



Request for Proposals

Beginning April 27th, the Canton City Health Department, on behalf of Canton-Stark County THRIVE is requesting funding proposals. Eligible grassroots and faith-based organizations (IRS 501(c)(3)) and churches with annual operating budgets of less than \$300,000 are encouraged to apply. The purpose of the grant opportunity is to implement or expand programming resulting in measurable change to improve infant mortality and disparity rates. Programming must focus on residents living in eastern Alliance (Wards 1 & 2), or central Massillon (44646 & 44647), Canton (44701-44705, 44707 & 44714). The Department expects to award up to 10 grants that will range from \$10,000 - \$25,000 per award. Organizations may apply for up to 2 years of funding. A total of \$200,000 is available over the two years. Deadline for proposals is May 22nd and awards will be announced by July 1st. Program period begins July 1, 2017.

Funds will be used to support community-based programs that are largely volunteer-driven. The programs must be designed to meet the health, education, or human service needs of black/African American women of childbearing age and/or black/African American men/fathers. Program objectives may include

- Supporting the positive health practices of black/African American women before, during and after pregnancy
- Helping black/African American women to obtain early prenatal care including participation in CenteringPregnancy® groups
- Addressing the risk factors that negatively impact infant health including tobacco use, poor nutrition, and inactivity
- Supporting efforts to engage fathers—whether living with or apart from their children—to help foster a child’s healthy physical, emotional, and social development

Generally, funds will not be awarded for:

- Salaries, stipends, or other forms of compensation
- Annual events or one-time efforts that have no lasting benefit



Eligible Applicants

For purposes of this announcement, eligible faith based and grassroots organizations must be non-profits with an IRS approved 501(c)(3) exemption letter organizations. Churches are also eligible to apply whether or not they have an approved 501(c)(3).

Criteria for each organization include:

1. Have health, education, or human service needs as a major part of their mission;
2. Have a total annual operating budget of \$300,000 or less
3. Provide services in at least one of the targeted zip codes – 44601 (Wards 1 & 2), 44646, 44647, 44701, 44702, 44703, 44704, 44705, 44707, and 44714
4. Preference will be given to grassroots or faith based organization/church which are,
 - 1) Headquartered in the local community to which they provide these services;
 - 2) Providing services to at least one of the following populations,
 - Black/African American pregnant women/mothers
 - Black/African American women of child bearing age
 - Black/African American men
 - Black/African American fathers
 - A combination of the above

Timeline for submitting your Proposal

Proposal is due on May 22nd

Proposals not received by the close of business at 4:30 p.m. on the deadline date will not be considered.

Proposals will be reviewed by a committee comprised of community partners that are knowledgeable of grassroots and faith based organizations and the zip codes in which programming is focused.

Applicants will be notified no later July 1st of the committee's decision.



Proposal Narrative

Program start date:

Program end date:

1. Geographic area(s) to be served: Please check all that apply.

44601 (Wards 1 & 2)	44703
44646	44704
44647	44705
44701	44707
44702	44714

2. Population to receive program services: Please check all that apply.

- Black/African American pregnant women/mothers
- Black/African American women of child bearing age
- Black/African American men
- Black/African American fathers
- A combination of the above
- All people regardless of race or gender residing in the zip code identified above

3. Approximate number to be served (unduplicated) for the program period?

4. What is the specific problem, challenge, or need that you plan to address?

5. Why is your organization positioned to address this need?



6. How does your program differ from similar programs that exist at other organizations?

7. Will you partner with other organizations/churches to accomplish your goals? If yes, provide the name(s) and what they will do as part of the program.

8. How will the community benefit from this program?

9. How will the program be sustained after the Department funding ends?

Sustainability is not just about replacing the money. Sustainability refers to the continuation of the program's goals and efforts to achieve a desired outcome. Various strategies may be used to sustain the program's outcomes including building organizational capacity, implementing systems change, developing partnerships/collaborations and reassessing program design and implementation.

10. What other information do we need to know?



Goals, Outcomes, Strategies, and Evaluation Methods

Goals – Please describe your program goals.

PLEASE NOTE: All organization goals proposed must relate to the goals of the Canton-Stark County THRIVE infant mortality project. A goal is a “big picture” statement that summarizes the program’s purpose. The best question to ask when setting a goal is: “What do we hope to accomplish in the long term?” Goals for a program are normally broad, ambitious, and related to your organization’s mission. The timetable for an organization to achieve its long-term goals usually extends beyond the scope of an individual program year.

Outcomes – Please provide the outcomes that are linked to your goals.

PLEASE NOTE: All organization outcomes proposed must relate to the goals of the THRIVE infant mortality project. Outcomes are what you hope to accomplish and when the anticipated change will occur as a result of your program. Outcomes are measurable, tangible, time-specific and achievable in the time between the start date of the award and when the funding period ends. When developing your outcomes, ask yourself, “What will be different as a result of this program?” Be sure there is an easy method to collect and analyze the data required to demonstrate your program’s impact and success. There can be multiple outcomes for one goal.

Strategies - Please provide the strategies that are linked to your outcomes.

PLEASE NOTE: Strategies lay out in step-by-step detail the action that staff, volunteers, and/or participants will take to reach the program’s outcomes. When forming strategies, ask yourself, “how are we going to execute the program?”



EVALUATION METHOD – Please provide evaluation methods that are linked to your strategies and outcomes.

PLEASE NOTE: As part of your program planning, you should develop a way to measure how effective your strategies have been in reaching the outcomes set for the program. Ask yourself, “What tools will we use to collect the information we need to measure our success?”



S - M - A - R - T Proposal Writing Tips

GOAL: A general statement of what the project hopes to accomplish. Should reflect the long-term desired impact of the project on the target group and any target goals required by funding source.

OUTCOME OBJECTIVE: A statement which defines a measurable result that the project intends to accomplish. Should be described in terms that measure the results the project will bring about (i.e. increase X, or decrease Y). Must adhere to the SMART criteria.

S - SPECIFIC

Objective should specify one major result directly related to the program goal, stating who is going to be doing what, to whom, by how much, and in what time-frame. Specify how the accomplishment will be measured.

M - MEASURABLE

Objective should be able to describe in realistic terms the expected result and specify how such results will be measured.

A - ACHIEVABLE

Accomplishment specified in the objective should be achievable within the proposed time line and as a direct result of the program activities.

R - REALISTIC

Objective should be reasonable in nature. Specified outcomes and expected results should all be expressed in realistic terms.

T - TIME-FRAMED

Objective should specify a target date or time limit for its accomplishments. It should state who is going to be doing what, by when.

- **Check Eligibility for Funding:** One of the most common mistakes fund seekers make is applying for funds which they are not eligible. Check the funding agency's eligibility requirements and areas of interest.
- **Follow Instructions:** Read grant applications carefully.
- **Keep Word Choice Simple and to the Point:** Words in a proposal should be easy to understand.



- **Don't Use Jargon:** When drafting a grant proposal, it is very important to write on a layperson's level.
- **Don't Use Acronyms:** Acronyms have become the enemy of many grant reviewers. What is common for the applicant could be confusing for the reviewer. Spell out the terms.
- **Don't Wave Red Flags:** There are several factors that raise red flags that can lower the possibility of funding, such as inflating the budget, and costs that are not explained in the narrative.
- **Be Forward Looking:** Grant funding is usually only for a specified period of time. The applicant should provide information in their application on how they will continue the program once grants end.

Proposals may be submitted by mail to:

Canton City Health Department
Attn: Rochelle Reamy
420 Market Ave. N.
Canton, OH 44702

Proposals may be submitted by email to:

rreamy@cantonhealth.org

If you have any questions, please call 234-410-3087.

BUDGET NARRATIVE

Income: The status of revenues (*related to the proposed program and period*) should be further clarified by indicating source; date when request was submitted; date when decision will be known, if applicable and the status of the request.

INCOME				
Income source	Date submitted	Amount	Decision date	Pending, Declined or Approved

EXPENSES	
1. <u>Salaries and wages</u> Please give title, salary or hourly wage for each position as it relates to the project. Include full-time or number of hours worked per week.	
2. <u>Payroll taxes and benefits</u> Please list all items including employer's portion of FICA, workers compensation, state unemployment and employer's cost for benefits such as hospitalization.	
3. <u>Contract services/professional fees</u> Identify consultants and anticipated costs individually. Describe purpose of the consultant/contract services.	
4. <u>Supplies, printing, postages</u> Explain how estimates and anticipated usage was calculated.	
5. <u>Rent/Utilities</u> Explain how costs were calculated.	
6. <u>Travel/related expenses</u> Identify travelers, numbers, dates of trips, destinations, forms of transportation and accommodation. Indicate how estimates were calculated.	
7. <u>Other</u> Please list specifics and explain how estimates were calculated.	

PLEASE NOTE: When completing this form, please be sure to complete all line items. If a particular item is not applicable to your budget, mark the item N/A.

BUDGET FORM

Organization name:		
Organization's total annual budget: \$		
Name of Program:		
INCOME	Total Program Budget Income	Include the \$ amount requesting from THRIVE in this column.
Canton City Health Department/Canton Stark Co. THRIVE		
Client fees <i>(if applicable)</i>		
Foundations <i>(if applicable)</i>		
Fundraising events and products <i>(if applicable)</i>		
Individual donations <i>(if applicable)</i>		
Government grants		
United Way		
Other <i>(please list)</i>		
A. TOTAL	\$ -	\$ -
EXPENSES	Total Program Budget Expenses	Please list the portion of each line item that you are requesting from THRIVE in this column
1. Salaries and wages		
2. Payroll taxes and benefits		
3. Contract services/professional fees		
4. Supplies, printing, postage		
5. Rent/utilities		
6. Travel/related expenses		
7. Other <i>(please list)</i>		
B. TOTAL	\$ -	\$ -
NET (A. minus B.)	\$ -	\$ -