

## **Improving Independence among People with Disabilities Request for Proposals**

### **Overview of UnitedHealthcare**

UnitedHealthcare helps people live healthier lives by providing access to high quality, affordable health care. UnitedHealthcare Community Plan of Wisconsin serves more than 160,000 members in 61 counties throughout Wisconsin. We offer healthcare coverage to eligible adults and children through Badger Care Plus, Badger Care SSI and dual special needs plans. UnitedHealthcare Community Plan is committed to promoting healthy living within the communities that we serve. To learn more, visit [uhcommunityplan.com](http://uhcommunityplan.com).

### **Program Description**

People with disabilities face unique challenges when it comes to their health and independence. Barriers include finding and maintaining employment, securing housing that meets needs and is within budget, and managing their disability along with other health conditions. Working-age people in Wisconsin with a disability are half as likely to be employed, and are more likely to report poorer overall health, smoking and physical inactivity and higher rates of stress and depression. To address this issue, UnitedHealthcare anticipates awarding 3-5 program or project grants to nonprofit organizations, Federally Qualified Health Centers, or public agencies/units of government working to improve independence for residents with disabilities in Wisconsin. The grants will likely range from \$20,000 to \$30,000 each. The funding amount and number of grants will be determined following review of the proposals submitted.

### **Background**

In August 2016 UnitedHealthcare Community Plan of Wisconsin staff identified improving independence for people with disabilities as a key issue for improving their health. To address this topic, UnitedHealthcare staff gathered stakeholders from local nonprofits, faith-based organizations, public health, and medical facilities. Understanding the complexity of the challenges faced by people with disabilities, UnitedHealthcare is working toward bringing forward ideas that promote the union of practices, knowledge, skills, and resources that health and social services organizations can provide.

UnitedHealthcare Community Plan of Wisconsin hosted brainstorming sessions in Plover and Milwaukee December 5-6, 2016. During these sessions, UnitedHealthcare staff and 39 participants, including representatives from local nonprofits, faith-based organizations, public health, and medical facilities:

- Discussed the source and impact of independent living for people with disabilities
- Determined goals and values for addressing the issue
- Brainstormed strategies and opportunities for collaboration to address the issue

Participants agreed that addressing this issue is important. Particularly at risk are people with a disability who also have undiagnosed/untreated mental health issues or significant behavior challenges, individuals who are on the cusp of eligibility for services or who lose eligibility, and people with multiple diagnoses. Contributing factors include access (transportation, services, providers, consumer awareness of services) and workforce crisis (wages, benefits, number of workers, training, retention, best practices). UnitedHealthcare used information from these sessions to create this funding opportunity.

### **Goals and Values**

The goal of these grants is to improve independence for people with disabilities in Wisconsin using unique practices based on critical thinking, best practices, or established theories. Throughout this process, UnitedHealthcare will support efforts that promote integrity, compassion, relationships, innovation, and performance. In addition to these goals and values, UnitedHealthcare will place an emphasis on efforts that are inclusive of people with disabilities in solution development, are relational versus transactional, and support self-direction.

### **Priorities and Representative Programming**

Funding will be provided to programs and one-time projects for up to 12 months. Programs and projects must meet at least one of the following priorities:

- Ensure equal access to long-term services and supports for people with disabilities to:
  - Live independently, earn a living through integrated employment, interact with others with and without disabilities
  - Promote positive behavioral supports including communication and interaction
  - Travel independently with accessible transportation options
- Provide family support, including education to families on alternatives to traditional models, family-led future planning, and opportunities for families learn from each other and network to share information on systems, resources, and advocacy
- Pilot technology for health (apps, texts, etc.) that help with social isolation, connection to medical providers

Successful programs and projects will incorporate identified goals and values.

### **Eligibility Requirements**

Grants are available to 501(c)3 organizations, FQHCs, and public agencies/units of governments in Wisconsin. Applicants that do not have one of these statuses may apply in partnership with one of the organizations listed above as the lead organization.

### **Selection Criteria**

See pages 10-11.

### **Program Timeline**

Jan 25	RFP Release
Feb 1 and 3	Optional Informational Webinar
March 10	Proposals due
By May 31	Award notification
July 2017	Programs or Projects Start
Jan 2018	Interim activities and finance report due
July 2018	Final activity and finance report due

### **Proposal Requirements**

Proposals must be submitted electronically in Microsoft Word to [communitygrants@uhc.com](mailto:communitygrants@uhc.com) by 5:00 PM CT on March 10. Proposals are limited to 8 pages including the proposal cover sheet (1 page), narrative (5 pages), and budget (2 pages). Information included beyond the page limit will not be considered and may result in an automatic point deduction.

Attachments are exempt to page limitations and must include:

- Most recent audited financial statements
- Authorization from top leadership to pursue the funding opportunity
- IRS determination letter, if 501(c)3 or documentation of status as a public entity/unit of government
- Memorandum of understanding (as needed)

Proposals may also include no more than two letters of support. Submissions must be single-spaced, have 1” margins on all sides, and a font size no less than 12 pt. Any information submitted beyond the narrative, budget, and noted attachments will not be considered. Proof of general liability and directors and officers insurance will be requested from finalists.

UnitedHealthcare is able to accept emails that are 7MB or less in size. Please submit multiple emails if the Proposal and attachments are larger than 7MB. Note the need for multiple emails in the subject line (e.g., Proposal, Organization Name, email 1 of 2).

## Grant Application Cover Sheet

### ORGANIZATION INFORMATION

<i>Name of organization</i>	<i>Legal name, if different</i>		
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i>	<i>Fax</i>	<i>Employer Identification Number (EIN)</i>	
<i>Website</i>	<i>Facebook</i>	<i>Twitter</i>	
<i>Name of top paid staff</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
<i>Name of contact person regarding this application</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>

Which classification best describes your organization?      501(c)3      FQHC      Public Agency/Unit of Government

### PROPOSAL INFORMATION

Please give a 2-3 sentence summary of request including population and geographic area served:

Funds are being requested for (check one):

One-time project     Start-up program support     Ongoing program support

Project dates (if applicable): \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

### BUDGET

Dollar amount requested:	\$ _____
Total annual organization budget:	\$ _____
Total program budget:	\$ _____

## Grant Application

<b>PROPOSAL NARRATIVE (MAXIMUM 5 PAGES)</b>
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### I. Organization Information

- A. Describe your organization’s history, including date established.
- B. What are your organization’s mission and goals?
- C. Describe current programs or activities, including service statistics, strengths, and accomplishments.
- D. Who does your organization partner with to accomplish its mission?
- E. Provide the number of full-time paid staff, part-time paid staff, and volunteers.

### II. Situation

- A. Describe the community your proposal addresses.
- B. Which community opportunities, challenges, issues, or needs related to the identified topic does your program address?
- C. How did your organization decide to focus on the situation described?

### III. Activities

- A. What are your goal(s) for addressing the situation described above?
- B. Describe the activities you want UnitedHealthcare to fund using the form below. See examples on page 8.

MONTH	ACTIVITY	FREQUENCY/ DURATION	# SERVED	STAFF RESPONSIBLE

- C. In addition to receiving services, how will you include the target population in the program?
- D. Describe the qualifications of program staff including any external partners. (Use form.)

<b>NAME:</b>	<b>TITLE:</b>
<b>QUALIFICATIONS:</b>	

- E. Describe how your project or program is consistent with the goals and values identified by UnitedHealthcare for this funding opportunity.

### IV. Evaluation

- A. What SMART (specific, measurable, actionable, realistic, and time-sensitive) outcomes do you hope to achieve in the 12-month funding period? (Use form, examples on page 8.)

ACTIVITY OUTCOMES	CONSUMER OUTCOMES

- B. How will you collect the data you need to measure results?
- C. How will you analyze the data?
- D. What will you do with your evaluation results?
- E. Describe how your proposed outcomes are consistent with those identified in this funding opportunity.

## Grant Application

### ORGANIZATION BUDGET

#### INCOME

<b>Source</b>	<b>Amount</b>
Government support	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
Earned income	\$
Other (specify)	\$
_____	\$
_____	\$
_____	\$
<b>Total Income</b>	<b>\$</b>

#### EXPENSES

<b>Item</b>	<b>Amount</b>
Salaries and wages	\$
Insurance, benefits and other related taxes	\$
Consultants and professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing and copying	\$
Telephone and fax	\$
Postage and delivery	\$
Rent and utilities	\$
In-kind expenses	\$
Depreciation	\$
Other (specify)	\$
_____	\$
_____	\$
<b>Total Expense</b>	<b>\$</b>
<b>Difference (Income less Expense)</b>	<b>\$</b>

## Grant Application

### PROGRAM BUDGET

Add \* to any expenses that will be shared with partners. UnitedHealthcare will not fund indirect costs. If you have a question about whether a cost is allowable, please contact [communitygrants@uhc.com](mailto:communitygrants@uhc.com).

#### INCOME

Source	Amount
<i>Support</i>	
Government grants and contracts	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
Earned income	\$
Other (specify)	\$
	\$
<b>Total Income</b>	<b>\$</b>

#### EXPENSES

Item	Amount	FTE
Salaries and wages (breakdown by individual position and indicate FTE.)	\$	
	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
		<b>Unit Cost</b>
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
<b>Total Expense</b>	<b>\$</b>	
<b>Difference (Income less Expense)</b>	<b>\$</b>	

## Grant Application

<b>ATTACHMENTS</b>
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1. Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
2. IRS determination letter, if 501(c)3 or documentation of status as a public entity/unit of government
3. Statement from the top leadership of your organization indicating authorization of your application.
4. No more than two letters of support. One letter may be a reference from a previous or current funder.
5. Memorandum of understanding from any project or program partners

*Note: UnitedHealthcare will require proof of general liability and directors and officers insurance and may require additional information from applicants during the grant making process.*



## Grant Application

<b>EXAMPLES</b>
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The following are examples of how to complete the tables in the proposal narrative. It is not meant to suggest a specific program.

MONTH	ACTIVITY	FREQUENCY/ DURATION	# SERVED	STAFF RESPONSIBLE
<i>Jan-Mar</i>	<i>Recruit and provide meals for 150 people at 3 monthly Family Eat Healthy events. Screen for food insecurity</i>	<i>3 two-hour events</i>	<i>450</i>	<i>H. Smith</i>
<i>Mar-Sep</i>	<i>Conduct 16 family nutrition education sessions for 30 people each. Provide materials and supplies.</i>	<i>1 two-hour session/month</i>	<i>320</i>	<i>M. Hamilton</i>
<i>Mar-Dec</i>	<i>Purchase and distribute annual park passes to families who have successfully completed education sessions.</i>	<i>One time</i>	<i>275</i>	<i>H. Smith M. Hamilton</i>
<i>Dec</i>	<i>Conduct 2 Train the Trainer sessions for 10 people each. Provide materials and supplies.</i>	<i>2 two-hour sessions</i>	<i>20</i>	<i>H. Smith M. Hamilton</i>

<b>NAME:</b> <i>Ex: Jane Doe</i>	<b>TITLE:</b> <i>Ex: Clinic Nurse</i>
<b>QUALIFICATIONS:</b> <i>Ex: 10 years of experience in maternal health. Registered nurse. BS in Nutritional Science from City University.</i>	

ACTIVITY OUTCOMES	CONSUMER OUTCOMES
<i>Ex: 80% of 450 participants will be screened for food insecurity.</i>	<i>Ex: 75% of 330 participants referred for food services will make their appointments.</i>
<i>Ex: 90% of 360 participants with a positive food insecurity screening will be referred to an appropriate provider.</i>	<i>Ex: 80% of 320 nutrition education participants will increase their knowledge of nutrition and healthy food preparation.</i>
	<i>Ex: 80% of 20 Train the Trainer participants will be qualified to teach family nutrition education sessions.</i>

## Grant Application

### PROGRAM BUDGET EXAMPLE

Add \* to any expenses that will be shared with partners.

<b>Source</b>	<b>INCOME</b>	<b>Amount</b>
<i>Support</i>		
Government grants and contracts		\$
Foundations		\$15,000
Corporations		\$20,000
United Way or other federated campaigns		\$
Individual contributions		\$5,000
Fundraising events and products		\$
Membership income		\$
In-kind support		\$
Investment income		\$
Earned income		\$
Other (specify)		\$
		\$
<b>Total Income</b>		<b>\$40,000</b>

<b>Item</b>	<b>EXPENSES</b>	<b>Amount</b>	<b>FTE</b>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)		\$	
H. Smith (\$45,000 salary)		\$22,500	0.5
M. Hamilton (\$45,000 salary)		\$22,500	0.5
		\$	
		\$	
<b>SUBTOTAL</b>		<b>\$45,000</b>	<b>1.0</b>
			<b>Unit Cost</b>
Insurance, benefits, related taxes (20% of salary)		\$9,000	20%
Consultants and professional fees		\$0	
Travel (20 miles per FTE per month)		\$68	\$0.56/mile
Equipment (\$200 per FTE per year)		\$200	
Supplies (\$200 per FTE per year)		\$200	
Printing & copying (\$5 per education class student)		\$1,745	340 students
Postage and delivery		\$0	
Rent and utilities (\$100 per FTE per month)		\$1,200	
In-kind expenses		\$0	
Depreciation		\$0	
Other Park Passes (\$10 per participant)		\$2,750	275 participants
Family Eat Healthy meals (\$4 per participant)		\$1,800	450 participants
<b>Total Expense</b>		<b>\$61,963</b>	
<b>Difference (Income less Expense)</b>		<b>\$-21,963</b>	

## Grant Application

### PROPOSAL REVIEW CRITERIA

#### I. Organization Information (25 points)

1. The organization's history and size are sufficient to meet program/project demands.
2. The organization has been successful offering similar programs.
3. The organization maintains appropriate partnerships to accomplish its mission.
4. The organization demonstrates an ability to support funding opportunity goals and values.

#### II. Situation (15 points)

5. The application clearly describes the community the proposal addresses including demographic and socioeconomic information.
6. The community to be addressed is consistent with the funding opportunity.
7. The application clearly describes the opportunities, challenges, issues, or needs the program addresses including local and agency statistics.
8. Opportunities, challenges, issues, and needs described are relevant to the target population and funding goals.
9. The application demonstrates an understanding of and sensitivity to the target population's needs, strengths, and capabilities.
10. Various stakeholder groups (e.g., board, staff, clients, partners, community members) determined the situation to be addressed.

#### III. Activities (30 points)

11. The application clearly describes goals and values to address the situation identified that are consistent with those identified in the funding opportunity.
12. The application clearly describes activities that are consistent with the funding focus, goals, values, priorities, and representative programming.
13. Proposed activities are unique and based on assumptions, best practices, or theory.
14. The type, number, and frequency of activities are likely to achieve identified goals and outcomes.
15. Staff and partners demonstrate the qualifications appropriate for program success.
16. The application presents an adequate Memorandum of Understanding for any proposed partnerships.
17. The proposal engages the community/stakeholders broadly through partnerships, advisory groups, or other engagement mechanisms.

#### IV. Evaluation (15 points)

18. Immediate outcomes are specific, measurable, actionable, realistic, and time-sensitive.
19. Long-term effects are consistent with immediate outcomes.

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20. The application describes a plan to collect the data needed to measure success including data gatherers, collection instruments, and time frames.
21. The data collection plan is appropriate for the target population.
22. Various stakeholder groups (e.g., board, staff, clients, partners, community members) will participate in data analysis.
23. The application describes how the organization will utilize evaluation results to improve programming and generate support.

## **V. Budget (15 points)**

24. Expenses described in the budget are consistent with proposed activities.
25. The proposed budget clearly states the funds that will be given to identified partners.
26. The proposed budget is appropriate for meeting program needs.
27. The budget clearly describes how expenses were calculated.
28. The program budget is reasonable given the organization's overall operating budget