

Northwestern Medicine Community Benefit Grant Program Grant Cycle: September 1, 2019 – August 31, 2020

Dear Nonprofit Community Partner:

Thank you for your interest in the Northwestern Medicine Community Benefit Grants program.

The purpose of the Northwestern Medicine Community Benefit grants is to provide financial assistance to designated nonprofit organizations, governmental or public entities who are working to address identified community health priorities based on their local community health needs assessments, and/or community health improvement plans.

Are you eligible to apply for a Northwestern Medicine Community Benefit grant?

Review this checklist to determine:

- Community based organization with a 501(c) (3) federal designation; or an organization being provided fiscal agent oversight by an established community based organization with such designations; a school or government agency.
- Primarily serve residents of Northwestern Medicine primary service areas of DuPage or Kane counties.
- The program for which you seek funding must address one of the **Northwestern Medicine's Priority Needs** (Access to Healthcare, Chronic Disease, Mental Health and Substance Abuse)
- Funded organizations will be required to submit a mid-year report on February 28, 2020 and a final written report, describing progress toward project goals and outcomes achieved, by September 30, 2020

Note: Northwestern Medicine is under no obligation to actually award or provide financial assistance to any or all of the applications (whether supported in the past or not), and that all decisions and determinations regarding this program are solely reserved to that of Northwestern Medicine.

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Northwestern Medicine Community Benefit Priority Needs

The program for which you seek funding ***must address one or more of these three priority needs***. Your agency headquarters does not have to be in DuPage or Kane County, however the programs for which you seek funding must be provided within the Northwestern Medicine primary service areas of DuPage and Kane counties.

1. **Access to Healthcare:** Decrease the number of residents in the Northwestern Medicine Central DuPage and Delnor Hospital primary service area that indicate they lack insurance or face other financial obstacles to obtaining timely access to care.
2. **Chronic disease:** Reduce the prevalence and burden of chronic disease, related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), evidenced-based secondary interventions (screenings) and evidenced-based tertiary interventions (education to individuals affected by a chronic disease in an effort to promote an optimum state of individual wellness).
3. **Mental health and Substance Abuse:** Invest resources and work collaboratively with community alliances to promote and support mental health and substance abuse programs.

Funding Levels

For the fiscal year 2020, grants up to \$15,000 will be awarded from an available pool of \$100,000.

- NEW - Funding can ONLY be used for direct costs to the program (ex. program supplies and materials, equipment, training, tuition for participants). Funding cannot be used indirect expenses (ex. facilities, administration, salary).

We look forward to working with you to meet the priority needs in DuPage and Kane County. Thank you for your commitment to your community!

Proposal Deadline and Award Announcement

Proposals Due: Friday, June 14, 2019, no later than 5 pm

Submit proposals via USPS or Electronically to:

Northwestern Medicine
Community Health Services: CB Grant Program
Attn: Karin Podolski
300 Randall Road
Geneva, IL 60134
Or
karin.podolski@nm.org

Funding Announcements: Mid-August

**Northwestern Medicine Community Benefit Grant Program
Grant Cycle: September 1, 2019 – August 31, 2020**

Proposal Submission Instructions

Incomplete proposals will not be considered for funding. ***To be considered a complete proposal, you must include the documents provided in this packet.*** Do not send additional attachments (other than proof of 501(c)3 status and list of board members), as they will not be reviewed.

Mail by US Postal, any mailing services or electronically (no walk-ins) of your proposal packet, received no later than **Friday, June 14, 2019, no later than 5 pm to:**

Northwestern Medicine
Community Health Services: CB Grant Program
Attn: Karin Podolski
300 Randall Road
Geneva, IL 60134
Or
karin.podolski@nm.org

Note: Proposals not provided in this way and by this deadline will not be considered. Verbal requests will not be accepted.

Proposal Checklist

You are not required to provide this checklist with your proposal. It is provided for your reference.

Your proposal MUST contain:

- Proposal Cover sheet that is provided in this packet (1 page)
- Project Narrative (not to exceed 3 pages)
- Project Budget (1 page and narrative)
- List of Board members: Name, position on board, and business/community affiliation
- Attach proof of 501(c)3 status

**Northwestern Medicine Community Benefit Grant Program
Grant Cycle: September 1, 2019 – August 31, 2020**

Proposal Cover Sheet

Name of Organization (Lead Agency)		
Program Contact Name: Email: Phone:		
Organization's Mailing Address: Fax: Website URL:	Program Name: Amount Requested:	
Type(s) of clients to be served: (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Youth <input type="checkbox"/> Women <input type="checkbox"/> Adult <input type="checkbox"/> Families <input type="checkbox"/> Homeless <input type="checkbox"/> Underserved <input type="checkbox"/> Veterans 	Priority area(s) addressed: <ul style="list-style-type: none"> <input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Mental Health and Substance Abuse <input type="checkbox"/> Chronic Disease 	Counties to be served: <ul style="list-style-type: none"> <input type="checkbox"/> DuPage County <input type="checkbox"/> Kane County Number of unduplicated clients to be served:

Submission Signature and Verification of Information:

The information provided in this proposal is accurate and complete. I am responsible for the implementation of activities proposed in this funding request, and am a key point of contact for questions about this proposal.

Signature

Printed Name

Northwestern Medicine Community Benefit Grant Program
Grant Cycle: September 1, 2019 – August 31, 2020

Proposal Narrative Instructions

Organizational Information

- **Briefly** describe your organization: mission, vision, programs, and services.
- Describe any collaborative partners who will work with you on this program.
- Share your organization's experience/expertise that will uniquely position you for success.

Proposed Program

- Explain your proposed program's goal and **how the program will address one or more of the priority needs** (Access to Healthcare, Chronic Disease, Mental Health and Substance Abuse).
- Tell us specifically **whom you will serve, how many you will serve, and when and where** your program will operate.
- **Describe the clients that will be served by the program and their need for the program.** For example, if the program's goal is to lower the obesity rate in DuPage County provide data on DuPage County Obesity rate rather than just for Illinois or the United States.
- **Describe the program objectives.** When writing your objectives, keep in mind we are looking for what **specific steps** that will be taken so the program will achieve the program's goal and address the priority needs.
- Is this project evidence-based or has the program been previously run either in your organization or somewhere else? **If yes**, share what outcomes the program has achieved.

Program's Measureable Outcomes

- What measurable **outcomes** will you be tracking in your program? Keep in mind we are looking for **outcomes that measure the benefits or changes for participants during and/or after participating in your program** (for example: new knowledge gained, increased skills learned, change in attitudes, modified behavior, improved lifestyle choices). **Only programs with measurable outcomes will be considered for funding.**
- What evaluating method are you using to measure progress towards achieving those outcomes? (Ex: Survey questions, pre and post tests, changes in health indicators).
- **A final report on progress toward project goals, objectives and outcomes achieved, will be required to be submitted by September 30, 2020**

Program's Sustainability

- Tell us how this program will continue in the future.

Program Budget Instructions

Budget and Budget Narrative:

- Note that funding levels for the fiscal year 2020, grants up to \$15,000 will be awarded from an available pool of \$100,000.
- **NEW - Funding can ONLY be used for direct costs to the program** (ex. program supplies and materials, equipment, training, tuition for participants). Funding cannot be used for indirect expenses (ex. facilities, administration, salary).
- Provide a program budget and a narrative of how the **grant money will be utilized** for the program.
- It is important that the program budget, and the narrative, **clearly define which budget items will be covered by the NM Community Benefit grant**.
- Be sure to explain any additional resources being applied to this program (any sources of other funding, including in-kind services).