Riverside Community Health Foundation

**Integrated Health Initiative to Reduce Disparities in Physical and Behavioral Health
(IHI)**

**REQUEST FOR PROPOSALS
(RFP)**

Release Date: August 21, 2018

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SECTION 1. Statement of Purpose and Background Information

Riverside's nonprofit sector has long played a critical role in community life. There are many organizations and associations that provide services to meet an extraordinary range of health and human needs. Perhaps more than any other segment of philanthropy, health philanthropy has emerged over the past three decades with a diverse set of foundation operating structures and grant-making styles. Beginning in the 1980's, a number of new health foundations were created when nonprofit health care organizations converted to for-profit status.

Riverside Community Health Foundation (RCHF) was founded in 1997 out of the sale of Riverside Community Hospital, which transitioned from a nonprofit to a for-profit hospital in the late 1990s. This transfer of assets was overseen by the Office of the State Attorney General. Per this transaction, the Articles of Incorporation were amended requiring that charitable expenditures made from the trust must adhere to: no less than 55% of the expenditures to be made for inpatient care, no more than 42.5% of the expenditures to be made for outpatient care, and no more than 2.5% of the expenditures to be made for health education. The final requirement was that all expenditures are required to benefit residents within specific Riverside zip codes that formerly comprised the majority of the hospital's primary service area.

RCHF had the privilege of becoming the stewards of the endowment left by the sale of the hospital and has since worked to expand access to affordable, quality healthcare services – namely serving the underinsured and uninsured populations in Riverside. In many ways, RCHF is a hospital without walls, bringing health education and prevention programs into the community for little to no cost.

RCHF, which manages the now $100 million in total assets, changed its mission from hospital-focused to a mission of improving the health and well-being of the community, which means that grant-making and operational programs are to benefit the community. RCHF has been able to maintain a fairly consistent funding amount for grants at approximately $2 million annually.

Since 1997, the RCHF has focused on the broader health implications of children and families without health insurance, and lacking access to primary health care. With this focus, the Foundation has established three clinics and various health education and promotion programs in the community. RCHF provides approximately 140,000 interventions annually through its clinics and programs in the City of Riverside and the City of Jurupa Valley, the vast majority being uninsured and underserved.

RCHF has learned that nonprofit organizations play a pivotal role in advancing far-reaching health and social change. Many of these organizations depend on Foundation dollars to do this critical work. These partnerships allow the RCHF to leverage its funds in meeting the needs of the community. Each year RCHF has had the opportunity to award grants to an average of 25 agencies totaling about $1.5 to $2 million to address the health needs of Riverside and Jurupa Valley communities.

From 1997 through 2016, RCHF invested more than $50 million in grants and programs in the Cities of Riverside and Jurupa Valley to provide access to care for the uninsured and underserved. RCHF has provided over 1,180,000 health interventions while securing, in partnership, over $12 million in outside funding.

SECTION 2. Funding Guidelines and Restrictions

2.1 RCHF Endowment Funding

Must support projects/programs and activities that provide outpatient care and health education.

Must benefit individuals who reside in specific zip codes (92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92518, 92521, 92522, 91752) within the cities of Riverside and Jurupa Valley.

2.2 Stebler Funding

The Foundation is fortunate to receive 35% of the Fred and Eva Stebler trust for distribution in the community. This donor advised fund caries the following restrictions: funds must be used for the treatment and care of low-income and indigent minor children who are residents of the County of Riverside who are not otherwise qualified or eligible to receive treatment and care of the County of Riverside and/or the State of California.

2.3 Use of Funds

Requests may be made for one fiscal year of funding (Funding Year: December 1, 2018 – November 30, 2019).

First year grantees may apply for a second year of funding (Funding Year: December 1, 2019 – November 30, 2020).

Indirect costs must not exceed 15% of the project budget.

Funds may not be used to fund:

- Annual fund drives (i.e. membership drives, dinner, benefits, food or clothing drives)
- Individuals
- Scholarships or fellowships
- Food distribution/feeding programs
- Research that does not have a direct application to implementing a community-driven health intervention
- Media projects (film, television, radio, website, PSAs) that are not part of a broader project or strategy
- Political campaigns, voter registration drives or lobbying for specific legislation;
- Endowments

- ▪ Capital funding for the purchase, construction or renovation of any facilities or other physical infrastructure
- ▪ Operating deficits or retirement of debt
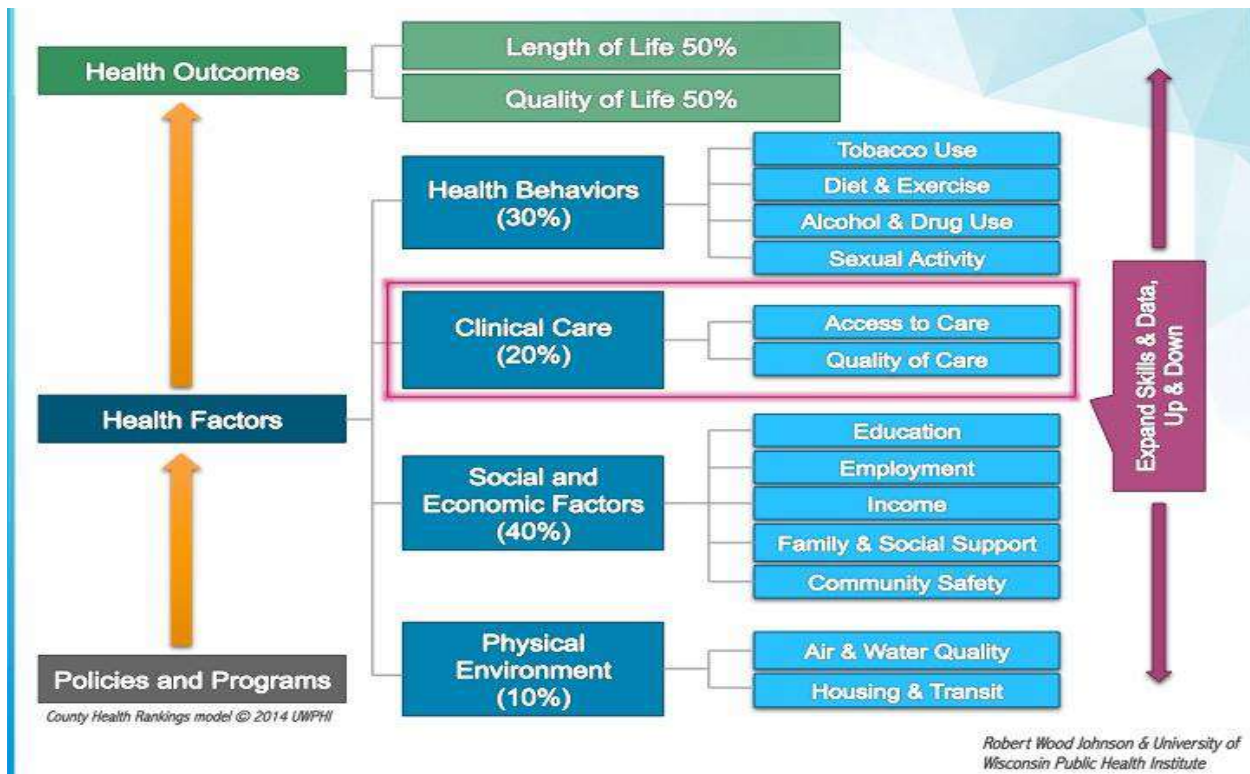
SECTION 3. Program Focus Areas

For the year 2017, RCHF temporarily suspended its regular grants program in order to gain insight on the community's greatest health needs and adjust the Foundation's priorities and strategies to align accordingly. RCHF used this period to engage in a community assessment, gather input from community stakeholders, scan existing Riverside area initiatives, and engage in dialogue about opportunities for improving effectiveness and defining areas of focus.

Through this process, the Foundation has identified three priority funding areas for its grantmaking program:

1. Heart Disease and Stroke;
2. Diabetes; and
3. Behavioral Health (including mental health and substance use).

With a mission of improving the health and well-being of our community, RCHF is committed to providing access to quality healthcare and education for all. We believe that healthy and happy individuals lead to thriving communities, so we are passionate about creating and funding innovative programs that take an integrated approach to health and well-being and, in doing so, improve the quality of life for all.

RCHF looks to fund innovative programs to address these priority areas for the Riverside and Jurupa Valley communities by supporting best practices and promoting change through clinic and community collaboration. The purpose is to improve care coordination and integration with healthcare and behavioral health professionals through formal community partnerships and referrals. The intent is to seek greater impact on populations who have or are at risk of pre-diabetes, diabetes, heart disease, stroke, and mental/behavioral health challenges. We view these programs as the extended hands of RCHF. Through this collective effort, we expect a decrease in health disparities and an increase in patient care, satisfaction and community resources. This collective effort is demonstrated through the social determinants of health approach which connects the clinical and community aspects. *The definition and use of social determinants is illustrated in the diagram below.*

County Health Rankings model © 2014 UWPHI

Robert Wood Johnson & University of Wisconsin Public Health Institute

"Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins." **(Healthy People 2020 – Understanding Social Determinants of Health;** https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health**)**.

3.1 Pre-Diabetes and Type 2 Diabetes

According to the Centers for Disease Control and Prevention (CDC), more than 84 million US adults have prediabetes, defined as having above the normal levels of blood sugar content but not yet reaching a diabetes diagnosis. For those with prediabetes, there is an increased risk of contracting type 2 diabetes, heart disease, and stroke.

Over the last 20 years the number of people diagnosed with diabetes has continued to be on the rise in the United States. Over 30 million Americans are now living with diabetes and an increased risk of its complications as well as other conditions such as heart disease and stroke.

In Riverside County, the numbers of those with diabetes increased by 44% from 2013 to 2015 and is the 7th leading cause of death in Riverside County according to a report from the Riverside University Health Systems data. Diabetes has been found to be more prevalent among African American populations.

It is critical that we work together to address the impact of diabetes in our communities. The impact is not limited to the physical health condition, but also economic impact on those with diabetes, families, employers and the health care system. According to the CDC, those with diabetes spend an average of $16,750 annually, double the amount in medical expenses than those individuals without diabetes.
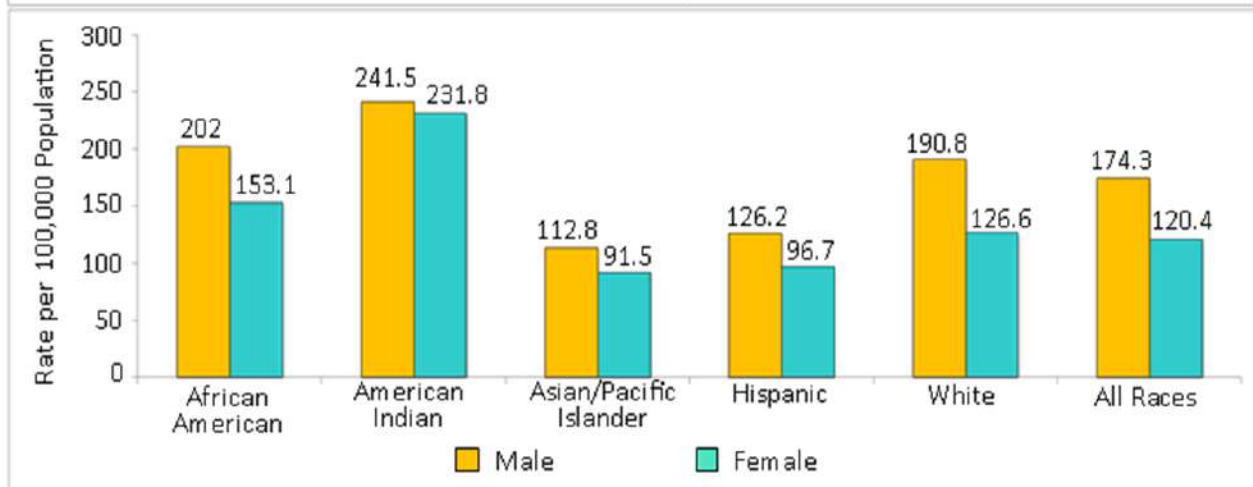
3.2 Heart Disease and Stroke

The number of people affected by heart disease and stroke continues to increase across the United States. According to the Centers for Disease Control, when looking at the primary causes of death in the United States, heart disease and stroke lead the way among women and men across all racial and ethnic groups. In addition, sudden cardiac deaths have increased among those younger than age 35.

Heart disease and stroke can be mostly prevented. As is with diabetes, the costs of these conditions are high including those who need treatment in the early stages or early onset, as well as those seeking emergency treatment for cardiac issues, and those who have already had a cardiac episode.

In Riverside County, one out of every four deaths are caused by heart disease, making it the leading cause of death, according to a report from the Riverside University Health System. Further data from this report tells us that in Riverside County males have a higher mortality rate than women (44% higher) and are highest among those 85 years and older.

The American Heart Association (AHA) recommends implementing various health promotion and prevention strategies targeting all ages, and in a variety of settings to reach the largest populations possible and those at higher risk.   AHA further recommends strategies that include a focus on social and environmental conditions that promote a healthy lifestyle and behavior change at the individual level to minimize and prevent risks for heart disease and stroke. Lastly, the AHA recommends strategies that provide timely access to quality health services.

Age-Adjusted Heart Disease Mortality Rate by Race/Ethnicity and Sex, Riverside County, 2015

Race/Ethnicity	Male	Female
African American	202	153.1
American Indian	241.5	231.8
Asian/Pacific Islander	112.8	91.5
Hispanic	126.2	96.7
White	190.8	126.6
All Races	174.3	120.4

Rate per 100,000 Population

Five Leading Causes of Death by Race/Ethnicity, Riverside County 2015

Ranking	1	2	3	4	5
African American	Heart Disease	Cancer	Stroke	Diabetes	Alzheimer's Disease
Asian/PI	Cancer	Heart Disease	Stroke	Diabetes	Alzheimer's Disease
American Indian	Heart Disease	Cancer	Unintentional Injuries	Lung Disease	Stroke
Hispanic	Cancer	Heart Disease	Unintentional Injuries	Stroke	Alzheimer's Disease
White	Heart Disease	Cancer	Lung Disease	Alzheimer's Disease	Stroke
Riverside County	Heart Disease	Cancer	Alzheimer's Disease	Lung Disease	Stroke

3.3 Behavioral Health (Mental Health and Substance Use)

Over the last several years, the Foundation has seen an increase in need and requests for behavioral health services in the cities of Riverside and Jurupa Valley. According to Mental Health America 18% of adults across the United States has a mental health condition with increasingly alarming rates among youth. There are many challenges in addressing behavioral health. Some of the challenges include insufficient or no treatment, lack of early identification and intervention of conditions, a shortage of mental health professionals, and the need for an integrated approach.

For example:

- Depression: severe depression increased from 5.9% in 2012 to 8.2% in 2015 with 76% of youth having no or insufficient treatment
- Access to care: 56% of American adults with a mental illness do not receive treatment.

According to data collected through Mental Health America, in addressing behavioral health conditions it is important to address the root cause and develop positive coping and resiliency skills among children and youth to deal with life's challenges and the many obstacles and difficult situations they face including community violence, abuse and neglect, exposure to drugs, immigration issues, bullying, among others.

Suicide

In Riverside County, suicide and attempted suicide are one of the highest needs among mental health issues. Between 2009 and 2103 there were 1,136 suicides with the highest rates among older adults, and more specifically older adult men. Data indicates that although more men die from suicides, women of all ages have higher hospitalization rates for attempted suicide. Attempted suicides however, are higher among younger populations and it is estimated that there are 25 suicide attempts for every suicide death. Raising awareness about the risk factors for suicide can assist in reducing suicide rates and providing treatment for those who need it. Some of the risk factors are depression, physical and mental illness, alcohol and substance use, traumatic events, high stress life events, and loss. Strategies to reduce suicides and suicidal behaviors require early recognition of the risk factors, intervention, and treatment.

Overdose and Opioids

Deaths from overdose remain a critical community concern with increasing use of opioids as pain relievers, and the usage of these pain relievers for non-medical uses, according to a report from the Riverside University Health System, Public Health. In Riverside County, between 2006 and 2015 there was a 51.8% increase of deaths from overdose, far surpassing the rates for both the United States at 33.9% increase and California with a 14.8% increase.

These unintentional deaths from overdose in Riverside County, impact all races with whites increasing the most (91%), followed by American Indian Alaskan Native (47%), Hispanics (52%), and Blacks (30%). An average of 2 deaths occurred every week from 2011 to 2015 due to an overdose involving an opioid. In 2015, one of every overdose involved the use of heroin.

Sources:
Centers for Disease Control https://www.cdc.gov/diabetes/basics/prediabetes.html
Centers for Disease Control https://www.cdc.gov/nchs/data/hus/hus16.pdf
Chronic Disease in Riverside County: Riverside University Health System-Public Health, Salomeh Wagaw, MPH - Epidemiologist
American Diabetes Association: http://diabetes.org/
American Heart Association: https://healthyforgood.heart.org/
American Stroke Association, Reducing the Risk:
http://www.strokeassociation.org/STROKEORG/AboutStroke/UnderstandingRisk/Understanding-Stroke-Risk_UCM_308539_SubHomePage.jsp
RUHS – Public Health Brief: Overdose and Opioid Deaths in Riverside County, February 2018
Teen and Adult Suicide in Riverside:www.rivcoph.org
Mental Health America: http://www.mentalhealthamerica.net/download-2018-state-mental-health-america-report
Mental Health America, 2017 Back to School Toolkit: http://www.mentalhealthamerica.net/back-school

SECTION 4. Scope of Work

The applicant should list specific duties to be performed and the expected outcomes. Include a detailed listing of responsibilities, any limitations, and challenges. Include references to evidence-based and/or promising practices methods.

Refer to the Scope of Work Template provided.

The following components should be included in the Scope of Work:

- **Project Goal**: Develop one or two overall goals that capture the intent of the grant application
- **Project Objectives**: for each goal, develop no more than three objectives that are *specific, measurable, achievable, realistic, and time-based*.
- **Project Activities**: Activities describe the steps that are necessary to meet the program objective (i.e. plan and hold three screening fairs)
- Person responsible and time frames should be provided for each activity
- **Evaluation/Performance Measures**: For each activity, include ideas/recommendations for the process (i.e. sign in sheets) and impact measures conducive to your target audience (i.e. pre/posttests, interviews, surveys). Be sure to include staff responsible for data collection and data entry. **NOTE** – The evaluation plan will be finalized after the orientation is completed by grant recipients in the fall of 2018.

4.1 Detailed Instructions

1. Choose at least two of the three focus areas: 1) **Diabetes,** 2) **Heart Disease and Stroke**, and/or 3) **Behavior and Mental Health**.
2. Develop at least one program goal. If you choose to combine areas, please provide a goal that clearly defines the mixed focus. **Example of Mixed Focus Area -** Blood pressure control reduces the risk for diabetes complications, including cardiovascular disease and chronic kidney disease. The overall goal might be to reduce the prevalence of chronic disease in adults with mental health challenges.
3. Create 2-3 objectives per goal that align with the focus areas you've chosen.
   a. If you are planning to request funding for service to children who reside in Riverside County, but not in the cities of Riverside or Jurupa Valley, you must complete a separate objective for this target population under each goal.
4. Develop activities that will help your organization achieve the set objectives.
   a. Your activities should focus on care management services and should be supported by health education activities. Focused activities such as screening (includes dental and vision); nutrition therapy counseling; home visits; foot exams; and individual/family counseling are encouraged. Activities to ensure that participants have access to medical services like visits to a Primary Care Provider or psychiatrist/psychologist for assessments, treatments and follow-up are also encouraged.
5. Include proposed ideas for collecting evaluation information that will show the effectiveness of the activities included.
6. Include the staff member or partner responsible for the implementation of the activity.
7. Include the timeframe or date by which you intend to have the activity completed.

4.2 Partnerships and Collaborative Involvement

All activities should be listed in the Scope of Work attachment. This includes those activities that will be completed by partners through subcontract or independent contract agreements. Be sure to include these partnerships in the Partnerships & Collaboratives attachment. You also want to list those collaboratives and coalitions your organization facilitates or participates in that would aid in the success of this project. This reinforces the idea that it takes multiple sectors and partnerships to address the determinants of health, and therefore, health outcomes.

4.3 Resources for Project Ideas

You can click on the links below to access resources that may assist in the development of the scope of work.

- American Diabetes Association – Click Here
- American Heart Association – Click Here

- American Stroke Association – Reducing the Risk – Click Here
- Improving Chronic Illness Care: Care Coordination – Click Here

4.4 Goal Examples:

Prevent onset and improve management of chronic disease in the City of Riverside and surrounding areas. Outcomes related to this goal include:

- Development and implementation of effective programs that strengthen the community's capacity to manage and prevent chronic disease.
- Improved access to services that assist in preventing and managing chronic diseases.
- Improved proportion of patients who are regularly assessed for prediabetes, diabetes, heart disease, and behavioral/mental health.
- Improved provision of education, screening and counseling to prevent and manage pre-diabetes, diabetes, heart disease, and behavioral/mental health.
- Increased referrals and coordination between clinics and community resources and programs (clinic to community integration).
- Increased accessibility to accurate and effective medical nutrition therapy.
- Increased community knowledge of prevention and management of chronic diseases and conditions.
- Increased collaboration among clinics, agencies and organizations to provide accessible screening services geared toward the prevention and management of heart disease, stroke, and diabetes.

Sample Goal 2: Improve the quality of life for those with behavioral and mental health challenges. Outcomes related to this goal include:

- Improved maternal mental health outcomes. Improved access to up to date evidenced-based mental health information that is tailored to specific concerns of the users;
- Improved systems for referrals to care, linkage to online support, telehealth, and face to face supports;
- Accessible tools individuals can use independently to develop skills and track concerns.
- Enhanced and effective peer to peer community engagement

4.5 Objective Samples

Objective #1: By November 2019, all program staff will be trained on standardized approaches to preventing and managing diabetes.

Objective #2: By November 2019, program staff will coordinate with ABC clinic to improve the proportion of patients who are regularly assessed for prediabetes, diabetes, and/or heart disease (choose one focus per objective).

Objective #3: By November 2019, The ABC team will increase community knowledge above baseline on the prevention and management of heart disease and stroke.

Objective #4: By June 2019, The ABC team will collaborate with various organizations to increase access to mental health referrals and resources in the Riverside and Jurupa Valley communities.

Objective #5: By December 2019, community members in ABC neighborhood will increase capacity above baseline to have effective conversations with their medical or behavioral health provider.

Objective #6: By December 2019, The ABC Organization will increase the skills and confidence of 20 adult and 15 youth residents in the Jurupa Valley community to advocate for behavioral and mental health resources.

4.6 Potential Target Population for Diabetes and Heart Disease/Stroke

1. Overweight/obese youth
2. Overweight/obese adults
3. Overweight/obese adults with prediabetes
4. Overweight/Obese youth with prediabetes
5. Adults with type 2 diabetes
6. Youth with type 2 diabetes
7. Adults with high cholesterol
8. Youth with high cholesterol
9. Adults with borderline hypertension
10. Youth with a family history of hypertension and/or stroke
11. Adults with a family history of hypertension and/or stroke
12. Youth with a family history of diabetes
13. Adults with a family history of diabetes
14. Adults and/or youth in neighborhoods with low access to healthy eating opportunities
15. Adults and/or youth in neighborhoods with low access to physical activity opportunities

4.7 Potential Target Population for Behavioral and Mental Health

1. Adults with Any Mental Illness (AMI)
2. Adults with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine)
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Alcohol Dependence and Illicit Drug Use (Marijuana, Heroin, and Cocaine)
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured

10. Adults with Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

SECTION 5. Outcomes and Performance Standards

During the evaluation development phase (post-award), awardees will need to provide an evaluation and performance measurement plan that demonstrates how the organization will fulfill the requirements in the Scope of Work section of this RFP. At a minimum, the plan must describe:

1. Who will be responsible for overseeing the project work?
2. Who will be responsible for implementing evaluation tools provided by the Riverside Community Health Foundation (e.g., surveys, questionnaires, reporting, and recordkeeping).
3. How will key program partners participate in the evaluation and performance measurement planning processes?
4. Describe key evaluation questions that you would like to see addressed as a part of the initiative and your project.

SECTION 6. Reporting and Other Administrative Requirements

Awardees will need to comply with all reporting and administrative requirements as directed by the Riverside Community Health Foundation.

6.1 Reporting Requirements

Semi-Annual Progress Reports - Awardees shall complete Semi-Annual Progress Reports. Progress Reports shall be received on or before June 30th.

Annual Community Report - Awardees shall develop and present a Final Community Report to share accomplishments with local stakeholders. The Community Report will educate the community regarding access to services, progress in achieving initiative outcomes, and successes and challenges related to connecting participants to information and support, with the intent of increasing community involvement. This report is due by December 15th.

Other Reports - Awardees shall participate in the collection, monitoring, and reporting of program implementation and outcomes through a uniform set of performance measurements determined by RCHF. Awardees will be required to complete and submit monthly data reports.

6.2 Meetings, Trainings and Site Visits

Awardees shall attend all trainings, workshops, and conferences as directed by RCHF.

Awardees shall participate in regular program discussions and meetings as determined by RCHF.

RCHF will perform, at its discretion, formal and/or informal site visits. The site visits will be conducted to monitor implementation activities, and to ensure compliance with the contract.

- Grantee Orientation – December 10, 2018
- Evaluation Workshop – January 9, 2019
    - Evaluation plan will be due on Monday, January 7, 2019
- Quarterly Technical Assistance Meetings/Visits (January, June, December 2019)

SECTION 7. Key Action Dates

Key Action Dates		
Event	**Date**	**Time, if applicable**
RFP Release	August 21, 2018	
Deadline to Submit RFP Questions Submit via email at: grants@rchf.org Subject Line: RCHF RFP Questions	August 28, 2018	5:00 PM
RFP Informational Webinar	August 30, 2018	10:00 AM – 11:00 AM
Q & A Responses Published	September 6, 2018	
Application Due	**October 1, 2018**	**5:00 PM**
Award Notifications emailed to Grantees	December 5, 2018	
Grant Orientation	December 10	10:00 AM – 12:00 PM
Evaluation Workshop	January 9, 2019	2:00 PM – 4:00 PM

SECTION 8. Application Submission Process

8.1 General Instructions
Develop applications by following all RFP instructions and/or clarifications issued by RCHF, including in the form of question and answer notices, clarification notices, or RFP addenda (if applicable).

Before submitting an application, seek timely written clarification of any requirements or instructions that seem unclear or that are not fully understood following Item 7. Key Action Dates.

8.2 RFP Documents
Download all documents related to this RFP at: www.rchf.org/grants. These documents include:
- RFP_2018 RCHF-IHI
- Scope of Work Template
- Partners & Collaboratives Template
- RCHF 2018 Project Budget Template

Please send an email to grants@rchf.org to report any problems with the website or documents published.

8.3 Creating a User Account to Apply using the RCHF Online Grants Portal
Follow the steps below:

1. **Watch the 4-minute Grant Applicant Tutorial video**, which provides information on how to create an account and access the application. Click on the following link to view the tutorial: https://www.foundant.com/tutorials/ (select the "Grant Applicant Tutorial").

2. **Access RCHF's online grant portal** by clicking on the "Click here to apply" hyperlink on the www.rchf.org/grants page.

3. **Click on the "Create New Account" button and follow the steps**. Please note the following:
   - Questions with asterisks (*) are required fields which must be completed before moving forward.
   - Be sure to have your organization's EIN/Tax ID number on hand.
   - Important: While completing the registration process, do not use your browser's "back" button; doing so will cause you to lose all registration information entered. Instead, please navigate to the previous section by using the "Previous" button at the bottom of each section; doing this will ensure that the information entered remains intact. This happens only during the "Create a New Account" stage.
4. **Preview and Apply.** Once your Account is created, you may click on the "Preview" button to preview the application questions. Clicking on the "Apply" button will take you to the Application Form.

8.4 Submission of Content Using the Online Application Form

Complete all questions and upload all required attachments in the online application form. Applications must be submitted by no later than **5:00 PM on October 1, 2018**. Late applications will not be accepted.

Please note the following:

1. **Required Fields.** Questions with asterisks (*) are required fields which must be completed before the application can be submitted. If left blank, such a field will highlight in red to indicate that it is required; you will still be able to leave the field empty and move to other fields or other sections of the application, however you will not be able to submit the application until these required fields are filled.

2. **Word limitations are stated for all narrative-style questions.** The application form, however, counts characters (including spaces) rather than words. Responses that exceed the character count will not be accepted. However, if your content exceeds the word maximum but still falls within the allotted character count, your response will be accepted.

3. **Helpful Tip:** Although the online application form auto-saves, it is highly recommended to type your responses in a Word document and transfer your final responses to the online form.

4. **Attachments to be uploaded:** The chart below specifies the file type(s) that are allowable for each type of attachment upload:

	Attachment Name	Upload the file as:
	Tax Exemption Documentation	PDF
	List of Officers and Directors	PDF
	IRS Form 990	PDF
	Organization Budget	PDF
	Audited Financial Statement	PDF
	Project Budget (use the Project Budget Template)	Excel
	Subcontractor Budget(s)	PDF
	Scope of Work (use the Scope of Work Template)	Word
	Résumés and/or Job Descriptions (combine all into one PDF)	PDF
	Partnerships & Collaboratives (use the Partnerships & Collaboratives Template)	Word