



Request for Proposals for Healthy Chicago 2.0 Seed Grants

Key Dates

Full Proposal Release Date	April 25, 2017
Letter of Intent Due	Friday, May 5, 2017
Proposal Due	Friday, May 19, 2017
Contract Start Date	July 1, 2017
Contract Timeline	July 1, 2017-December 31, 2017

PHIMC may, at its sole discretion, extend the application deadline and/or reissue the RFP if insufficient qualified responses are received.

Information and documents necessary for submission will be posted on the PHIMC website and updated regularly: <http://www.phimc.org/healthy-chicago-seed-grants/>



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Summary

In 2016, the Chicago Department of Public Health (CDPH) launched Healthy Chicago 2.0, a citywide plan with an underlying goal of achieving health equity and a commitment to reducing health inequities in our city. Healthy Chicago 2.0 has a vision for “A city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being.”

Public Health Institute of Metropolitan Chicago (PHIMC) is pleased to announce the availability of funding to advance the Healthy Chicago 2.0 vision to promote health equity. Funding is available to support efforts identified through a community planning process that promote health and well-being in community areas in Chicago with high economic hardship and/or very low childhood opportunity. The total award amount for this funding opportunity is \$175,000 and will fund a cohort of up to five community-based organizations to support projects identified in a community plan that align with Healthy Chicago 2.0 goals, objectives, and/or strategies. Funding for this award is made available by CDPH.

The RFP is limited to projects in the following communities that have high economic and/or very low child opportunity index: Archer Heights, Armour Square, Auburn Gresham, Austin, Belmont-Cragin, Brighton Park, Burnside, Chicago Lawn, East Garfield Park, East Side, Englewood, Fuller Park, Gage Park, Greater Grand Crossing, Hegewisch, Hermosa, Humboldt Park, Lower West Side, New City, North Lawndale, Oakland, Riverdale, South Chicago, South Deering, South Lawndale, Washington Park, West Elsdon, West Englewood, West Garfield Park, West Pullman.

Section I: Background

Health in Chicago

All Chicagoans should have the opportunity to attain their full health potential. Yet, many residents do not have equitable access to the systems and opportunities that contribute to good health. As a result, health inequities are staggering, particularly in neighborhoods burdened by high economic and social hardships. Here are just a few examples:

- The life expectancy of Chicagoans in areas of high economic hardship is five years lower than those living in better economic conditions.
- Chicagoans living in high economic hardship have 40% more dental-related emergency room visits than the city average.
- Teen birth rates in very low child opportunity areas are 60% higher than in the city overall.

- In high poverty communities, the smoking rate is 45% higher than the city average.¹

Healthy Chicago 2.0 Overview

CDPH set out to understand these disparities with a year-long community health assessment process and, in 2016, launched Healthy Chicago 2.0, a four-year citywide plan to improve health across the city. Healthy Chicago 2.0 focuses on reducing inequities among marginalized populations and improving health outcomes for everyone. Health equity is achieved when every person has the opportunity to attain their full health potential. Recognizing the importance of collaboration across sectors and deep community engagement, the plan was developed with the input of over 200 community-based organizations through a comprehensive planning process. This process resulted in 10 action areas:

1. Expanding Partnerships and Community Engagement
2. Improving Social, Economic, and Community Conditions
3. Improving Education
4. Increasing Access to Health Care and Human Services
5. Promoting Behavioral Health
6. Strengthening Child and Adolescent Health
7. Preventing and Controlling Chronic Disease
8. Preventing Infectious Diseases
9. Reducing Violence
10. Utilizing and Maximizing Data and Research

Within these action areas, Healthy Chicago 2.0 has 30 goals, 80 measurable objectives, and over 230 strategies that will improve health outcomes in the most vulnerable and at-risk communities across Chicago.

Click [here](#), for the full Healthy Chicago 2.0 report.

As demonstrated by the diversity of key action areas, Healthy Chicago 2.0 reflects the fact that health is more than just medical care and emphasizes that advancing its vision of health equity will require investing in neighborhoods. To guide this approach, Healthy Chicago 2.0 utilized community level data to measure and compare Chicago's community areas across a variety of issues. Two key indices - Economic Hardship Index and Child Opportunity Index (See Table 1) - were used to identify neighborhoods with limited access to the resources needed to create healthy environments. These two indices provide more complete, multidimensional understandings of community conditions than individual measures alone.

¹ Chicago Department of Public Health. (2016). *Healthy Chicago 2.0: Partnering to Achieve Health Equity*. Retrieved from: https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/HC2.0Plan_3252016.pdf

Table 1: Economic Hardship Index and Child Opportunity Index Overview

Economic Hardship Index (EHI)	Child Opportunity Index (COI)
<p>EHI compares the social and economic conditions across Chicago communities. The hardship index is a relative composite index of six indicators:</p> <ul style="list-style-type: none"> ● Crowded Housing ● Poverty ● Unemployment ● Education ● Dependency ● Income <p>A community with a high hardship score has worse social and/or economic conditions than a community with a low or medium hardship score.</p>	<p>COI measures community characteristics that influence a child’s health and development. These features are organized into domains that include the following:</p> <ul style="list-style-type: none"> ● Educational ● Health and Environmental ● Social and Economic <p>All of these factors are combined into a relative, composite measure of overall opportunity for children living within a particular community.</p>

Healthy Chicago 2.0 implementation is in full swing by teams focused on each Action Area. Action teams, led by a co-chair from a community-based organization and a CDPH staff member, are open to all stakeholders interested in participating. Action teams work together to address strategies, develop innovative solutions to meet the goals, and identify potential partnerships to leverage the work already occurring throughout the city.

Community Planning Process

In addition to the work of Healthy Chicago 2.0, numerous community organizations across the city are directly engaging residents to create comprehensive community plans and a shared vision for the future of their neighborhoods.

Such planning processes can be led, organized, and implemented in numerous ways and by diverse organizations that include community-based organizations, community development corporations, foundations, and local government. While no two processes look alike, certain elements are critical to inclusive and comprehensive planning. For the purposes of this request a community planning process includes most, if not all, of the following elements:

- Leadership by an organization with close ties to the community.
- Ongoing representation in and commitment to the planning process from key community stakeholders such as residents, business owners, local government, and community-based organizations.
- Efforts throughout the planning process to engender widespread community awareness, engagement,

and support among community residents.

- A quantitative and qualitative assessment of needs, assets, and resources in the community.
- A finalized plan, which:
 - Is responsive to community needs,
 - Has measurable and achievable goals, as well as specific strategies for implementation, and
 - Was published and disseminated widely within the community.

Section II: Funding Purpose

Grounded in PHIMC’s commitment to health equity, this RFP advances the vision of Healthy Chicago 2.0: “a city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities, and environments that maximize their well-being.” PHIMC recognizes efforts to improve health equity are most successful when aligned with community planning and development activities identified through active engagement with community residents.

This funding opportunity is a targeted investment in promoting health and well-being in community areas in Chicago with high hardship and/or very low childhood opportunity. This RFP seeks proposals from eligible communities to support projects identified in community plans, which have a clear and close connection to Healthy Chicago 2.0 goals, objectives, and/or strategies.

Funding may be requested to expand existing projects or initiate new ones.

Section III: Eligibility

This RFP is limited to projects in the following communities that have high economic hardship and/or very low child opportunity index: Archer Heights, Armour Square, Auburn Gresham, Austin, Belmont-Cragin, Brighton Park, Burnside, Chicago Lawn, East Garfield Park, East Side, Englewood, Fuller Park, Gage Park, Greater Grand Crossing, Hegewisch, Hermosa, Humboldt Park, Lower West Side, New City, North Lawndale, Oakland, Riverdale, South Chicago, South Deering, South Lawndale, Washington Park, West Elsdon, West Englewood, West Garfield Park, West Pullman.

Applicants must:

- Be a 501(c)(3) organization.
- Be located in the city of Chicago.
- Be the primary author of or have an instrumental role in the community planning process. If not the primary author, applicants must provide a letter of support from the primary author that demonstrates active involvement.
- Be requesting funds for a project identified through a community planning process.
- Be requesting funds that align with a Healthy Chicago 2.0 goals, objectives, and/or strategies.

Section IV: Available Funding and Contract Terms

A total of **\$175,000** is available for the implementation of the Healthy Chicago 2.0 Seed Grants. Applicants may request up to \$40,000. Awards are expected to range between \$30,000-\$40,000, and not all grantees will receive the maximum amount.

Funds must be used between **July 1, 2017** and **December 31, 2017**. Disbursement of funds is based on reimbursement on a monthly basis and requires the submission of fiscal reports to PHIMC on the forms provided at the time of the award. Successful applicants will receive notification of funding prior to the contract start date.

All successful applicants will be required to comply with the following reporting requirements and activities:

- Provide written midterm and final reports to PHIMC on October 15, 2017 and January 15, 2018.
- Provide PHIMC with monthly reimbursement vouchers due on the 9th of every month.
- Work collaboratively with Healthy Chicago 2.0 action teams and leadership by attending appropriate action team meetings, sharing information with other partners about the funded initiative, and completing the Healthy Chicago 2.0 tracking survey at least twice.
- Send project representatives to attend PHIMC's Integrating Innovation one-day training.

Section V: Selection Criteria

A review panel will evaluate each application with a standardized scoring rubric. While each application component has its own scoring criteria, strong applications will demonstrate the following: 1) A comprehensive and inclusive community planning process; 2) A feasible, aligned, and enduring project proposal; and, 3) An experienced community-based organization poised to lead the work of the proposed project.

1. **Comprehensive and inclusive community planning process:** All proposals must be directly tied to a community plan. Successful applications will demonstrate how their community planning process incorporated most, if not all, of the key elements outlined in Section I - Background. Strong proposals will also demonstrate engagement of key community stakeholders, particularly community residents, in creating the plan's vision.
2. **A feasible, aligned, and enduring project proposal:** Applications must demonstrate that the project was identified through a community planning process, that it supports the vision of Healthy Chicago 2.0, and aligns with one or more Healthy Chicago 2.0 goals, objectives, and/or strategies to be considered. Among the proposals that meet those criteria, priority will be given to proposals that demonstrate the following:
 - The project proposal is feasible for a six-month grant cycle ending on December 31, 2017.
 - There is a long-term vision for how the project will have lasting impact beyond the funding period and a clear plan for how that will be achieved.

- The project will connect to and support a larger vision laid out in the community plan.
- There are multiple stakeholders and/or collaborators involved in this work.
- While all Healthy Chicago 2.0 goals, objectives, and/or strategies will be considered, we are particularly interested in proposals that utilize strategies grounded in a policy, systems, and environmental changes (PSE) approach. PSE emphasizes strategies that impact entire organizations or communities, or that involve physical or material changes to the economic, social, or physical environment.

3. **An experienced community-based organization:** A successful applicant will be a community-based organization that led or was closely involved in the community-based planning process. The applicant organization does not need to have been the primary author of the plan, but it must be able to show through letters of support and plan documentation that they played a crucial role in the development of the plan.

In addition to involvement in the community planning process, a successful applicant organization must demonstrate the following:

- Experience and capacity for program management and operational oversight.
- Fiscal responsibility and capability to manage funds.
- Commitment to and experience working effectively with community residents and other community stakeholders.

Section VI: Key Activities and Dates for Application Process

Letter of Intent to Apply

PHIMC strongly encourages all interested applicants to complete and submit a Letter of Intent (LOI) indicating the organization's eligibility for and intent to respond to this RFP by **May 5, 2017**. LOIs should be submitted on the provided template and be sent via email to rfp@phimc.org with the subject line "Healthy Chicago 2.0 LOI."

Click [here](#) to download the PHIMC Letter of Intent and Eligibility Form template.

Application Submission

All applications and required documents must be submitted electronically to: rfp@phimc.org by 11:59 PM on **Friday, May 19, 2017**. No late applications will be accepted for any reason. The applicant is solely responsible for submitting a complete and timely application. Hard copies of the application will not be accepted.

Questions

For any questions related to this RFP, please email info@phimc.org.

Section VII: Evaluation of Proposals

Review panels convened by PHIMC will review and evaluate the proposals in accordance with a standard scoring rubric. The Panels will review, score, and make funding recommendations to PHIMC.

The scoring criteria are listed below.

Section	Available Points
Title Page and Eligibility Form	N/A
Organization Experience	20
Community Planning Process	15
Project Proposal and Alignment	40
Project Vision and Sustainability	15
Project Budget Justification	10
Total Possible Points	100

Section VIII: Narrative Application

Maximum of five (5) total pages is allowed for the grant narrative sections. How many pages you use to adequately address each section is up to you, as long as you stay within the overall page limit. Please note, the Title Page and Eligibility Form, Table of Contents, and Budget Proposal and Narrative are NOT included in the five page limit.

All applicants must provide responses based on the guidance for each section.

- Title Page and Eligibility Form (Not Scored)
Click [here](#) to download the Title Page and Eligibility Form.
 - The Eligibility Form is the same information requested in the “LOI and Eligibility Form” and information can be copied if unchanged.

- Organization Experience (20 points)
What is your organization's relationship with the community to be served by the proposal?
 - Provide a brief overview of the organization’s history and mission.
 - Indicate whether or not the organization is located inside or outside of the community area.

- Describe the applicant organization’s connection and history with this community. Provide specific examples of prior experience working in collaboration with residents, community groups and local government.
- Community Profile and Planning Process (15 points)

What is the vision for this community? What did the process look like to create that vision?

 - Briefly describe the key demographics, culture, and economic and social factors in your community area.
 - Provide a short overview of the community planning process.
 - Detail the key leaders and stakeholders in the process.
 - Describe the role of the applicant organization in the community planning process. Be sure to specify whether or not the applicant organization led or supported the process.
 - Detail specific methods used and examples of active engagement key community stakeholders.
 - Summarize the vision and key strategies identified in the plan.
- Project Proposal and Alignment (40 points)

What do you want to do? How are you going to do it? With whom are you going to collaborate? How does this project align with Healthy Chicago 2.0? How will it interface with and support other aspects of the community plan?

 - Specify the project identified in the community plan that this funding will support. If applicable, provide the corresponding community plan page number(s). *Note: This grant can be used to fund a full project identified in the plan or a key component of a project.*
 - Specify if this proposal supports the expansion of an existing project or initiates a new one. If it is supporting an existing project, describe the specific expansion that will be achieved as a result of this funding.
 - Describe the goals and activities of the proposal and how it will be implemented within the six-month project timeline.
 - Describe the impact expected in six months.
 - Detail the key partners/collaborators who will be involved in this project.
 - Explain why your organization is the right fit for implementing this particular project identified in the communication plan and aligned with Healthy Chicago 2.0.
 - Describe how this project fits within other community planning efforts. Provide specific examples of how it will interface with and/or be integrated into other aspects of the community plan.
 - Describe how this project aligns with Healthy Chicago 2.0 goals, objectives, and/or strategies. Provide the corresponding page numbers of the report. *Note: The specific language in the community plan and Healthy Chicago 2.0 may be different. If this is the case, be sure to describe how the idea or goal behind them are related.*

- Project Long Term Vision (15 points)

How will this project live on beyond the life cycle of the grant? What is the long-term vision?

- Explain how this project will have lasting impact after the six-month life cycle of the grant.
- Describe what project success looks like in 12 and 18 months from the contract start date. Please include specific indicators or metrics that will be used to measure success when possible.
- If this project will continue operating after the six-month funding period, explain how it will be supported.

- Proposal Budget (10 pts)

How will you use the funding?

To complete this section, you will need to use the PHIMC Budget Form. These forms provide the format for the required six-month itemized budget explaining how each line item will be expended.

Budget categories include:

- Salary and wages - Funds may only support a staff position, if that staff position is fundamental to completing the project or task associated the proposed project.
- Fringe
- Contractual Services
- Travel
- Materials and Supplies
- Indirect (calculated as a maximum of 10% of budget)

Click [here](#) to download the PHIMC Budget Form.

Required Supporting Documents

The following supporting documents must be emailed with each application following the instructions outlined in Section IX of the RFP.

- Internal Revenue Service 501(c)3 tax exempt determination letter
- Operational budget
- Most recent financial audit
- Narrative Proposal
- Project Budget Justification Form
- Community plan referenced in the proposal
- Letters of Support – if your organization is not the author of the plan, a letter of support is required from the organization that developed the plan. Additional letters of support are encouraged, but not required, from key partners that will be engaged in implementing the project. No more than three letters will be accepted.

Section IX: Formatting and Submission

Application Formatting Instructions

Applications that do not meet all the eligibility requirements outlined in Section III of this RFP, and all the instructions in this section, will not be evaluated for review.

Follow these instructions in completing your application.

- Use at least 1.5 line spacing and 11-point font size.
- Applications should have at least one inch margins on all sides.
- Application narratives must stay within the five page limit.
- The Title Page and Eligibility Form should be the first 2-3 pages of the application. This does not count towards the five page limit for narrative.
- Include a table of contents reflecting major section titles and corresponding page numbers. This does not count towards the five page limit for the narrative.
- Include the application category title, e.g., Organization Experience, at the beginning of each section.
- Sequentially number the narrative application.
- Attach only supporting documentation requested or directly related to the application.

Submission Guidelines and Instructions

All complete applications must be submitted by **11:59 PM on Friday, May 19, 2017**. Failure to follow any of the instructions related to content, including page limitations, will result in the proposal being eliminated from consideration. Other than late submission, the most common reasons that proposals are rejected include missing sections of the proposal and failure to include requested documents.

File Saving and Naming Conventions

Documents should be saved in the following format with the corresponding file naming conventions:

- **Narrative Application:** The application Title Page, Table of Contents, and five page narrative should be saved in its own file.
 - File naming convention: [agency name]_Seed_Narrative Application
 - Example: PHIMC_Seed_Narrative Application
- **Supporting Documents:** Each document must be submitted as an individual file. Use the filename instructions outlined below.
 - File Naming Convention (Individual Supporting Documents): [agency name]_Seed_[name of required document]
 - Example: PHIMC_Seed_501c3 Letter

Email Submission

PHIMC will only accept applications submitted via email.

- All applications and supporting documentation must be submitted in a single email as PDFs to rfp@phimc.org with the subject line “[agency name] Seed Grant Application”.
- Submission emails must not exceed 30 MB. Emails that exceed this size will not be accepted by PHIMC’s email server system.
- The PHIMC email server will NOT accept .zip files.

Email File Attachments

All application documents should be submitted as PDF file attachments to the email.

- The RFP application and accompanying required supporting documents must be converted to PDF formats.
 - There are many free, downloadable PDF converters. A recommended program is CutePDF Writer - <http://www.cutepdf.com/>.
- If scanning documents into PDFs and/or creating PDFs via Word or another software, the resolution should be set to 300dpi or less.