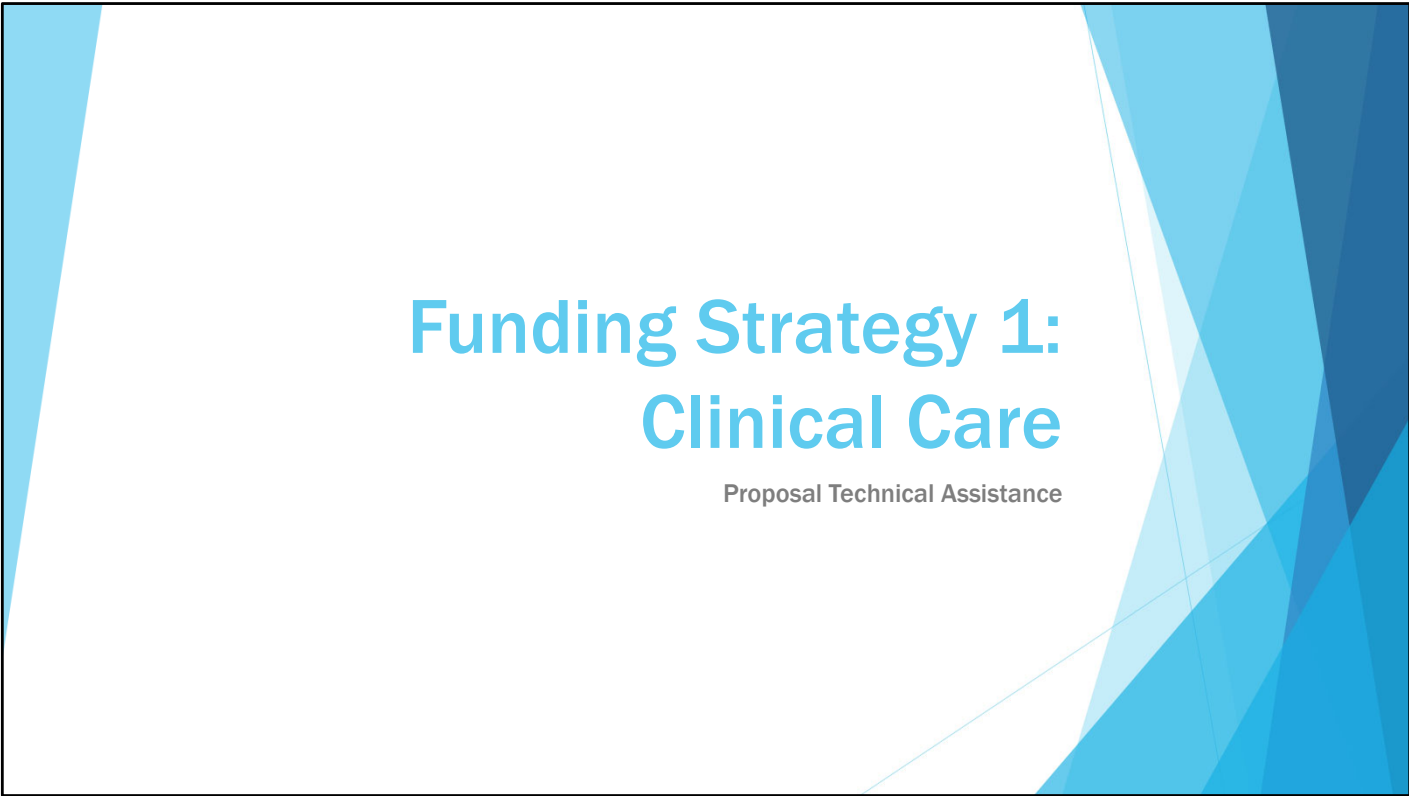
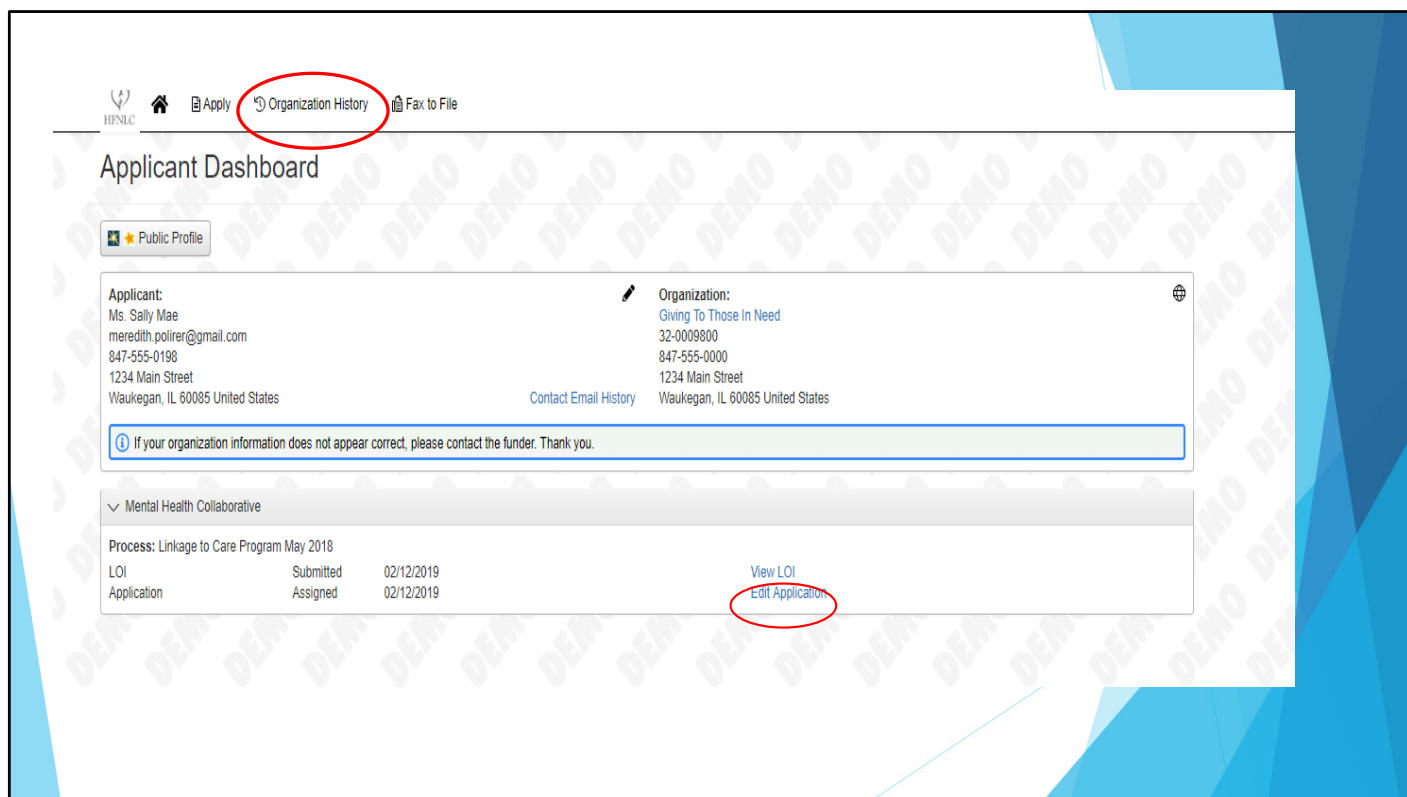




Funding Strategy 1: Clinical Care

Proposal Technical Assistance



Access your application by clicking the Edit Application link on the **Application Dashboard Page**.

If when you log in to the grants management system you don't see the above page click **Organization History** at the top of the screen.

Application
Mental Health Collaborative
Process: Linkage to Care Program May 2018

Contact Info [Request](#)

Applicant:
Ms. Sally Mae
meredith.collier@gmail.com
847-555-0198
1234 Main Street
Waukegan, IL 60085 United States

Organization:
Giving To Those In Need
32-0008500
847-555-0000
1234 Main Street
Waukegan, IL 60085 United States

[Contact Email History](#)

[If your organization information does not appear correct, please contact the funder. Thank you.](#)

[LOI](#) [Application](#) [Document Viewer](#) [Application Packet](#) [Question List](#)

[Fields with an asterisk \(*\) are required.](#)

Project Name*
Name of Project
Mental Health Collaborative

Amount Requested*
Amount Requested
\$ 50,000

Geographic Areas Served*
Please indicate the communities your program serves.

- ☒ Antioch
- ☒ North Chicago
- ☒ Waukegan
- ☒ Zion
- ☒ Fox Lake
- ☒ Graylake
- ☒ Lake Villa
- ☒ Round Lake Area
- ☒ Walworth

Narrative

Organization history*

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Once on the **Application Page**, you have the option to download and print the questions by clicking the **Question List** link. You can also download and print a copy of your complete application including the attachments by clicking the **Application Packet** link.

HFNL

Apply Organization History Fax to File

1,724 characters left of 1,750

Collaboration*
How does this program work with other organizations' programs to improve client services or outcomes?
Please limit your answer to about half a page.

1,721 characters left of 1,750

Sustainability*
What resources are you pursuing to ensure this program is able to operate without service interruptions?
Please limit your answer to about half a page.

1,721 characters left of 1,750

The text boxes can be enlarged by clicking on the triangle in the lower right corner and dragging it down.

Clinical Care Strategy Definition

- ▶ High-quality, comprehensive, and coordinated health services are necessary to improve the health status of uninsured, underinsured, and medically underserved residents of northern Lake County.
- ▶ *Clinical Care* includes medical, dental, vision, mental health, and clinical case management service programs.

Clinical Care Characteristics

- ▶ Services are provided in clinical settings
- ▶ Clients/patients have treatment or service plans and clinical diagnoses, if applicable
- ▶ Clients/patients have medical or health records
- ▶ Services include access to specialists, diagnostic testing, medications, and equipment needed for comprehensive care, as well as case management that coordinates care or improves patients' participation in treatment
- ▶ Improvements in clients/patients' health status are measurable
- ▶ Services are provided by licensed staff, if applicable



Application Narrative Questions

Please read instructions carefully. Some questions apply to the organization and some apply to the program.

The slides with green backgrounds refer to application questions that pertain to the organization.

The slides with purple backgrounds refer to application questions that pertain to the program.

Organization Information

Provide the following:

1. The organization's mission and a brief description of its history, including the year it was founded.
2. A list of the organization's primary programs and their goals.
3. The total number of clients served in your most recent fiscal year.

This answer is limited to 3,000 characters – about 1 page long.
Feel free to organize your answer using the numbering in the question.

Achievements

List 3-5 of the organization's top achievements in the most recently completed fiscal year.

This answer is limited to 1,000 characters – about 1 paragraph.
A simple bullet point for each achievement is sufficient.

Partnership and Collaboration

HFNLC describes partnership or collaboration in 3 ways:

- ▶ Active Referral Network – a list of other organizations you refer to on a frequent basis to ensure clients needs are met
- ▶ Programmatic Partnership - multiple organizations that have combined resources to operate a program more effectively
- ▶ Working Group – program staff meet frequently with staff from other organizations to share information and solve problems in order to improve program outcomes

How does your organization partner or collaborate with other organizations?

This answer is limited to 1,500 characters – about ½ page.

Think about...

More than we refer and accept referrals from...

How do you enhance your services through partnerships and collaboration

How are your services more accessible through partnerships and collaboration

How do you help your clients better through partnerships and collaboration

Equity

How is your organization addressing Justice, Equity, Diversity, and Inclusion?

This answer is limited to 1,500 characters – about ½ page

Consider organizational policy and procedure, new initiatives, education and training, or other activities your organization may be undertaking.

Definitions

Justice: Dismantling barriers to resources and opportunities in society so that all individuals & communities can live a full & dignified life. These barriers are essentially the “isms” in society: racism, classism, sexism, etc.

Equity: Allocating resources to ensure everyone has access to the same resources & opportunities. Equity recognizes that advantages and barriers—the ‘isms’—exist. Equity is the approach & equality is the outcome.

Diversity: The differences between us based on which we experience systemic advantages or encounter systemic barriers to opportunities.

Inclusion: Fostering a sense of belonging by centering, valuing, & amplifying the voices, perspectives & styles of those who experience more barriers based on their identities.

Organization Staffing

Provide the following staff numbers as of the most recent calendar year:

- ▶ Total Staff - total number of paid staff (full time and part time) as of 12/31
- ▶ Staff Numbers – Overall, last year did you increase, decrease or maintain the same number of staff (compare number of staff on 1/1 to staff on 12/31)
- ▶ Staff Turnover Rate – Count the number of positions vacated regardless if they were refilled or not (if the total staff size was 18 on January 1 and 3 people left during the year = $3/18$)

This answer should be mostly numbers. NOT narrative

BIPOC Leadership and Staff

- ▶ What percentage of the executive team identify as Black, Indigenous, or People of Color (BIPOC)?
- ▶ What percentage of staff identify as Black, Indigenous, or People of Color (BIPOC)?
- ▶ What percentage of the board identify as Black, Indigenous, or People of Color (BIPOC)?

These questions should be reported as a percentage? If the organization has no paid staff enter NA.

Decision Making

How are the individuals who are impacted by the social issue your organization is addressing included in decision making and holding power within the organization?

This answer is limited to 1,500 characters – about ½ page

Consider how consumers and community are included in planning and decision making within your organization.

Volunteers

Other than board members and that might help raise funds, how are volunteers involved in the work of the organization?

This answer is limited to 1,500 characters – about ½ page

Program Goals

What is the goal(s) of the program and the anticipated outcomes?

This answer is limited to 1,500 characters – about ½ page

Your answer should provide a sense of “Why” in regard to the program – not your evaluation plan. It should outline the program’s theory of change or intended impact.

Activities

Describe the program activities.

- ▶ Timeline
- ▶ Frequency
- ▶ Location(s)

This answer is limited to 3,000 characters – about 1 page

Your answer should provide a sense of “How” in regard to the program. **Your** description should be concrete, straightforward and easy to read. If a person outside of the program or industry cannot read it and describe what you are doing, it is not a good answer.

Changes

If this is a renewal, describe any significant changes in the program structure, since last year?

This answer is limited to 1,500 characters – about ½ page

If you are requesting funds for a program HFNLC has never funded, leave this question blank.

If you are requesting funds for a program HFNLC has funded in the past, and are returning after a year off, leave this question blank. (You answered this question in the LOI.)

Staffing

Describe how the program is staffed.

- ▶ Qualifications
- ▶ Responsibilities

This answer is limited to 1,500 characters – about ½ page

The staff listed in this section should also show up in the program budget.

Data Collection and Evaluation

Describe you measure program success

- ▶ Data collection tools
- ▶ Frequency of use
- ▶ How it is assessed

This answer is limited to 1,500 characters – about ½ page

In this section, explain how you collect the data needed to report on the health outcomes for this grant. Include a description of the tools used, when the tools are used, how the data is stored and looked at with a critical eye.

Partnership

How does the program partner with other organizations to improve client outcomes?

This answer is limited to 1,500 characters – about ½ page

Partnerships and Collaboration were previously included in a question regarding the organization, as a whole.

In this section, explain how partnerships are used to improve client outcomes.

Examples might be an agreement with an external provider for a commonly needed specialty service, supplemental education or an initiative to address social determinants of health.

Target Population

Provide a demographic description of the population this program served in your last fiscal year.

- ▶ Age groups
- ▶ Race/ethnicity
- ▶ Gender
- ▶ Insurance status/income
- ▶ Zip code
- ▶ Other special characteristic

This answer is limited to 1,500 characters – about ½ page

Need

- ▶ Describe the community need or societal problem your program addresses using relevant data and current research. Be clear and concise in your definition of the problem, its causes, and symptoms.
- ▶ Include references for all sources.
 - ▶ Prevalence data
 - ▶ Mortality data
 - ▶ Data on barriers to access
 - ▶ Lack of a regular sources of care
 - ▶ Lack of transportation
 - ▶ Lack of evidence-based care
 - ▶ Income and insurance

Remember it is important to link your need to your program activities. For example, a school-based health program should talk about the lack of care available for youth, the prevalence of health conditions in young adults, or the research that demonstrates how school-based programs remove access barriers and improve health outcomes. It should **NOT** discuss how school-based health programs improve educational outcomes.

Secondly, client demographics are not a need unless you can link it to a disparity. For example stating that 54% of the population is Latino, is not a need unless you link it to the fact that Latino's are at a greater risk for diabetes than Caucasians.

A needs statement answers the question: “Why care?” It demonstrates there is a problem that is important; is significant; and is urgent. A needs statement must relate to your organization’s mission statement and to the foundation’s priorities.

The needs statement establishes the problem and describes the conditions in the community that your organization will

address. The needs statement is an opportunity to demonstrate your understanding of the community issue and your organization's ability to address the need.

Try using the three questions below to guide you the next time you are writing a needs statement. (Note: The information provided in the examples below is fabricated.)

What is the need for the project? Is it a serious problem or issue, or a lack of a needed service?

Example: Lake County high school students struggle with anxiety, stress, and depression. Students do not have safe spaces or the coping skills needed to address their mental health needs. Schools do not have the staffing to provide these services.

What are the facts and the sources that back up the need for your project?

Example: The latest Behavioral Risk Factor Surveillance System report indicate over 50% of high school students feel depressed at least 2 days a week. This has increased from 2 years ago when only 25% students felt this way.

What is the solution to the problem you have identified?

Example: A study entitled "School Mental Health Services" found that when students have access to therapy at school they are less likely to report feelings of

anxiety and stress. It also found that schools with psycho-social group therapy have a lower incidence of bullying.

Once you've answered these questions, combine the information in a paragraph for a concise and simple statement of need. Remember to avoid jargon and keep it easy to read.

Sustainability

What resources are you pursuing to ensure this program is able to operate without service interruptions?

- ▶ Address the HFNLC 5-year rule
- ▶ Include details about program revenue and third party billing, if applicable
- ▶ Should include other grants but be about more than just writing more grants
- ▶ Address revenue diversification or fund development capacity building activities, if applicable

Individuals Served

You Will Have To Report On These

- ▶ How many individuals did your program serve in the last 12 months?
- ▶ How many individuals do you anticipate serving in the grant year?

How many individuals did your program serve in the last 12 months?

Provide the number of individuals the served in the last 12 months.

This 12 month period can be the most recent fiscal year, calendar year, or 12 months preceding your grant application.

How many individuals do you anticipate serving in the grant year?

Provide the number of individuals you anticipate your program serving during the 12 month grant period.

You will be asked the same questions on your interim and final reports. Be prepared to track them, if funded.

Health Outcomes

You Will Have To Report On These

How will an improvement in health status be demonstrated in the population you serve? Include a percentage you aim to achieve.

- ▶ Improved mental health status
- ▶ Improved oral health status
- ▶ Improved disease state
 - ▶ Diabetes
 - ▶ Asthma

Should read as:

70% of clients will maintain or reduce their HbA1c to less than or equal to 7.

OR

After six months of therapy, 65% of clients will demonstrate a 50% reduction in trauma symptoms.

Only 1 relevant health outcome is required.

Do not put other types of information or additional narrative in this field.

Remember these should be health related. Not education, housing or skill related.

The indicators listed above are EXAMPLES. Please select indicators that are appropriate for your program.

Do NOT state to refer elsewhere, the application will be returned for corrections.



Attachments

Program Budget


Budget

Organization Name:
Program Name:
Funding Request:

(1)	(2)	(3)
	HFNLC Request	Total Program Budget
Staff		
Fringe Benefits		
Materials and Supplies		
Travel		
Contractual Services		
Equipment		
Administrative		
TOTAL (4)		

Other Program Income

Source (5)	Amount (6)
TOTAL (7)	

Download the provided form, complete it and upload it as specified. You can also download directions for the form that includes a sample completed form.

The first column of the form should include a description of your budget line items. The budget categories provided can be edited to meet your program/organizational needs. For example you can add categories such as tuition or educational materials. Remember to provide clear and accurate details in each description including position names and percentage of time for staff.

The second column should contain the amount you are allocating to the grant request for each line item.

The third column should contain the full amount of the program budget for each line item.

The bottom of the form should list the other sources of income (confirmed and anticipated) for the program.

Please make sure all sections of the form are complete. For example, if your form doesn't include the program income section, the application will be declined before entering the review stage.

Organization's Budget

- ▶ Total Operating Budget – insert the dollar amount equal to the expenses in the Operational Budget that you upload.
- ▶ Operational Budget – upload a copy of your organization's operating budget, including all revenue and expense lines.
 - ▶ Expenses should be the same as the number entered for Total Operating Budget

The question asks for budget information that corresponds to your current fiscal year. If it is more appropriate to submit budget information that corresponds to your upcoming fiscal year, you may do so.

Grant List

- ▶ Upload a list of all grants your organization has received or anticipates receiving for the current year.
- ▶ Include the name of the funder and award amount.
- ▶ Include all:
 - ▶ Corporate
 - ▶ Foundation
 - ▶ Government
 - ▶ State, federal, local (township or city)

The information is compared to the operational budget you submitted. All information should align. If you indicate that you receive corporate funding and no corporate grants are listed, we will ask you explain and revise the documents.

Other Attachments

- ▶ Board list with affiliations – formatted to fit on one page in portrait orientation
- ▶ Resumes – if you talked about the position in the narrative, there should be a resume
- ▶ Collaborations – a list of other organizations your organization collaborates with
- ▶ Additional materials

The Board list should not include personal contact information. WE do not need birthdays, phone numbers or addresses.

It is highly recommended that you provide current letters of support or other supporting documents under additional materials.

Additional Notes

Deadline for November Awards is August 1

Deadline for May Awards is February 1

If a deadline falls on a weekend or holiday, requests may be submitted by 5 p.m. on the following business day.

Do not wait until 4:59 p.m. to submit. It might still be too late.

NO mail or email submissions are accepted.

Remember different computers and servers have different times. The server that controls the cut off time may be different than yours by a few minutes and it will override your submission.

If your application is missing important narrative details, does not include the correct forms, or follow the provided instructions it will be returned to you for resubmission. If you fail to correct these errors and resubmit in the time allotted, your application will NOT be reviewed!

If you complete your application early and would like the Program Officer to review it prior to submission, please email Angela Baran at angela.baran@hfnlc.org