the fiscal capacity to manage awarded funds?
- Does the applicant have a strategy to implement policy and/or practice change internally or by partnering with other organizations?

The Foundation will make a concerted effort to identify strong projects that serve different communities within our service region. Final award decisions will be made by the Foundation's Board of Directors. Applicants may be asked to submit a more detailed work plan, budget and budget narrative. Grant awards will be made only after any requested work plan and budget modifications are approved by the Foundation.