



**VIRGINIA  
HEALTH CARE  
FOUNDATION**

**GRANT GUIDELINES**  
UPDATED JUNE 2020

## OUR MISSION

### ***“If you have your health, you have everything.” But what if you don’t?***

That “what if” is an everyday reality for many of Virginia’s uninsured. They can’t afford to get sick and they can’t afford to get well. They need a “healthcare safety net.”

The Virginia Health Care Foundation (VHCF) is guided by a mission to increase access to primary health care for uninsured and medically underserved Virginians. We have seen the heartbreaking consequences many hardworking Virginians experience due to their inability to obtain needed health care. That’s why we have devoted a significant component of our grantmaking to expanding the services and capacity of Virginia’s healthcare safety net. This has enabled more than 650,000 Virginians throughout the state to obtain needed primary care for the past 28 years.

VHCF’s health safety net funding opportunities are made available twice a year to support initiatives that grow and strengthen Virginia’s health safety net clinics and centers. These grants are designed to create and support a comprehensive and cohesive network that makes primary health care more available to those without insurance or those who are part of a geographically or demographically underserved population.

*While much has been accomplished via VHCF-funded initiatives, there is still much to be done to address health inequities in Virginia.*

Patients served by the healthcare safety net, especially patients of color, have higher rates of chronic disease than the general population. They have certainly been disproportionately impacted by COVID-19. VHCF is dedicated to helping address these disparities and issues.

As the only statewide health foundation in the Commonwealth, VHCF has four broad funding categories to meet the diverse needs of the communities we serve. These categories enable grant applicants to develop initiatives based on their local needs.

These grant guidelines reflect a commitment to removing barriers to health access in Virginia. Proposed initiatives may seek to do this work in a number of ways including, but not limited to, addressing health disparities due to systemic racism via the addition/expansion of primary healthcare services; targeting pressing staffing needs or equipment needs due to the COVID-19 pandemic (e.g., *telehealth*); or increasing access to a specific service, such as behavioral health.

Virginia’s healthcare safety net varies from community to community, depending on local leadership, the number and sophistication of providers, the services they offer, the number of individuals in need of healthcare, and the resources available. Local safety net providers typically include free clinics, community health centers, other organizations that provide primary care to the uninsured or medically underserved,

hospitals, and health departments. VHCF encourages and supports local collaborative efforts to create, enhance, or elevate health safety net services within a community.

## **FUNDING PRIORITIES**

The Virginia Health Care Foundation encourages the development and submission of proposals which will grow and/or strengthen Virginia's healthcare safety net in the following priority areas:

### **Develop or Expand Patient Capacity**

This includes initiatives that establish new outlets of care for uninsured or medically underserved Virginians, as well as those which enable existing programs to serve a greater number of patients. Examples include proposals to add new primary care providers (*medical, mental health, dental, pharmacists*); undertake a strategic expansion of physical infrastructure; utilize technology to expand access (*e.g., telemedicine*); or seek to implement an innovative model of service delivery.

### **Establish a Broader Scope of Services**

Many existing safety net providers are interested in adding new primary care services to those they currently offer. Proposals to add key primary care services, *e.g.* mental health, pharmacy, dental; institute programs to enhance care of uninsured, chronically ill patients; or utilize technology (*e.g. telemedicine*) to enhance and expand access to primary care in underserved areas fall within the parameters of this funding track.

### **Create Local Coordinated Systems of Care**

VHCF is interested in stimulating and supporting local initiatives that will result in a community-wide coordinated network of care for the uninsured and the medically underserved, and invites proposals designed to achieve this. This funding track is appropriate for communities where there are several safety net providers that have a vision of working more closely together to achieve greater synergies and efficiencies both for their patients and for their operations by creating or enhancing interoperability among providers.

### **Strengthen the Infrastructure of Health Safety Net Providers**

A strong and thriving health safety net requires a solid, well-functioning infrastructure. To this end, VHCF may consider proposals which will help an individual health safety net provider develop some part of its organization (*e.g. technology planning and implementation and organizational assessment*) or help a group of health safety net providers develop and/or implement a relevant and effective infrastructure initiative.

## FOCUS ON SUSTAINABILITY

Focus on sustainability is key to VHCF grantmaking. As a result, each proposal is scrutinized thoroughly to ensure strong project leadership, a well-articulated vision, a solid operating plan, community support, and long term financial viability. *VHCF does not fund pilot projects at this time.*

While **VHCF grants are typically for no more than a two to three year period**, the Foundation targets its funds to organizations that are in it for the long-haul. VHCF's emphasis is on *sustainable* efforts that become an integral part of local health care delivery systems. To help organizations achieve this goal, VHCF funding in the second and third years is typically 25% less than the previous year. This requires organizations to make up the difference and assists them in reaching financial sustainability by the time VHCF funding ends. Overall, 89% of VHCF funded projects have continued at or above their prior level of performance for at least 3 years after they've graduated from VHCF funding.

As a public/private partnership, VHCF understands and values the synergies and efficiencies that can occur when organizations work together. Applicants are encouraged to work with local health safety net providers and other concerned organizations when formulating an initiative and preparing a proposal. This typically facilitates the transition to sustainability.

VHCF has also identified several models of delivering care that have proven to be cost effective; successful at meeting primary care needs; capable of sustaining themselves; built on strong community partnerships, and replicable. These models span a wide range of services, and VHCF has created guidebooks to assist communities in replicating these models. They are available online at <http://www.vhcf.org/for-those-who-help/models-that-made-it/>.

## GRANT CRITERIA

The Foundation looks for several key elements in every concept paper and proposal it reviews. A successful proposal will:

- Target a clearly-defined underserved population;
- Display broad-based community commitment and collaboration;
- Reflect strong organizational and project leadership;
- Present evidence of how the project fits within the applicant's strategic plan or vision for the future;
- Present a viable plan to sustain funding after Foundation funds are depleted;
- Provide evidence that all necessary logistics have been thought through and that agreements have been established with any collaborating agencies;
- Demonstrate that at least 25% of the project costs are underwritten by the community (*including both cash and in-kind support*); and

- Agree to participate in the Foundation’s evaluation of the project.

Overall, a successful proposal must demonstrate that all the necessary strategic and project planning has taken place, and the project management is thoroughly prepared and ready to implement the project. You may find the “Twenty Predictors of a Successful Project” to be helpful.

**The Foundation will not:**

- replace funding from a previously-existing source, either public or private, which has been reduced or eliminated;
- fund research projects that lack a direct primary care service component;
- fund pilot projects; or
- fund portions of existing operations.

If you are not sure if your concept meets VHCF guidelines, please contact VHCF’s Program Officers at 804-828-5804.

## **GRANT ELIGIBILITY**

The following entities may apply for a grant from the Virginia Health Care Foundation:

- Any public agency or private non-profit holding a 501(c)(3) tax-exemption\*;
- Any organization with a 501(c)(3) tax-exempt fiscal sponsor; or
- An applicant for federal tax-exemption under 501(c)(3).

*\*If the applicant is a free clinic or a community health center, it must be a member in good standing with either the Virginia Association of Free and Charitable Clinics or the Virginia Community Healthcare Association.*

## **GRANT APPLICATION PROCESS**

The Foundation has two formal grant cycles each year, beginning in the winter and the summer. The Foundation's grant application process starts with the submission of a concept paper. While these are accepted throughout the year, they are officially reviewed in the winter and the summer.

### **Step One – Submission of a Concept Paper**

Please visit VHCF’s website, [www.vhcf.org](http://www.vhcf.org) for submission forms and deadlines.

If you have a project that meets the Foundation’s criteria, you may submit a concept paper. A concept paper must contain:

1. A completed [Concept Paper Cover Sheet](#) as supplied by the Foundation.

2. A concise concept paper that describes each of the following:
  - The problem or community need that the project will address.
  - The project name and a description of the proposed project, how it addresses the community's needs and how it relates to the funding priorities of the Foundation.
  - The anticipated results or impact of the project on the community.
  - A timeframe of activities.
  - A description of the applicant organization, including a statement of the organization's vision for the future.
  - An explanation of the organization's strategic plan and how the proposed project fits into the plan. If the applicant does not have a strategic plan, indicate how the proposed project fits with the organization's mission and vision for the future.
  - The local leadership and community support for the project.
  - Plans for sustaining the project after Foundation funds are depleted.
  - Estimated total project costs and the amount you are seeking from the Foundation for the first grant year. (*The concept paper must indicate that a minimum of 25% of total project costs will come from the community through cash and/or in-kind contributions.*)

3. Required formatting:

- Must be no longer than three (3) typewritten, double-spaced pages.
- Concept papers must use standard font size (*12 point*), letter-sized paper (*8"x11"*), 1" margins, and page numbers.
- The Foundation **requires an original and five (5) copies of the concept paper (including the cover sheet).**
- Please be sure to include organizational contact information on each.

The Foundation staff will review concept papers and correspond with applicants regarding requests for full proposals. Applicants will be notified within two weeks of the deadline for submitting concept papers.

**Please Note:** At this stage, the Foundation will respond to concept paper inquiries only. It will not respond to unsolicited formal proposals or to general requests for funds. Do not send attachments of any kind with the concept paper. They will not be acknowledged or returned.

*An invitation to submit a concept paper or proposal does not guarantee funding for a project.* Grant awards are only assured after the application/review process is complete; the Foundation's Board of Trustees has made final determinations regarding awards; and a satisfactory letter of agreement has been signed by all appropriate parties.

# GRANT APPLICATION PROCESS

## Step Two – Formal Proposal

If your concept paper meets the Foundation’s criteria, you will be asked to submit a formal proposal. A formal proposal must contain:

1. A completed Executive Summary Cover Sheet as supplied by the Foundation.
2. A concise project narrative that describes each of the following:
  - **The need** – document the specific health need that your proposal will address, using internal data (*e.g. wait list, length of time before an appointment can be scheduled, or number of patients turned away*). Additional supporting data may come from secondary sources such as HRSA, county health rankings, or a local Community Health Needs Assessment conducted by your local health department or nonprofit hospital.
  - **Project description** – includes specifics about the impact of proposed funding on factors such as staffing levels, staffing patients and patient visits, hours of operation, or other indicators; give a “snapshot” of the operation before and after grant funding, showing the difference that the proposed project will make;
  - **Funding Priorities** – describe how the proposed project addresses one of VHCF’s funding priority areas (*patient capacity; scope of services; coordinated systems of care, infrastructure development*);
  - **Community commitment and collaboration** – include sources of financial and in-kind support as well as your community partner organizations. Cooperative efforts, shared service provision and attempts to better integrate services within a community are all encouraged;
  - **Project management** – indicate how the individuals who will implement and oversee the project are qualified to manage the proposed project, include their resumes or other biographical data;
  - **Cost-based and outcome-oriented evaluation plan and criteria** – include administrative process measures (*e.g., increasing the number of patients seen from 2,000 per year to 4,000 per year*); patient-level process measures (*e.g., 80% of diabetics will receive annual foot and eye exams*); and health outcome measures (*80% of diabetic patients treated by the nurse practitioner will have HbA1C levels >7*).
  - **Sustainability Plan** – include a specific, detailed fundraising or revenue generation plan that identifies exact sources of other project funding and

when they will be available to replace VHCF grant monies to sustain the project for the long-term; and,

- **Strategic Plan/Vision Statement and Organization Leadership** – detail how this proposed project relates to your organization’s strategic plan and vision, also describe the leaders in your organization and the role they will play in planning for the future of the proposed project and of your organization.

3. A **Proposed Budget with Rationale** should represent all of the revenue and expenses associated with the specific project to be funded. If the project will be a part of a larger organization, please provide the latest annual budget for the organization as an attachment. Include local public and/or private cash and in-kind contributions equivalent to a minimum match of 25% for funding requested.

You must use the budget format supplied by the Foundation, and the budget must be accompanied by an itemized rationale. Foundation funds may not be used to pay indirect costs, administrative assessments or fees of universities or other institutions with which a VHCF project is affiliated. *Please note: The Foundation will most favorably review proposals showing the greatest local support.*

**Required attachments include, but are not limited to:**

- Fundraising or Revenue Generation Plan that addresses the sustainability of the project.
- Support letters from community partners evidencing the monetary/in-kind resource commitment identified in the proposal and budget. Letters of Support from key collaborators should be included as well.
- Names and affiliations of the project management team and evidence of prior successful grant awards and leadership within the community.
- A list of the applicant organization’s Board of Directors with their business titles or an indication of the special talents they bring to the Board.
- The resume(s) and a signed letter of intent from the individual(s) who will serve as fiscal agent and supervisor of the proposed project.
- Organization budget
- Evidence of the applicant’s tax-exempt status. A copy of the applicant’s most recent strategic plan.

**Additional attachments, as applicable:**

- Job descriptions for new positions
- Strategic Plan
- Organization chart
- Marketing plan



- Copies of relevant Memorandums of Agreements or contracts

**Required formatting:**

- The narrative of the formal proposal should be **no longer than 10 typewritten, double-spaced pages**. The Executive Summary, Budget, and Attachments are **not** included in the ten-page limit.
- Proposals must be presented in standard font size (*12 point*) on letter-sized paper (*8"x11"*).
- 1" margins, and include page numbers on the narrative.
- Please do **not** bind or staple your proposal, or use special covers.
- The Foundation **requires an original and five (5) copies of the entire proposal.**

## **SPECIAL INSTRUCTIONS, POLICIES & INFORMATION**

*The Foundation will not review incomplete proposals or those which do not follow the Foundation's specifications. Please examine your proposal carefully to ensure you have provided all the information requested by the Foundation and that your concept paper or proposal meets all the specifications outlined in the guidelines.*

*The Foundation will not accept any materials, including Letters of Support, received under separate cover. All attachments and additional materials should be submitted with the formal proposal.*

*Applicants are responsible for verifying the receipt of a concept paper or proposal in the Foundation's office by the deadline. The Foundation will not acknowledge receipt of concept papers and proposals. Applications that are received after the deadline will be held for consideration in the next full grant cycle.*

*Following the submission of a formal proposal, applicants will be expected to participate in a one to two hour follow-up call/interview with a VHCF Program Officer. Applicants should be prepared to answer specific questions about their proposal on that call and to provide additional information, if requested, in a timely manner.*

*If a full proposal is rejected, the applicant must wait a minimum of 12 months before resubmitting it. When feasible, the Foundation may offer some form of technical assistance to increase the likelihood of success for resubmitted proposals.*

## **CONDITIONS FOR GRANT ACCEPTANCE**

Each grantee must sign a letter of agreement with the Virginia Health Care Foundation that delineates the terms and specific objectives of the project. To view a sample letter of agreement click [here](#).

Each grantee must agree to participate in and assist with an evaluation of its funded project, and to submit requested data and reports on a timely basis. An evaluation will measure the number of clients served; the cost-per-patient; explore patient health status outcomes; and determine the grantee's success in growing and/or strengthening Virginia's health care safety net.

Please Note: Throughout the course of the grant, in the event of any substantive change in the proposed project or the project management team that could materially alter the nature or successful achievement of the project's goals or objectives, VHCF reserves the right to reassess its support of the project.

# **TWENTY PREDICTORS OF A SUCCESSFUL PROJECT**

## **“Homework” Has Been Completed:**

1. Mission is clearly defined and the purpose is reasonably limited in scope.
2. Need for the program is well documented and baseline indicators of health status prior to implementation have been collected.
3. The local community is invested in the project. Cash and in-kind support has been pledged from local businesses and/or the local government.
4. The proposed service appears cost-effective, even in the first few years of delivery.

## **Infrastructure Is in Place:**

5. Protocols for quality assurance have been established for the provision of health care.
6. Community outreach activities have been identified to connect the target population with the new service(s).
7. Plan to communicate project highlights has been developed to keep community supporters invested and involved.
8. Transportation to the new service is readily available to the target population.
9. The proposed budget is comprehensive (includes line items for personnel and benefits, rent, utilities, medications, lab and diagnostic services, medical supplies, office supplies, travel, insurance, etc.) and demonstrates sound fiscal planning.
10. The need to provide medications or referrals to patients who cannot afford them has been addressed and necessary funds have been allocated.

## **Management Capacity Is Strong:**

11. Project management has a demonstrated record of success.
12. Association with an umbrella agency, if it exists, is well defined and all involved parties understand their respective role.
13. Collaboration with other community programs exists and a conscious effort to avoid duplication of services has been made.
14. The value of data as a management tool and as a fund raising/public relations tool is recognized and data collection systems are in place.
15. The value of public relations as a means of generating financial support and attracting new patients is understood and media events are regularly scheduled.
16. Evaluation activities exist and are well targeted to answer specific questions about the program. These activities monitor the quality and quantity of service provided, as well as measure the short and long-term impacts of the program.

## **Vision for the Future Exists:**

17. The relevance of the proposed service in a managed care environment has been considered and addressed.

18. A long-term plan to sustain the project has been developed and appears viable. While it is acceptable for this plan to include partial reliance on future grant awards, it should also identify some steady sources of income if at all possible.
19. A strong and committed board of directors is in place and understands its role.
20. Continuation of the project is not dependent on a single factor that is likely to change, such as a project director who is working around the clock to keep the project afloat, a limited pool of volunteer providers who cannot meet the tremendous demand for services, or a significant donor whose only connection to the project is financial.

## VHCF INITIATIVES

**Defeating the Deadly Double: Diabetes and Depression (DDD)** is a component of [Beyond Blue](#), a \$1.5 million multi-pronged behavioral health initiative designed to increase access to mental health services for medically underserved and uninsured Virginians. DDD is a special two-year grant opportunity (*March 2018 – February 2020*) for eligible health safety net (HSN) organizations designed to help address the devastating effect of depression on HSN diabetic patients; enhance the degree of behavioral health integration in participating HSN organizations; and cultivate data driven decision-making in the HSN via a population health approach. It will enable HSN organizations that currently provide co-located, behavioral health and primary care to elevate the degree of care integration for patients who have both depression and diabetes.

**Making Brighter Days Possible: Increasing Access to Behavioral Health Services (MBDP)** is a special 18-month initiative (*begun in August 2019*) focused on increasing access to behavioral health services for uninsured and medically underserved Virginians. This initiative was made possible by a generous grant from Sentara. While the need for behavioral health services exists throughout Virginia, it is most acute in Virginia's mental health professional shortage areas. By definition, these areas have too few behavioral health professionals to serve the number of people who live there. Each of the funded organizations will use grant funds to hire behavioral health professionals to provide mental health services in person or via telemedicine. The grantees have also defined goals for elevating the degree of behavioral health integration at the participating sites.

**The Pharmacy Connection (TPC)** is a VHCF developed software application, unique to Virginia, which facilitates access to the free medications within the pharmaceutical manufacturers' 100+ patient assistant programs.

**Rx Relief Virginia** is a prescription assistance initiative, funded by the Commonwealth, to help uninsured, chronically ill Virginians get the medications they need free of charge. RxRelief Virginia grants provide community-based organizations with funds to hire Medication Assistance Caseworkers who apply for free medications from the nation's brand name pharmaceutical companies via *The Pharmacy Connection* software on behalf of eligible patients.

**Taking Aim, Improving Health (TAIH)** was a special 18-month initiative (*June 2016 – November 2017*) to stimulate and/or strengthen collaboration between hospitals and their local primary care health safety net organizations (*free clinics, community health centers, and other similar organizations*) in managing and improving the health of uninsured patients via population health initiatives and innovations in primary care service delivery. All aspects of this initiative were designed and implemented with the input, advice, and full engagement of leaders from the Virginia Hospital & Healthcare Association (VHHA), the Virginia Association of Free and Charitable Clinics (VAFCC), and the Virginia Community Healthcare Association (VaCHA).

## **CHILD HEALTH INSURANCE INITIATIVES**

**Project Connect** is a VHCF initiative designed to help enroll children throughout Virginia in the state's child health insurance program (*FAMIS and FAMIS Plus*). Since its creation, the grantees have enrolled over 30,000 children.

**SignUpNow** (*SUN*) provides training, technical assistance, and support to community-based organizations dedicated to helping eligible Virginians enroll in state-sponsored health insurance programs through Medicaid/FAMIS.